**From The Marriage Bed to The Graveyard: Towards a Bold Community Praxis
in Reducing HIV Infection Amongst Married Women
in sub-Saharan Africa**

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ABSTRACT

Recent studies reflect increasing levels of HIV infection amongst married women in sub-Saharan Africa. The institution of marriage, which is highly revered within the church and society, is thus now regarded as a 'potential death trap' for many married women. This study examines the drivers of these increasing levels of HIV infection amongst married women in sub-Saharan Africa. It offers a critical reflection of the socio-cultural factors and gender-insensitive theological traditions that expose married women to the vulnerability of HIV infection.

In order to observe the sacrosanctity of the marriage institution as well as preserving the dignity of life for many married women in sub-Saharan Africa, the study presents the *imago Dei* theological motif as a gender-sensitive theological response to the increasing levels of HIV infection among married women. The *imago Dei* theological motif argues that both men and women equally reflect the divine image of God. This theological motif also brings to the fore the realization that HIV and AIDS is fuelled by conditions of inequality, socio-economic and socio-cultural discrimination, hence the need to promote human dignity for both men and women within our communities in sub-Saharan Africa.

Furthermore, emanating from the *imago Dei* theological motif, the study offers a bold community praxis through the transformation of gender-insensitive theological traditions; the transformation of hegemonic masculinities; and the transformation of gender-insensitive HIV prevention models as practical ways aimed at redressing the vulnerability of married women to the increasing levels of HIV infection.

DECLARATION

I, Anniegrace Hlatywayo, do hereby declare that the contents of this dissertation, unless specifically indicated to the contrary in the text, is my own original work which has not been submitted to any other University for a similar or any other degree award. All citations, references and borrowed ideas have been duly acknowledged.

Signed: _____

Date: _____

DEDICATION

This dissertation is dedicated to all the married women who have been religiously and culturally marginalized hence exposing them to the risk of HIV infection. Furthermore, the dissertation is dedicated to all the married women infected and affected by HIV and AIDS. Most importantly, the study is dedicated to all men who acknowledge that women too bear the image of God and therefore are taking concerted steps to break the religious and cultural taboos that expose their wives, partners, sisters and daughters to the risk of HIV infection.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS   Acquired Immuno Deficiency Syndrome

ART   Antiretroviral Treatment

CIRCLE   Circle of Concerned African Women Theologians

HIV   Human Immuno Virus

STI   Sexual Transmitted Infection

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CHAPTER ONE

INTRODUCING THE STUDY

1.1   Introduction

The institution of marriage is highly revered and is considered as a social expectation for almost every woman within African communities. However, irrespective of the reverence that is paid to this cherished institution, recent studies indicate that a number of married women are facing death from AIDS-related illnesses (Campbell et al. 2011:1212; Hageman et al. 2010; Marshall and Taylor 2006; Parikh 2007; Smith 2007; Sweezey and Teitelbaum 2008). The institution of marriage is now considered a key risk factor for HIV infection for many women in sub-Saharan Africa (Campbell et al. 2011:1212; Marshall and Taylor 2006:366; Phiri 2003:13). Marriage has become a potential death trap for a number of married women who "…are facing death from HIV related illnesses … hence marriage literally leads to the grave" (Chirawu 2006:2; Chitando 2007a:10). It is therefore observed that although both husbands and wives partake in marital vows binding them to a commitment that can only be separated by death, in many cases, married women are succumbing to an early death through AIDS related illnesses (Chirawu 2006:2). Given this perception, this study pays attention to factors that expose married women to the vulnerability of HIV infection. The study argues that culture, hegemonic masculinities, gender-insensitive HIV prevention strategies and the inheritance of androcentric and dualistic Christian anthropologies by church and society lead to hierarchical relationships that subjugate women. These factors have greatly compromised the status of women especially those in marital unions who are culturally and religiously denied the right to make decisions with regard to their health and well-being. In an endeavor to promote the fullness of life for women within the institution of marriage, this study presents a gender-sensitive theological framework and a bold community praxis aimed at redressing the vulnerability of married women to HIV infection.

1.2   Background to the Study and Identification of the Research Problem

The researcher's interest in the study was motivated by the number of married women, close friends, relatives and immediate family members who, having been faithful to their husbands, have died or are living with HIV. Drawing from this perspective, it is the contention of the researcher that "marriage should be squarely acknowledged as a major risk factor for women in many societies" (de Bruyn cited in Sweezey and Teitelbaum 2008:221).

Recent studies carried out reflect that 68% of all people living with HIV are resident in sub-Saharan Africa (UNAIDS 2011a:07). AIDS related illnesses are correspondingly identified as the leading cause of adult deaths within the region. Sub-Saharan Africa represented 70% of the global new infections in 2010 (UNAIDS 2011a:07). These figures are alarming given the fact that sub-Saharan Africa comprises only 12% of the total global population (UNAIDS 2011a:07). Furthermore, in sub-Saharan Africa, adult women comprise 1.4 times more the number of adult men living with HIV (UNAIDS 2011b:19). Across all age groups in the region, 59% of adult people living with HIV are women (UNAIDS 2011b:24). A large number of new HIV infections are recorded in people in heterosexual marriages and long term cohabiting partners (UNAIDS 2011b:26). Accordingly, sub-Saharan Africa is identified as comprising the highest prevalence of HIV amongst women of reproductive age (UNAIDS 2011b:11). This reflects the disproportionate level of the epidemic in the region.

Many studies reflect that marriage is a major route of HIV transmission in sub-Saharan Africa where a large number of newly infected people are women contracting the virus from their spouses (Groenewold et al. 2005; Hageman et al. 2010:113). This means that "sexual intercourse within marriage…puts many women at risk of HIV infection mostly from their spouses' extramarital relations" (UNAIDS 2004). Marriage is correspondingly identified as an HIV risk factor for women in Africa, particularly sub-Saharan Africa whereby in some countries married women (25.8%) are twice likely to be infected with HIV as compared to their never-married (13.4%) female counterparts (Hageman et al. 2010:113; Akinyemiju 2006:1; Semu 2009:105; Carpenter et al. 2007:1199). Whilst both husbands and wives are at risk of contracting HIV from

their spouses, "…cultural, social and biological gender inequalities render women particularly vulnerable to transmission from their husbands" (Gilbert and Walker cited in Anglewicz et al. 2010:103).

In exploring the research problem, the study acknowledges the already existing body of knowledge[1] on the travails of African women with regards to socio-cultural and religious factors that marginalize them, hence rendering them vulnerable to HIV infection. Whilst the research builds on the already existing literature around issues of women and the challenge of HIV infection, the researcher recognises that a specific study on married women and the challenge of HIV infection within the theological discipline is limited. This study therefore endeavours to specifically focus on married women.

It is against this background that the researcher believes that both church and society have a mandate to mitigate the challenge of the HIV and AIDS epidemic. The study argues this can be achieved through addressing both socio-cultural factors and gender-insensitive theological traditions that give rise to gender inequity which expose married women to the vulnerability of HIV infection. Therefore, the focus of this study is to offer a gender-sensitive theological framework leading to a bold community praxis aimed at redressing harmful socio-cultural and theological traditions that expose married women to HIV infection.

1.3   Objectives of the Study

The objective of the study is four-fold. Firstly, the study seeks to identify the key socio-cultural factors that expose married women to the vulnerability of HIV infection. Secondly, the study seeks to explore the gender-insensitive theological traditions that render married women most

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[1] The Circle of Concerned African Women Theologians has written extensively on African women, religion and the challenge of HIV and AIDS. Some of their works include: Dube, M. W. and Kanyoro, M. 2004. *Grant Me Justice! HIV/AIDS and Gender Readings of the Bible*. Pietermaritzburg: Cluster Publications; Hinga, T. M. et al. 2008. *Women, Religion and HIV/AIDS in Africa: Responding to Ethical Theological Challenges*. Pietermaritzburg: Cluster Publications and Phiri, I. A. et al. 2003. *African Women, HIV/AIDS and Faith Communities*. Pietermaritzburg: Cluster Publications.

vulnerable to HIV infection. Thirdly, the study seeks to present the *imago Dei* theological motif as an appropriate gender-sensitive Christian anthropological framework aimed at redressing the distorted *imago Dei* in women in a bid to curb the increasing levels of HIV infection amongst married women and their vulnerability to HIV infection. Lastly, the study presents a bold community praxis that is enabled by implementing practical actions emanating from the *imago Dei* theological framework and aimed at reducing the high levels of HIV infection amongst married women in sub-Saharan Africa.

1.4 Key Research Question and Sub-questions

The key research question for the study is:

What would be an appropriate gender-sensitive theological motif that leads to practical actions aimed at reducing HIV infection amongst married women in sub-Saharan Africa?

In order to answer this question, the following sub questions need to be answered:

- What are the socio-cultural factors that expose married women in sub-Saharan Africa to the vulnerability of HIV infection?

- What are the gender-insensitive theological traditions that compound the vulnerability of married women to increasing levels of HIV infection in sub-Saharan Africa?

- What would be an appropriate Christian anthropological framework that can be offered to address the challenge of the increasing levels of HIV infection amongst married women in sub-Saharan Africa?

- What are the practical implications of this Christian anthropological framework for married women in the context of HIV and AIDS?

1.5   Theoretical Framework

The increasing level of HIV infection amongst married women in sub-Saharan Africa is a result of a number of socio-cultural factors and gender insensitive theological traditions that result in gender inequity which is characteristic of most African societies. African women are socially, culturally, economically and politically marginalized hence their subordinate position renders them most vulnerable to the HIV infection. The researcher believes that in order to address the vulnerability of married women to the risk of HIV infection, there is need to offer a gender-sensitive theological framework that asserts the equality of men and women as well as being able to redress socio-cultural and theological practices that are detrimental to their well-being. It is against this background that this study presents the i*mago Dei* as a theological framework that addresses the vulnerability of married women to increasing levels of HIV infection.

Imago Dei is the notion that human beings are made in the "image" and "likeness" of God (Middleton 2005:15). This concept is based on Genesis 1:26-27, a point of departure for Christian and theological discussions on anthropology and gender (Ruether 1995:267). The *imago Dei* is a theological framework that implicitly acknowledges that the image of God is unequivocally expressed as both female and male as created in God's own image (Bongmba 2007:47). It establishes an ontological equality and egalitarian relationship between males and females who are both created in the image of God (Bongmba 2007:47). The *imago Dei* bids the Christian community to rethink and combat oppressive structures and practices instituted against women. It redresses the understanding that the "distinction made at creation between men and women is not a mechanism of subordination but is intended to strengthen the human family" (Bongmba 2007:47). This means that all cultural and religious practices that oppress women are a denunciation of the image of God (Bongmba 2007:47).

Even though the *imago Dei* is a theological framework that addresses gender inequalities, the study acknowledges that it is not adequate to offer a theological framework that does not result in practical actions towards redressing the vulnerability of married women to increasing levels of HIV infection. Drawing on this perspective, the study further presents a bold community praxis

that is enabled through the transformation of gender-insensitive theological traditions, the transformation of hegemonic masculinities, and the transformation of gender-insensitive HIV prevention strategies as practical actions aimed at mitigating the increasing levels of HIV infection amongst married women in sub-Saharan Africa.

1.6   Research Methodology

This is a conceptual study that is based on literature review. The conceptual analysis is carried out in five phases as follows:

Phase One: The study commences with a critical analysis of the socio-cultural factors that expose married women to the vulnerability of HIV infection.

Phase Two: This phase explores theological traditions that compound the vulnerability of married women to the increasing levels of HIV infection.

Phase Three: Following the identification and the exploration of socio-cultural factors and theological traditions that expose married women to the vulnerability of HIV infection, this third phase presents the *imago Dei* theological framework as a gender-sensitive theological framework aimed at redressing the increasing levels of HIV infection amongst married women in sub-Saharan Africa. It offers a critical analysis of why the *imago Dei* is presented as an appropriate theological framework in response to the research problem.

Phase Four: The fourth phase of the study presents a bold community praxis aimed at redressing the increasing levels of HIV infection amongst married women in sub-Saharan Africa.

Phase Five: The final phase presents a detailed summary of the study and gives recommendations for future research.

1.7   Outline of the Study

This dissertation is divided into six chapters. The current chapter introduces the background to the study and presents the research question and objectives of the study. It explains the research design and the methodologies used for the study. The second chapter is an examination of the socio-cultural factors that expose married women to the risk of HIV infection. The third chapter explores theological traditions that compound the vulnerability of married women to HIV infection. The fourth chapter presents the *imago Dei* as a gender-sensitive theological motif aimed at redressing the increasing levels of HIV infection amongst married women in sub-Saharan Africa. The fifth chapter of the study employs a bold community praxis as a practical response emanating from the *imago Dei* theological motif and aimed at reducing the increasing levels of HIV infection amongst married women in sub-Saharan Africa. The sixth and final chapter presents a summary of the study and offers recommendations for future research.

CHAPTER TWO

MARRIED WOMEN AND VULNERABILITY TO HIV INFECTION

2.1   Introduction

As briefly alluded to in the previous chapter, current studies (Hageman et al. 2010; Marshall and Taylor 2006; Sweezey and Teitelbaum 2008) indicate that a considerable number of married women are facing death from AIDS related illnesses. Drawing on this observation, the institution of marriage is identified as a major risk factor for HIV infection amongst many women in sub-Saharan Africa. It is against this background that this chapter seeks to critically examine how socio-cultural factors lead to the vulnerability of married women to HIV infection. In setting the context for the study, the chapter will begin by briefly discussing the social expectations of women in the institution of marriage from an African worldview. Thereafter, the chapter will focus on the common socio-cultural drivers that render married women most vulnerable to HIV infection. Far from being exhaustive, the chapter will pay attention to three socio-cultural aspects which are culture, hegemonic masculinities, and gender-insensitive HIV prevention strategies as some of the key drivers exposing married women to the vulnerability of HIV infection within sub-Saharan Africa.

2.2   Women and the Institution of Marriage from an African Worldview

Within many communities in sub-Saharan Africa, the institution of marriage is highly revered; a person's full majority is recognized through marriage (Oduyoye 1995b:13). Given this perception and drawing from African traditional culture, a woman is only considered to be fully human through marriage, this suggests that she needs a husband to 'complete' her (Masenya 2003:117). Furthermore, traditional beliefs stipulate that a woman has no honour outside marriage (Oduyoye 1995a:2). Marriage is therefore regarded as a way that women can attain honour and dignity within their communities.

Accordingly, African marriages are instituted mostly for procreation and are validated through the evidential fruits of that union (Bahemuka 1995:120). Given this understanding, much reverence is assigned to marriage because it is regarded as "…the sovereign social regulation of sexuality; a union of persons of the opposite sexes for the purpose of the procreation and rearing of the human species" (Beya 1995:158). Culturally, it is believed that a husband and wife are reproduced through their offspring hence conserving the continuity of life (Mbiti 1989:130). It therefore becomes the social responsibility of every married couple to procreate and contribute to the continued existence of the society through their off spring (Bahemuka 1995:120).

Additionally, Mbiti (1989:130) points out that marriage is regarded as the focal point of human existence in many African societies. It forms the rhythm of life. It is a duty that all members of the society have to take part in. Through the institution of marriage, "all the dimensions of time meet, the whole drama of history is repeated, renewed and revitalized" (Mbiti 1989:130). Failure to partake in this revered institution is believed to be a curse and those who fail to fulfil this traditional expectation are regarded as sub-human. When one fails to get married under normal circumstances, then that person has rejected society and, therefore, society responds by rejecting them (Mbiti 1989:130). Furthermore, when persons die without being married and in the absence of offspring, they are deemed to be totally disconnected from society hence it is perceived that they forfeit their connectivity to human life (Mbiti 1989:131).

Bahemuka (1995:158) argues that whilst it is believed that the conjugal life of a marriage union is for procreation and pleasure of the couple, in most African societies, the wife is not expected to seek sexual gratification. The wife is always expected to assume a passive role within the marital union. Drawing on the same perception, Oduyoye and Ayanga (1995a:134; 2008:38) observe that this situation positions women such that their sole purpose within a marital union is to procreate to the advantage of their matrilan or affinal relations. Oduyoye further argues that within the African context of marriage, no due attention is paid to women's "…personal or psychological needs to the locus of life" (1995a:134). The only imperative for women is to get married, "be fertile, and bear children as a matter of absolute priority" (Ayanga 2008:30). Failure

to fulfil these expectations would render a woman a societal misfit (Ayanga 2008:38). In the event of the death of a husband, a wife is inherited by a surviving brother or another member of the immediate family and social expectations of being a wife and mother continue unabated (Mbuwayesango 2007:6). Mbuwayesango argues that the "primary purpose of women in marriage is to produce children for the husband's patri-lineage and the woman's societal value is her sexuality and reproductive capacity" (2007:6). These values are owned by all the males in the husband's family.

Accordingly, Masenya (2003:113) observes that African women are 'trapped between two canons'; the African culture with its own "definitions and expectations of manhood and womanhood" and the biblical command that places full authority on men. Both these traditions are patriarchal, they stipulate that the husband determines the married woman's identity's as well as taking charge of his wife's sexuality (Masenya 2003:116). This means that a married woman does not have any right over her own body and she cannot have any say in matters of sex and sexuality whilst the husband's sexuality can be shared with other women outside marriage (Masenya 2003:116). Furthermore, Masenya (2003:116) elaborates that women stay married even though they know of their husband's infidelity because they do not have dignity outside marriage. In this regard, unmarried women are considered as 'loose' and unmannered and they also become vulnerable to sexual abuse (Masenya 2003:116). Following this discussion, Phiri points out that the "African marriage is at the centre of the African community yet it is also the centre of patriarchy, which constructs the subordinate position of African women" (2003:10). Such a situation is detrimental to the well-being of women in societies especially in the current context of HIV and AIDS where statistics reflect new and increased infections amongst married women (van Woudenberg cited in Phiri 2003:10). The following section explores socio-cultural drivers that expose married women to the vulnerability of HIV infection.

2.3   Married Women: Vulnerability in a Cherished Institution[2]

As briefly discussed in the above section, marital unions within African communities are highly esteemed. Furthermore, the marital bed is considered as a safe haven by many. However, this assumption creates a false sense of protection against HIV infection as a considerable number of married couples do not use any form of protection against sexually transmitted infections (STIs). Owing to this challenging and calamitous condition confronting married women in sub-Saharan Africa, lifetime monogamy is therefore not enough to protect married women from the risk of HIV infection (Hageman et al. 2010:113). This is based on the premise that husbands may have been infected prior to entering into marriage and/or they fail to practice monogamy after marriage (Hageman et al. 2010:114).

Increasingly, data gathered around the world indicates that married women are at an increased risk of contracting HIV infection through heterosexual sex with their spouses (Hageman et al. 2010; O'Leary 2000). Whilst this study does not dismiss the fact that both husbands and wives are at risk of HIV infection from their spouses, Carpenter (1999:1083) contends that husbands are twice as likely to bring HIV infection into the marriage through extra-marital sexual relations. Common beliefs in many African communities argue that a man cannot be satisfied by a single woman hence the consequences are high levels of marital infidelity, a situation that exposes married women to the risk of HIV infection.

Leclerc-Madlala (2000:10) observes that it is commonly believed, and held to be true, that men are biologically programmed to greater sexual urges than women. Since this understanding posits men as possessing higher libido than women, it is therefore believed that men require more than a single woman to quench their unabated sexual desires. In addition, Leclerc-Madlala (2000:10) points out that various studies have indicated that a considerable number of women hold the belief that men require sex on a more frequent basis. With this understanding, men engage in extra-marital sexual relations which are developed concurrently with a number of different

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[2] The above title has been borrowed from Ezra Chitando. See Chitando E. 2007. *Acting in Hope: African Churches and HIV/AIDS* 2.Geneva: WCC Publications,9.

women with no admonition from their wives. In addition, cultural contexts allow men to have extra-marital sexual relations whilst denying women the right to practice HIV prevention within their marital unions (Painter cited in Dunkle et al. 2008:2198; Parikh 2007:198). In some cultures, male infidelity is regarded as a sign of masculinity as well as being a common subject of discussion amongst men (Holtzam and McLeroy 2007:971).

While some married women may be aware of their husband's infidelity and extra-marital sexual relations, their subordinate social and economic position renders them powerless to deal with the situation (Baylies cited in Parikh 2007:1198; Holtzam and McLeroy 2007:971). Marshall and Taylor (2006:366) argue that poverty forces women to partake in risky sexual relations. The researcher argues that this is exacerbated by skewed gender relations within many African communities whereby a number of married women, in both rural and urban communities are unemployed hence they are economically dependent upon their spouses. In this regard, Marshall and Taylor cite that women stay in risky sexual relations because they are "…socially subordinate to, and economically dependent upon, men" (2006:366). Likewise, the unfavourable economic position of women denies them the right to determine whether, where and how sexual relations should take place as well as the ability to challenge their husband's extra marital sexual relations (Marshall and Taylor 2006:366).

Increasing levels of poverty resulting from high levels of unemployment is also reported to have an effect on the male psyche. Marshall and Taylor argue that the inability to provide for the family impacts negatively on masculine identities and, therefore, men seek to redeem their bruised images through "…sexual prowess with multiple, concurrent partners" (2006:366). This unfavourable situation renders many married women vulnerable to HIV infection. In addition, the researcher argues that the affirmative action that is practiced by some countries within sub-Saharan Africa accords first priority to women within the employment sector. This situation has resulted in qualified women commanding higher positions of employment as compared to their husbands, hence affecting their male psyches and impacting their socially expected status as head of the family. Men in such a scenario tend to be violent towards their wives through asserting

sexual dominance in the marital union. In other cases, these men engage in extra-marital sexual relations as a way of regaining their damaged male egos and thereby exposing their wives to the vulnerability of HIV infection. In such situations, some women may opt for divorce but many opt to stay in the marriage regardless of the husband's waywardness since they feel they have no honour outside marriage (Oduyoye 1995a:62). Husbands with female leaders at their workplace also tend to display their male egos towards their wives which are evidenced through, physical abuse, violent sexual behaviour and extra-marital sexual relations.

Various studies (Campbell cited in Parikh 2007:1198; Holtzam and McLeroy 2007:971; Smith 2007:997) also indicate that migration results in husbands leaving their homes in search of work mostly in urban areas. This situation renders married women vulnerable to HIV infection since in many cases, their husbands would engage in extra-marital relations to ease their loneliness as well as to assert their male psyche amongst peers (Holtzam and McLeroy 2007:971; Smith 2007:1001). Parikh (2007:1204) also points out that the incessant call for gender equality prevalent in many African societies has been regarded as an attack on the male psyche. In order to regain their traditional masculine identity, Parikh (2007:1204) observes that men engage in extra-marital sexual relations. Accordingly, extra-marital sexual relations "…offer some men an alternative route to masculine identity … extra-marital lovers allow some men temporary solace from household economic pressures and their wives' complaints" for their husband's inability to meet their modern lifestyles and other economic requirements (Parikh 2007:1204).

The vulnerability of married women to HIV infection is further reinforced by the social construction of marriage within the African worldview which assigns an unequal relationship between the husband and wife (Holtzam and McLeroy 2007:971; Marshall and Taylor 2006:366; Phiri 2003:10). In the majority of cases, the wife assumes the subordinate position within the marital union. Based on this perspective, fear of reprisals, coupled with social and cultural expectations, impedes many women from confronting their husbands about their extra-marital sexual activities (Muhwava 2004:120).

Dixon-Muller and Wasseheit (cited in Muhwava 2004:120) argue that even though married women or those in long term and stable relationships express their fears over being infected by their spouses, many of them "…feel they have no right or obligation to refuse sex or take preventative measures" (2004:120). Marshall and Taylor (2006:366) cite that this scenario is compounded by women's perception of marital sexual relations. These two authors argue that women are socialized into believing their role in sexual relations is to please their husbands as opposed to expecting "mutual sexual satisfaction" (Marshall and Taylor 2006:366; Phiri 2003:9). Furthermore, Muhwava (2004:120) observes that in many cases, married women are infected with HIV and thereafter they suffer in silence due to the skewed power dynamics within the institution of marriage that bestow total control upon the husband. Additionally, power imbalances within marriages restrict women from negotiating for safer sex as well as denying them their autonomy whilst there is no restrain on the husbands' part (Weiss and Rao Gupta cited in Rao Gupta 2000:3). Muhwava (2004:120) further points out that many married women consider their marital status as a major risk factor for HIV infection as they are powerless to protect themselves. However, the inability of married women to protect themselves and/or talk about their challenges is a result of some cultural practices. Within the African context, there are socially prescribed behaviours and cultural practices that have to be observed by both men and women. Failure to observe these behaviours and practices renders one to be a societal misfit. Many women suffer in silence as they fear being considered a societal misfit should they contest cultural practices that are detrimental to their well-being. However, in the current context of the HIV and AIDS epidemic, many of these behaviours and cultural practices expected of women are harmful to their well-being.

In this regard, cultural practices such as dry sex, female circumcision, widow cleansing and inheritance and offering women to friends or visitors as a sign of hospitality are practiced (Marshall and Taylor 2006:366). Practices such as dry sex and female circumcision are undertaken in order to ensure the sexual gratification of husbands within the marriage union. The payment of *lobola*/dowry is another cultural practice that exposes married women to the risk of HIV infection. Parikh (2007:1199) observes that the payment of *lobola*/dowry is considered as

the transfer of a woman's sexual rights from her father to her spouse. The new bride, after the payment of *lobola*, is expected to be submissive to her husband.

The vulnerability of married women to HIV infection is also intensified by high coital frequency (Tolan 2005:92). Within the marriage context, coital frequency is pegged at about three or more times a week and, as has been cited in the above paragraph, no form of protection is used hence this situation increases the woman's exposure to HIV in cases where the husband is HIV positive (Hageman *et al* 2010:122). Moreover, the use of condoms within a marital union is very limited and inconsistent due to the belief that, amongst other reasons, condoms are closely associated with promiscuity (Holtzam and McLeroy 2007:971; Marshall and Taylor 2006:366). Leclerc-Madlala (2000:10) points out that sexual intercourse within a marital relationship is regarded as part and parcel of the marriage relationship and the wife is, therefore, expected to avail herself whenever the husband has a sexual urge. According to Muhwava (2004:120) a wife cannot refuse the husband's conjugal rights since such a situation might result in violence, divorce and or financial neglect. The researcher, in her experience from the Zimbabwean context, knows that if a wife refuses to offer conjugal rights to the husband, the husband might take on a new wife or mistress to satisfy his sexual urge.

The culture of silence surrounding issues of sex and sexuality in many communities within sub-Saharan Africa, coupled with the societal expectations dictating that a 'good woman' should be ignorant about sexual issues, places many women at risk of contracting HIV infection (Ayanga 2008:39). Marshall and Taylor (2006:366) argue that in some communities, it is considered taboo to openly talk about sex. They argue that some church leaders hold the understanding that sexual relations within marriages are to be "…endured rather than being enjoyed as a gift from God" (Marshal and Taylor 2006:366). This understanding incapacitates married women from negotiating for safe sex practice within marital relations hence they become vulnerable to HIV infection.

Faith communities also contribute to the vulnerability of married women to HIV infection through the endorsement of patriarchal values. According to Marshall and Taylor (2006:366), faith communities uphold the notion that men are superior and the dominant partners especially in marital relations hence they are not chastised even if they have extra-marital sexual relations. Because of the subordinate position experienced by women within marital unions, Meursing and Sibindi, (cited in Mbizvo et al) point out that women remain silent over their husband's extra-marital relations and "…that STIs and HIV and AIDS are accepted as the risk of married life, with a few women standing up to their husbands to protest infection" (1997:2). In addition, Christian religious beliefs stipulate that based on biblical teachings, married women should be submissive to their husbands (Marshall and Taylor 2006:366). Furthermore, it is argued that in many cases, the selective use of biblical texts leads to a biased articulation of the impact of African cultural traditions on issues like sex and gender relations as well as the HIV and AIDS epidemic (Marshall and Taylor 2006:367). These two authors continue to argue that many Christians are familiar with "…selected biblical texts that refer to the submission of women, and neglect to balance this with other texts that speak of the necessity of equal submission to one another, and of men and women being created equally in the image of God" (Marshall and Taylor 2006:367). In this regard, these authors observe that Christians within the African context practice the Christian western civilization, whilst on the other hand, with regards to issues of gender and sex as well as the relationship between men and women, African traditional culture is always evoked and takes precedence (Marshall and Taylor 2006:367).

According to the researcher, some church teachings stipulate that even if a wife is highly educated or earns more than the husband, the degree and the better salary do not count with regards to the marital relationship; the husband is the king of the household and therefore exercises control over the wife in every aspect. Church teachings endorse this by stipulating that if married women cannot submit to their husbands, they cannot submit to God. Accordingly, the culture of silence prejudices married women so much so that they cannot talk about their challenges to their family or friends. From the researcher's experience in the Zimbabwean context, older married women advise the younger ones to keep their challenges to themselves. It is, therefore, commonly believed that *chakafukidza dzimba matenga* and *chirimumoyo chiri*

muninga [every house is covered by a roof, therefore, what goes inside that house cannot be seen or heard by outsiders].

Furthermore, the vulnerability of married women to HIV infection is compounded by gender-insensitive HIV prevention messages. Dunkle et al. observes that even though sub-Saharan Africa has a high rate of HIV infection as a result of heterosexual transmission, "few attempts have been made to access the extent of HIV transmission within marriages and HIV prevention efforts remain focused on abstinence and non-marital sex" (2008:2183). Parikh (2007:1198) argues that "HIV prevention messages contribute to an increased difficulty of acknowledgement of marital HIV risk by men". This results in skewed sexual relationships where married men engage in extra-marital sexual relations whilst their wives practice monogamy, a situation that exacerbates the increasing levels of HIV infection amongst married women especially in sub-Saharan Africa.

2.4   Cultural Practices Leading to Vulnerability of Married Women to HIV Infection

Haddad rightly observes that it is not accidental that the HIV epidemic disproportionately affects women compared to men as this situation is "intimately related to traditional African social and cultural practices…which reinforce women's subordination in all spheres of life, including the sexual" (2009:6). As has been discussed in the above section, married women cannot refuse their husbands their conjugal rights as this may result in violence, abuse or divorce. Furthermore, a wide range of cultural practices compromises the position of women within the marital union. This section explores some of the cultural factors that expose married women to the vulnerability of HIV infection.

Accordingly, it is worth mentioning that issues of culture are strongly adhered to by all persons: the rich and the poor, the educated and the uneducated in our societies. Additionally, a considerable number of men within our African societies cling to the "privileges afforded to them by patriarchal definitions of culture and resist attempts to redefine tradition because they don't want to" (Shope 2006:69). Mugambe (2006:73) rightly observes that it is not surprising to

find an educated and professional person accepting wife inheritance or engaging in a polygamous relationship. However, in order to fully understand the implications of these cultural practices and how they impact on married women, there is a need to begin by reflecting on what culture is within the African context. Thereafter, the practice of polygyny, widow cleansing, *lobola,* intravaginal practices and African traditional ethics of care will be discussed as some of the cultural drivers of HIV infection amongst married women in sub-Saharan Africa.

2.4.1   Understanding Culture from an African Perspective

Culture is defined "as the totality of socially transmitted behavioural patterns, art, beliefs, institutions and all other products of human work and thought and it can be based on tribe, religion, territory or other such cells of infused identity" (Mugambe 2006:73). It forms the locus of life for African people as well as giving them identity. Cultural norms are strongly adhered to by the young and the old within African communities. Culture is commonly held as something imposed upon people. According to Ayanga (2008:36), culture is a communal social construct that serves the needs of a community. In many instances, culture is used by the dominant figures within communities to exploit the marginalized and the powerless (Ayanga 2008:36). Through the guise of culture, 'male dominated' ideologies have led to gender oppression which exposes the marginalized, especially women, to HIV infection (Mugambe 2006:73). In other words, culture has been used by men to keep women subservient (Ayanga 2008:36). In this regard, Mugambe (2006:73) argues that culture can be utilized as a liberative and/or an oppressive tool. However, within many communities in sub-Saharan Africa, adherence to cultural practices has become a death trap especially for married women. Maimela rightly observes that "culture is invoked selectively because it is convenient for males to use aspects of African culture in order to perpetuate their privileged status" (1994:6). In addition, Magwaza points out that certain aspects of traditional culture have been grossly "distorted, misrepresented and changed into regulatory laws that reduce and silence women" (2006:5). She argues that in many cases, culture is used to enhance dominant patriarchal and oppressive structures (Magwaza 2006:5).

Accordingly, Mbuwayesango (2007:5) points out that after most African countries gained independence from colonial rule, the revival of culture and tradition believed to have been distorted by the colonizers was amongst their top priorities. "The institution of marriage was one of the social institutions in which some cultural customs and traditions were revived" (Mbuwayesango 2007:5). The revival of such cultural practices has paid little attention to their implications in the context of the HIV and AIDS epidemic. Certain cultural practices like polygyny, widow cleansing and levirate marriages were strongly revived and openly practiced. However, in the current context of the HIV and AIDS epidemic, the revival of such cultural practices "remains a formidable barrier in identifying sustainable solutions to the spread" of the epidemic (Mugambe 2006:73).

2.4.2 Polygyny

Polygyny refers to a marriage relationship where a husband has two or more wives (Mbiti 1989:138). In communities where polygyny is acceptable, "there is an unspoken assumption that the female is to be a 'monotheist' while the male acts as a 'polytheist' arrogating to himself the freedom to worship the bodies of several women" (Oduyoye 1995:22). This means that men are given the liberty to have more than one wife whilst it is considered culturally taboo for women to have more than one partner. In addition, many societies in sub-Saharan Africa allow men to marry more than one wife as long as he is able to settle the bride price to the families of the women he wishes to marry (Mugambe 2006:76).

Since the practice of polygyny is widely accepted by many societies within sub-Saharan Africa, Mbiti observes that the "philosophical and theological attitude towards marriage and procreation is that these are an aid towards the partial recapture or attainment of the lost immortality; the more wives a man has, the more children he is likely to have, and the more the children the stronger the power of immortality in that family" (1989:139). African tradition, therefore, believes that a man is reborn through his descendants who will take after him after his physical death. Furthermore, within African culture, one is glorified through the number of children one has therefore having more children, especially sons, adds honour to the family (Mbiti 1989:139).

In this regards, polygyny is believed to uplift the social standing of a family since a larger family commands greater respect within the community as well as contributing to the productivity of the community (Mbiti 1989:139). African tradition insists that the practice of polygyny is a measure to safeguard men against unfaithfulness and promiscuity (Mbiti 1989:139). However, even though some men had polygynous relationships, they still had extra-marital sexual relations.

In some African societies, the practice of polygyny is diminishing. In modern communities, professional and modern people argue against this practice; however some men indulge in extra-marital affairs and most often engage in long-term relationships with other women. In the context of Zimbabwe, a woman who engages in a relationship with a married man is commonly referred to as a small house. In other instances, a married man can secretly pay *lobola* to the family of the small house without the knowledge of the wife. A husband can also have as many small houses as he can depending on his financial standing. Accordingly, the small house can bear as many children as she can depending on the agreement with the partner. In other cases, the small house can have more children without the partner's consent. This is a ploy to get more financial support from the partner. In many cases, a small house becomes known to the wife after the death of the husband when the small house wants to claim a share of the husband's inheritance for her children. Chitando (2007a:15) identifies the 'small house' phenomenon as another form of polygyny. In this regard, it is the researcher's contention that the traditional system of polygyny has been replaced by informal models of polygyny. The researcher points out that in many African communities, men are defined by their sexual conquests; hence they have a formal family but at the same time they have several mistresses who in turn have several boyfriends. This situation perpetuates a cycle of HIV infection. In this regard, Ayanga (2008:43) argues that since fidelity is not expected of men, those who have refrained from the traditional practice of polygyny do have mistresses with whom they share sexual relations with. However, these mistresses might be having more than one sexual partner and the cycle of HIV infection is created.

2.4.3 *Lobola* (Bride-price)

The first section of this chapter gave a brief discussion on the concept of marriage within the African context. The section highlighted the importance of marriage as well as pointing out how marriage is regarded as a social expectation for both men and women. It further highlighted how it is important for women to get married in order to attain their full majority as human beings. However, within the African context, the institution of marriage is fully recognized after the payment of *lobola*/bride-price.

Traditionally, *lobola* was paid through the exchange of cattle for the wife. This exchange guaranteed marital stability as well as ensuring that the husband treated his wife with the utmost due respect lest he loses both the cattle and his wife through divorce (Rajuili 2004:93). A marriage in which *lobola* is paid was and is viewed as more than a casual union; it is deemed to be a long lasting union (Rajuili 2004:93). In this respect, the practice of *lobola* is believed to be a way of strengthening relationships between the families of the wife and the husband. More importantly, within the African culture, the payment of *lobola* is regarded as a sign of unity and a symbol of respect for the married woman (Shope 2006:66). However, as much as the payment of *lobola* symbolizes respect for the married woman, Mugambe (2006:76) observes that the payment of *lobola* entitles the husband to full ownership of his 'acquisition'; hence the wife is expected to be obedient to the husband's demands. Fear of divorce which can amount to a refund of the *lobola* by the wife's family keeps women in a subservient position that may be detrimental to their health and well-being (Mugambe 2006:76). Additionally, *lobola* is considered as a transfer of the woman's rights from her family to the husband's family; therefore if the husband dies, the wife is expected to be inherited by the surviving brother of the husband. Thereafter, the woman continues to endure the obligations of being a wife.

With the passage of time, the traditional practice of *lobola* has undergone many changes. Currently the traditional concept of paying cattle has been replaced by a monetary value. This new concept has led to the commodification of the practice resulting in the further strengthening of unequal power relations between the husband and the wife (Shope 2006:68). Accordingly,

Shope points out that *lobola* is now "…commoditized, the language of the market place has entered into the discourse" (2006:69). In many African communities, families are commercializing the concept of *lobola* and as a result husbands claim to have bought their wives which most often results in women being regarded as part of the husband's property. This situation only serves to endorse patriarchal power structures and married women have to succumb to such structures and authority, a situation that exposes them to the vulnerability of HIV infection. Masenya (2003:118) observes that through the practice of *lobola*, the husband determines the wife's identity and the payment of *lobola* to the wife's family is often interpreted as paying for the full and unreserved control of the wife and her body.

Shope rightly points out that "patriarchal power is at the core of the debate over *lobolo* – specifically, whether *lobolo* confers power and control over women to men" (2006:69). It is, therefore, argued that whilst the payment of *lobola* accords respect and status for the woman, it is also seen as the thread that binds women to patriarchal authority (Shope 2006:69). Therefore, in many cases, the practice of l*obola* robs women of their right to negotiate for safer sex methods within their marriages. A woman's sexuality is regarded as a measure for the continued promotion of patriarchal values since she is obligated to produce male heirs (Mbuwayesango 2007:6). From the researcher's experience in the Zimbabwean context, if a woman fails to produce a male heir, her family is obliged to bring a substitute wife who in most cases is a younger sister or niece to the wife. In the case where the couple failing to have a male heir are HIV infected, the substitute wife is, therefore, exposed to the virus as well. Likewise, Mbuwayesango (2007:6) observes that in situations where the husband is sterile, arrangements are secretly made by the elders of the family to have a brother or close cousin to have sexual relations with the wife in order to produce male heirs who will be regarded as the husband's children. These cultural practices pose a great risk and expose married women to the vulnerability of HIV infection.

2.4.4   Widow Cleansing

The plight of the married woman continues even after the death of her husband. Certain cultural rites involving sexual relations have to be undertaken. One of the rites is the widow cleansing ritual which is undertaken soon after the death of a husband. After the death of the husband, a widow is considered to be unclean and hence the need for a purification ritual (Mugambe 2006:75; Mwamaloba 2008:127). Furthermore, in both traditional and religious circles, there is the belief in supernatural forces that are deemed to be dangerous therefore the need for rituals or ceremonies to purify those who came into contact with such (Encyclopedia Americana cited in Mwamaloba 2008:129). In addition, Freedman (1992:730) points out that most religions believe contact with a corpse renders one impure. Rites associated with death are therefore held with fear; a situation that leads to the designation of widows being declared unclean (Gehnep cited in Mwamaloba 2008:129). In this regard, sexual intercourse is regarded as a means of widow cleansing.

Widow cleansing stipulates that the widow is expected to have sexual relations with a relative of the deceased husband (Mugambe 2006:75; Mwamaloba 2008:129). However, in some communities, the widow is expected to secretly have sexual relations with someone outside the family of the deceased as a way of cleansing herself (Mwamaloba 2008:129). This act is believed to cleanse the widow from the spirit of the deceased husband which is believed to continuously haunt her if the cleansing ritual is not performed. The person doing the cleansing is normally expected to engage in unprotected sex. The use of condoms for the sexual ritual is forbidden because it is believed that the physical barrier renders the cultural ritual invalid. In other cases, it is believed that using protection can evoke the wrath of the deceased if foreign objects are used on their wives (Shisanya 2006:59).

The practice of widow cleansing is risky in the current context of HIV and AIDS. If the widow is infected with HIV, the person performing the cleansing ritual is at risk and in most cases the cleanser will be married and can pass HIV to his wife. The situation becomes worse if the cleanser is in a polygamous marriage; all his wives will be at risk. If the cleanser is HIV infected

and the widow is negative, the widow becomes most vulnerable to HIV (Bongmba 2007:55). However, widow cleansing is believed to restore health to the family of the deceased and the community at large. In communities practicing this ritual, widows have no option but to partake in the ritual otherwise they will be ostracized from the community (Mwamaloba 2008:130). Fear of isolation, destitution and/or being ostracized, coupled with the powerless of women in negotiating for safer sex makes widows extremely vulnerable to HIV infection.

On the other hand, Gausset (2001:513) observes that some African communities are aware of the risk of HIV infection through widow cleansing; therefore they substitute sexual cleansing with herbal remedies to purify the widow. However, this alternative method is shameful to the widow as in many cases, it brings to the fore the widow's health status as well as denying her the right to undergo the traditional method of cleansing (Gausset 2001:513). An alternate model employed by other communities involves requesting the widow to undertake an HIV test. Nonetheless, this method is equally shameful to the widow who may experience stigma and discrimination should she prove to be HIV positive (Gausset 2001:513). In remote and/or rural areas, a request for an HIV test may be hindered by logistical problems inclusive of transport costs (Gausset 2001:513). Drawing on this argument, the researcher argues that in most cases, only the widow is requested to take an HIV test and the status of the cleanser remains unknown. In this regard, the widow remains vulnerable to HIV infection.

2.4.5   Levirate Marriage or Wife Inheritance

Following the practice of widow cleansing discussed above, a widow, in many communities within sub-Saharan Africa, is expected to be inherited in order to ensure continued relations with her husband's family as well as retaining some of the productive resources she may have acquired through marriage. Mugambe (2006:74) observes that most women accept the practice of wife inheritance due to their economic vulnerability. Furthermore, Mugambe (2006:74) points out that women who are economically independent can opt to refuse to be inherited but inheritance laws in many sub-Saharan African countries deny women the ability to assume total control of the family property upon the death of a spouse. Women, therefore, accept levirate

marriages as a way of gaining some control over their family property which ensures them access to land and food security (Commonwealth Secretariat 2002:31).

The cultural practice of levirate marriage or wife inheritance denotes that when a wife in the family loses her husband through death, one of the deceased's brothers is expected to take care of the family of the deceased and this includes taking over the widow as his own wife (Mbuwayesango 2007:5). This practice is regarded as a way of appeasing the spirit of the deceased husband as well as safeguarding the widow from promiscuity which might shame the husband's family (Mugambe 2006:74). Justification of this cultural practice rests on the premise that it is a way for the surviving males in the husband's family to take care of their brother's widow, children and household. However, in some extreme cases, only the sexual rights of the widow are inherited (Mugambe 2006:74). Gausset (2001:513) argues that this practice is informed by socio-economic conditions dictating that a woman needs a man to look after her welfare, her children as well as ensuring that she has continued access to land.

Levirate marriages increase the vulnerability of married women to HIV infection (Mbuwayesango 2007:5). In many cases, no HIV tests are done before solemnizing this cultural arrangement. Furthermore, in this type of marriage, the inherited widow risks being infected by the inheritor (Mbuwayesango 2007:5). In cases where the widow is already infected with HIV, she risks passing the infection to the inheritor who will then pass it to his wife or wives (Mbuwayesango 2007:5).

2.4.6 Traditional Intravaginal Practices

Because of the patriarchal nature of the marriage institution in sub-Saharan Africa, coupled with the practice of polygyny and high levels of extra-marital sexual relations on the part of men, a considerable number of married women employ survival strategies to ensure that they remain their "husband's favourites". In this regard, the researcher argues that one common strategy employed by women involves the tightening of the vagina which is mostly done through the use

of herbal remedies. The researcher points out that married women participate in intravaginal practices as a ploy to satisfy their husbands' strong sexual urges thereby preventing them from engaging in extramarital sexual relations. In addition, a common belief within African communities is that heterosexual sex is most enjoyable when the woman's vagina is dry (Zierler 1994:260). This means that a dry and tight vagina is believed to increase sexual pleasure (Gausset 2001:514). It is believed that increased friction during sexual intercourse is more pleasurable to men therefore women insert drying agents in their vaginas to enable vaginal tightness (Nath 2001). Those women practicing dry sex use certain herbs, leaves and/or rags which they insert in their vagina (Orubuloye et al. 1995:161). These herbs are believed to absorb all the vaginal fluids and secretions.

Intravaginal practices are also undertaken by women as a way of safeguarding themselves from having a moist vagina. African culture denotes that women must not be sexually aroused before engaging in sexual intercourse with their partners/spouses (Gausset 2001:513). A moist vagina prior to sexual intercourse is regarded as a sign that the woman might have indulged in sexual intercourse with another man. In this regard, women partake in vaginal drying to protect themselves from such beliefs as well as from being labelled as 'loose'/promiscuous (Gausset 2001:513). Many women are unaware that "genital infections are the primary cause of vaginal wetness and high parities cause vaginal looseness" (Orubuloye et al. 1995:161).

Dry sex or vaginal tightening is also practiced by women who, after giving birth, want their vaginas to retain some of its former tightness (Gausset 2001:513). However, due to the dryness of the vagina and lack of vaginal fluids, women engaging in this practice often suffer from abrasions and lacerations as a result of the forced entry of the penis (Zierler 1994:260). In many instances this practice can lead to "vaginal lesions during intercourse which may in turn facilitate HIV infection" (Gresenguet cited in Gausset 2001:513). Since women are socialized to believe that sexual intercourse is for pleasuring men, they go out of their way to pleasure men.

Medical studies have revealed that some of the vaginal drying agents used by women result in inflammatory lesions of the vagina and cervix (Brown et al. 1993:989). In addition, some of the

vaginal tightening and cleansing products used by women have been reported to result in excessive dryness of the vagina which in turn causes "epithelial trauma" during sexual intercourse (Brown et al.1993:989). This epithelial trauma is suffered by both the woman and the sexual partner and it is known to "…promote the passage of organisms that cause AIDS and other sexually transmitted diseases" (Brown et al. 1993:989). Irrespective of the dangers posed by intravaginal practices, some married women often overlook the side effects of such practices as their foremost concern is to retain the sexual affections of their husbands as a strategy to discourage them from engaging in extra marital sexual relations which exposes them to the vulnerability of HIV infection.

2.5   Hegemonic Masculinities

The previous section outlined how married women are expected to conform to certain cultural practices irrespective of the fact that most of these practices expose them to the vulnerability of HIV infection. In addition, it was also highlighted that culture is used by the men, as dominant figures in communities, to exploit the powerless, most especially married women who are culturally expected to be totally submissive to their husbands in all aspects of life. Therefore, this section argues that male dominance over women is a result of hegemonic masculinities that are prevalent in many communities within sub-Saharan Africa. The study acknowledges that the concept of hegemonic masculinities is broad; however, in order to keep in line with the context of the study, this section will discuss the concept of hegemonic masculinities in relation to the challenge of the HIV and AIDS epidemic.

In order to fully comprehend the concept of hegemonic masculinities, this section begins with a brief definition of the concept of masculinities. Whitehead and Barrett (2001:15) argue that it is difficult to assign a single definition to the concept of masculinities as they are "…plural, changing and historically informed around dominant discourses or ideologies of masculinism" (2001:15). However, they offer to describe masculinities as "those behaviours, languages and practices, existing in specific cultural and organisational locations which are commonly associated with males and thus culturally defined as not feminine" (Whitehead and Barrett

2001:15). This definition implies that masculinities are not only informed by behaviours but are inclusive of languages and practices associated with maleness. Furthermore, Whitehead and Barrett (2001:15) point out that masculinities can be regarded as positive in the sense that they confer an identity amongst males whilst on the other hand, they can be regarded as negative because they are defined as not being feminine (Whitehead and Barrett 2001:15). Accordingly to Connell, "masculinity does not exist except in contrast with femininity" (1995:68). This, therefore, suggests a contestation between the male and the female.

Masculinities are also regarded as "a set of fluid social and cultural performances" and they are not static but are subject to change over a period of time (Whitehead and Barrett 2001:16). In this regard, the researcher argues that the fluidity of masculinities indicates that they are a reflection of social and cultural constructions of what it means to be male within a given society; therefore they are not biological but social constructs. This suggests that it is possible to deconstruct negative traits of masculinities that may be detrimental to the health and well-being of others. It is also noteworthy at this juncture to point out that masculinities are both multiple and diverse; hence this section of the study explores how hegemony, one of the forms of masculinities, compounds the vulnerability of married women to the risk of HIV infection.

Hegemonic masculinities are referred to as "…the pattern of practice, i.e. things done, not just a set of role expectations or an identity, that allowed men's dominance over women to continue" (Connell and Messerschmidt 2005:832). Whilst the term hegemonic refers to the "…cultural dynamic by which a group claims and sustains a leading position in social life" (Connell 1995:77), hegemonic masculinities are defined as "…the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women" (Connell 1995:77). Connell and Messerschmidt (2005:840) point out that because hegemonic masculinities thrive on the continued dominance of men over women, in some settings, gender violence is exercised to enforce this perpetual dominance. Furthermore, hegemonic masculinities are regarded as "…the idealized form of masculinity (being the real

man) in a particular time and place" (Skovdal et al. 2011a:2). Hegemonic masculinities are constructed on cultural dominance within communities (Connell 2001:39).

Hegemonic masculinities are closely associated with "male potency in sexual conquests" (Simpson 2009:8). Skovdal et al. (2011a:2) point out that even though hegemonic masculinities serve as a survival strategy for men in difficult conditions, these masculinities are equally destructive. Skovdal et al. (2011a:2) argue that men who practice hegemonic masculinities engage in sexual relations with different sexual partners. Within the African context, a real man is identified as such through his numerous sexual conquests. In line with this perception, van Klinken (2011:6) observes that hegemonic masculinities are associated with the reluctance to use condoms as a way of practicing safer sex, a situation that exposes both men and women to the vulnerability of HIV infection. The use of condoms is assigned to weaklings and to those men who are afraid of taking risks. In line with the concept of hegemonic masculinities, a real man is further defined as one who is "…strong, in control, disease free, sexually promiscuous and the breadwinner of his family" (Skovdal et al. 2011a:12). Additionally, in most communities, men are socialized to be "…tough; unemotional; aggressive; denying weakness; sexually unstoppable; and appearing physically strong in competition with other men" (Lindegger cited in Skovdal 2011:3).

It is noted that hegemony as one of the dominant forms of masculinity is also equated with men's "privileged access to power and influence in the socio-economic and political sphere, and also often in the private sphere" (Skovdal et al. 2011a:2). However, even though hegemonic masculinities accord power to men, some of the social expectations associated with these masculinities can be highly restrictive to men (Lee *et al.* cited in Skovdal et al. 2011a:2). This is evidenced through men's reluctance to disclosing their HIV status as well as accessing medical treatment (Skovdal et al. 2011a:2). Courtenay (cited in Skovdal et al. 2011a:3) points outs that hegemonic masculinities are displayed though disengagement with health services and a careless health style with regards to issues of sex. This perception is equally observed by Lindegger (cited in Skovdal et al. 2011a:3) who, through various studies, identifies that unprotected sex with

various sexual partners is associated with virility. Therefore it is considered as a way of asserting manhood within society. However, this expression of manhood creates an environment for STI's and HIV infection. In Malawi, a study carried out by Kaler indicates that men regarded HIV as a symbol of manhood (cited in Skovdal et al. 2011a:3). This is a frightening observation as it reflects how hegemonic masculinities socialize men into risky behaviours without due consideration of the effects of such behaviours on their health and well-being as well as those of their spouses/partners. Furthermore, Skovdal et al. (2011b:34) argue that hegemonic masculinities interfere with women's access to medical treatment as well as their adherence to antiretroviral treatment (thereafter referred to as ART). Skovdal et al. (2011b:34) observe that fear of being associated with HIV and AIDS results in men prohibiting their spouses from honouring hospital appointments as well as collecting their treatment. This situation compromises the health and well-being of the wives as well as creating an environment for HIV re-infection (Skovdal et al. 2011b:34). As will be discussed in the following section, in addition to interfering with the treatment and adherence of women to ART, hegemonic masculinities also relegate care-giving roles to the domain of women within the home.

2.6 African Traditional Ethics of Care

Within many communities in sub-Saharan Africa, women are assigned the role of being care-givers in their homes and within the community at large. With the increasing levels of AIDS-related illnesses in sub-Saharan Africa, social services are failing to meet the demand of those people in need of prolonged medical care (Commonwealth Secretariat 2002:33). Married women are therefore forced to assume the role of subsidizing the public sector by caring for the sick relatives at home (Commonwealth Secretariat 2002:33). A good wife within the traditional African context is expected to care for the immediate and extended family of the husband (Mangena 2009:24). Those women who are already infected with HIV suffer the strain of extra work on their already compromised bodies. Mangena (2009:24) rightly observes that since the burden of care is placed in the hands of women, if an HIV positive husband becomes sick, the wife assumes the responsibility of caring for him until he dies. Sadly, no-one will be there to care for the woman when she gets sick (Mangena 2009:24).

2.7   Gender-insensitive HIV Prevention Strategies

The vulnerability of married women to the risk of HIV infection is further compounded by gender insensitive HIV prevention strategies. The previous section indicated how the concept of hegemonic masculinities inhibits men from seeking medical intervention and places the burden of care on women. In the current context of the HIV and AIDS epidemic, failure to seek medical intervention exposes married women to the risk of infection. It, therefore, becomes evident that the combination of culture and hegemonic masculinities presents a great challenge to the well-being of married women within societies in sub-Saharan Africa. In the midst of such challenges, the common and widely used strategy for HIV prevention is the traditional Abstain, Be faithful and Condom use (hereafter referred to as ABC) method. This section discusses the limitations of this model towards mitigating the challenge of the increasing levels of HIV infection amongst married women in sub-Saharan Africa.

Before discussing the limitations of the ABC strategy, it is noteworthy that this model has been regarded as a "…key strategy in comprehensive HIV prevention programmes" (Kurian 2006:6). Furthermore, the simple and catchy acronym has been credited with considerable success in reducing HIV infection particularly in Uganda (Okware 2005:626). Accordingly, Kurian (2006:6) points out that the ABC model popularized the role of sexual relations in HIV transmission as well as positioning the use of condoms as a key aspect of HIV prevention. In addition, the ABC model is credited for promoting behavioural change inclusive of delaying sexual debut and reducing the number of sexual partners in a relationship (Kurian 2006:6).

However, irrespective of its reported successes, it is evident that the ABC model does not take into account "…the complexities of human life" (Kurian 2006:6). The 2004 Joint United Nations programme on HIV and AIDS published during the period of Uganda's success story of HIV prevention based on the ABC model revealed a new face to the epidemic (cited in Dworkin and Ehrhardt 2007:13). The report indicated that about fifty per cent of the total number of infected

people worldwide were women, a sharp increase from the thirty-five per cent that had been reported in the year 1985 (cited in Dworkin and Ehrhardt 2007:13). Furthermore, the report detailed that fifty per cent of new HIV infections were reported between spouses with women identified as those at most risk of acquiring HIV from their principal partners (cited in Dworkin and Ehrhardt 2007:13). The United Nations report reflects the gendered nature of HIV and AIDS and this observation brings the credibility of the ABC model under heavy scrutiny (Dworkin and Ehrhardt 2007:13).

Given this perspective, Dworkin and Ehrhardt (2007:13) argue that the success attributed to the ABC model should be evaluated using a gendered lens since the ABC model fails to address the important issues of gender and masculinities in HIV prevention initiatives (Kurian 2006:6). Furthermore, this popular model fails to take into account the powerlessness of many women who are denied the right to negotiate for safer sex in their relationships as discussed earlier in this chapter. It assumes that individual decision making is a prerequisite for mitigating HIV prevention (Kmietowicz cited in Dworkin and Ehrhardt 2007:13). Nevertheless, this assumption overlooks the gendered nature of sexual relationships and how they impact on decision-making with regards to where, when, and how sexual relations take place (Marshall and Taylor 2006:366). The subordinate position of women results from their lack of property rights, differential access to literacy and education, lower wages, and lack of assets which in turn determine the risk context for many women (Gupta cited in Dworkin and Ehrhardt 2007:13). The ABC model fails to pay attention to social issues inclusive of poverty and harmful traditional practices that fuel the spread of HIV infection (Kurian 2006:6). Additionally, Parker (cited in Dworkin and Ehrhardt 2007:14) argues that the ABC approach fails to consider the 'critical intersection' between poverty and women's vulnerability to HIV infection.

It is further noted that the ABC model is "...didactic and less open to dialogue and participation of people living with HIV" (Kurian 2006:6). In this regard, the researcher points out that in many cases, HIV prevention messages exclude people already infected with the virus. The researcher

therefore argues that the absence of strategies that also target those living with HIV leads to new infections due to lack of information on how to prevent the further spread of the virus.

According to Collins and Coates (2008:5), the ABC model is lacking in that it implies that any person can prevent HIV infection by choosing any one of the options from the ABC short menu. However, abstinence is not an option for married women. The second component of faithfulness only becomes valid when both spouses are aware of their HIV status before committing to marriage and to the practice of serial monogamy. Being faithful entails engaging in sexual relations with a single partner in a long term or life-long relationship such as a marriage union (Okware et al. 2005:626). Accordingly, advocating for faithfulness is a futile initiative especially for millions of women who cannot protect themselves against their spouses' infidelity (Collins and Coates 2008:5). However, as previously discussed and within the African context, faithfulness is believed to apply only to married women. The being faithful code is silent when it comes to married men who are culturally sanctioned to have extra marital sexual relations.

The last component of the ABC model advocates for condom use. Sadly, "condom use has been a controversial subject matter at individual, couple, community, state and international levels" (Chimbiri 2007:1108). In many parts of African communities within sub-Saharan Africa, condom use is associated with those who would have failed to abstain and/or to be faithful in their relationships (Muhwava 2004:119). This notion gives rise to the stigmatization of condom use as it is associated with those who are considered promiscuous. Within the traditional African context, the condom is negatively perceived within the context of marriage and or stable unions. It is believed that sex within marriage is legitimate and natural; hence the condom is regarded as an intruder within the marriage context (Chimbiri 2007:1111). Moreover, within the African culture, the condom is mostly unacceptable within a marital union as it is associated with 'loose and unmarried women' (Liwewe et al. 2009:69; Muhwava 2004:119). This means that the condom is seldom used within the marriage bed but for extra-marital sexual relations. Muhwava (2004:119) further observes that condom use amongst married couples is between 2-6%, a

situation that creates an environment for HIV infection in situations where there is partner infidelity.

Since the condom is commonly associated with extra-marital sexual relations, discussions about condom use within a marital union would evoke feelings of mistrust (Campbell et al. 2011:1212; Liwewe *et al*. 2009:69). Furthermore, married women, even if they are knowledgeable about condom use, have to feign ignorance otherwise they might be suspected of infidelity. In addition, a husband would be "…surprised and enraged if a wife suggested the use of a condom…condoms are seen as things to be used with prostitutes only" (Muhwava 2004:138). Drawing on my personal experience from some circles within the Zimbabwean context, it is commonly believed that *macondoms anoshandiswa nemahure* [condoms are used by prostitutes] and as a result, some married women do not want to use condoms as this would suggest that they are being equated with prostitutes. If a husband insists on using condoms, the wife would be offended and would say *'saka wave kundifananidza nemahure ako* [so you are now regarding me as one of your prostitutes]. In addition, Dworkin and Ehrhardt (2007:14) note that the unfavourable economic position of women also makes it difficult to insist on condom use Dworkin and Ehrhardt 2007:14; Liwewe et al. 2009:70). In many parts of sub-Saharan Africa, especially in communal and high density settings, married women depend on their spouses for their livelihoods and that of their children. The fear of neglect consigns all power and decision making to the hands of their spouses.

Accordingly, Muhwava (2004:121) observes that condom use within marital relations can never be effective unless social norms that associate masculinities with risk taking are adequately addressed. Irrespective of the devastating effects of the HIV and AIDS epidemic, there still is a considerable number of men who pride themselves on extra-marital sexual relations. Muhwava therefore contends that "changing the traditional views of masculinity and femininity is essential in promoting sexual health amongst married couples" (2004:121).

In summing up this section, Collins and Coates rightly point out that "if HIV prevention comprises only the ABCs, the social reality of millions of women means they will simply not be

able to choose A or C, and B will bring little protection – and perhaps even greater risk"
(2008:5).

2.8   Conclusion

This chapter began with a brief discussion of the social expectations of women in the institution
of marriage from an African worldview. It showed how the African worldview places much
emphasis on marriage; therefore a woman who remains unmarried has no honour in her
community. In addition, the chapter highlighted that the institution of marriage places much
emphasis on procreation; an honourable wife is expected to bear male heirs to continue with the
family lineage. Furthermore, the chapter highlighted that the emphasis of procreation within the
institution of marriage does not pay attention to the risk of HIV infection within the marital
union.

Secondly, the chapter discussed how culture compounds the vulnerability of married women to
HIV infection. The practise of polygyny; *lobola*; widow cleansing; levirate marriages; traditional
intravaginal practices and ethics of care in African traditions were identified as some of the
cultural drivers exposing married women to the vulnerability of HIV infection.

Thirdly, the chapter highlighted that the concept of hegemonic masculinities prevalent in
communities within sub-Saharan Africa further compounds the vulnerability of married women
to HIV infection. It was argued that hegemonic masculinities thrive on male dominance over
women thereby subordinating women in all spheres of life.

Lastly, the chapter discussed the limitations of gender insensitive HIV prevention strategies.
Here, it was argued that the vulnerability of married women to HIV infection is further
exacerbated by HIV prevention strategies that do not pay attention to gender inequalities
prevalent in most communities in sub-Saharan Africa. Additionally, the overwhelming adoption

of the traditional ABC model of HIV prevention which fails to take into account, amongst other things, issues of gender and masculinities in responding to the challenge of the HIV and AIDS epidemic was discussed.

The next chapter will discuss how the challenge of the vulnerability of married women to HIV infection is further compounded by the adoption of historical Christian anthropologies that assign an inferior status to women. It will explore how the negative anthropological articulation of women has led to their subsequent subordination in all spheres of life.

CHAPTER THREE

THEOLOGICAL TRADITIONS CONTRIBUTING TO THE VULNERABILITY OF MARRIED WOMEN TO HIV INFECTION

3.1   Introduction

The previous chapter reflected on the institution of marriage and its social expectations from an African worldview. It identified some of the socio-cultural drivers exposing married women to the vulnerability of HIV infection. The chapter also indicated that culture, hegemonic masculinities, and gender-insensitive HIV prevention strategies compound the vulnerability of married women to HIV infection. This chapter reflects on the theological tradition of Christianity that contributes to the vulnerability of women to HIV infection. The chapter will begin by discussing how women have been perceived throughout Christian history. Secondly, the chapter will explore how the "Fall of Eve" has been regarded as a basis for negative anthropologies against women. Lastly, the chapter will then introduce the articulation of women through the lens of the early church fathers.

3.2   Identity of Women in Christian History

Throughout the history of Christianity, from the patristic age to the contemporary era, women and men have been placed in a dualistic and hierarchical relationship that subordinates women leading to their consequential marginalization in all spheres of human life. According to Crawford and Kinnamon (1983:50), the history of Christianity established a relationship of domination and subordination between men and women. They further argue that this dualistic relationship resulted in androcentric, hierarchical and gender-specific roles for women and men within the church, family and society at large (Crawford and Kinnamon 1983:51).

Additionally, Rakoczy (2004:28) points out that this mistaken identity assigned to women by their male counterparts has been and continues to be detrimental to the well-being of women in societies. The male species has subsequently taken it upon themselves to assign a lower status to the female species who have been described as less than human (Rakoczy 2004:28). The awkward history of Christianity regarded women as being lower in dignity therefore in order to attain full human dignity; they needed men to complete them (Rakoczy 2004:28). Women have continually been regarded as dangerous, seducers of men and they have been considered as "a mistake in God's creative plan" (Rakoczy 2004:28). During the early Christian centuries, church fathers defined women as the cause of sin. Notable amongst them are John Chrysostom (349-407) who described women as savage beasts and the most harmful of all creatures and John Damascene (646-750) who described women as "a sick she-ass…a hideous tapeworm…the advance post of hell" (Keane cited in Rakoczy 2004:31). The early Christian centuries gave rise to misogynistic interpretations of women. It is the researcher's contention that modern societies still cling to these misogynist teachings which are practiced by men. Conversely, according to the researcher, men possess an inherent fear about the power of women; hence culture and religion are continuously invoked to keep women in perpetual subordination to male autonomy.

Drawing on the inferior status assigned to women, Rakoczy (2004:31) questions the basis of these androcentric interpretations of women by the early church fathers. She argues that this could not have been inherited from the gospels since Jesus Christ was a friend of women who broke most of the cultural taboos that marginalized them (Rakoczy 2004:31). Rakoczy (2004:31) identifies the Greco-Roman culture and the Jewish background as the driving force behind the derogatory views towards women. She points out that under the Roman law, women were placed under the complete control of the male head who was identified as the *pater familias* (Rakoczy 2004:31). The *pater familias* had complete powers over the household. His duties included arranging marriages and appointing guardians for the family members. Furthermore, the *pater familias* held power of life and death of the family (Rakoczy 2004:31). In addition, under the Roman law, women were forbidden from undertaking business transactions and women, as daughters, were not assigned individual names. They were identified through the feminine form

of their father's names and in many cases, women were regarded as the 'legal property' of their fathers and thereafter of their husbands (Rakoczy 2004:32).

Through their biological process of menstruation, women were also believed to be unclean and therefore were denied the opportunity to undertake certain activities during their menstrual cycle (Rakoczy 2004:32). Reisenberger (2003:177) points out that since the Jewish tradition considers women as unclean during their menstrual cycle, they are thus forbidden from exercising any physical contact with their spouses. Additionally, Reisenberger (2003:177) observes that Jewish tradition, past and present, stipulates that the husband and wife should sleep in separate beds during the unclean period. The supposedly unclean period consists of the actual menstruating dates and seven days thereafter (Reisenberger 2003:177). Based on this perspective, a couple is traditionally and religiously denied the right to have sexual relations for approximately two weeks. Likewise, some traditional African communities also adhere to this practice. Coupled with the supposedly strong sexual urges of men, husbands turn to their mistresses to satisfy their sexual desires during their wives' unclean period. Adherence to this practice is most harmful in the current context of the HIV epidemic as in many cases, the extra-marital sexual relations entered into by husbands are with concurrent partners and in many instances, no protection is used. This situation exposes the faithful monogamous wife to HIV infection.

3.3 The Fall of Eve as a Basis for Negative Christian Anthropologies against Women

The history of Christianity, particularly the Judaeo-Christian tradition, has continually used the story of the creation and fall of Eve as the basis for assigning a lower and inferior status and role to women both in the church and the society (Okure 1989:48). Okure (1989:48) points out that both traditional and popular beliefs regard women (descendants of Eve) as physically, socially, morally, intellectually and spiritually inferior to men (descendants of Adam). The justification for the inferior status of women is based on the premise that Eve, identified as the morally

weaker sex, yielded to the devil's temptation and her failure to resist such consequently positioned her as the cause of sin and death in the world (Okure 1989:48).

The fall of Eve has been historically related to all the evils and misfortunes that happen in this world (Okure 1989:49). According to the researcher's experience from her own context, women are often regarded as the cause of the sinful nature of men and they are blamed for men's shortcomings (Okure 1989:49). Drawing from the researcher's observation from her Zimbabwean context pertaining to cases of marital infidelity, married women are blamed for failing to satisfy the sexual urges of their husbands. It is therefore widely believed that men will be left with no choice but to seek sexual gratification outside the marital home. This implies that married women are assigned the blame for their husband's infidelity.

However, Okure argues that "the belief in the innate inferiority of the woman and in her exclusive instrumentality for sin and death is based on the misreading of the Genesis accounts of creation and the fall and on the failure to discern the distinctive purpose of each of these narratives" (1989:49). The early church fathers capitalized on the misinterpretation of the Genesis accounts and thereby assigned an inferior position to women (Okure 1989:49). In order to gain more understanding of the perceived inferior status assigned to women, the following section will provide a reflection on the theological anthropological articulation of women by the early church fathers. Sadly though, the way that women were regarded by the early church fathers lead to the distortion of the image of God in them.

3.4   Women and the *Imago Dei*: Through the Lens of the Early Church Fathers

Early Christian theology was strongly influenced by Greek philosophy which was dualistic. Rakoczy (2004:32) points out that the concept of the mind-body dualism, inherited from Greek philosophy, had a great influence on the history of Christianity and this resulted in the negative societal views of women. Greek philosophy made distinctions between spirit and matter (Rakoczy 2004:33). The male species was identified with the spirit which was considered the 'better' whilst women were identified with matter which was considered the lesser of the two

(Rakoczy 2004:33). Matter was identified with the bodily nature of humanity and had no link to the image of God which was identified with the spirit (Rakoczy 2004:33). Early church fathers, notably amongst them Gregory of Nyssa, argued that the image of God in humanity was identified with the spirit; therefore men were consequently identified with the image of God (Rakoczy 2004:33). In order to fully understand the historical roots of the subjugation of women, this section explores the articulation of the *imago Dei* through the writings of Aristotle, Augustine of Hippo, Thomas Aquinas and Martin Luther. This study focuses on these four figures because of the prominence of their writings as well as their representativeness of different historical periods starting from the early church through to the Reformation.

3.4.1 *Imago Dei* through the Writings of Aristotle

Aristotle is believed to be the first philosopher to offer a systematic differentiation of human sexuality. Gonzalez (2007:21) points out that Aristotle's philosophy of the hierarchical nature of human sexuality has continued to command great influence in Christian theology. Aristotle's argument centred on sex polarity; even though both men and women were considered to be 'philosophically significant', men were actually identified as superior to women (Allen 1997:83). According to Aristotelian philosophy, men were believed to be superior whilst women were considered the "mutilated male, as an incomplete and deprived male" (Aristotle cited in Gonzalez 2007:22). Gonzalez argues that such a classification of the personhood of women gave rise to sexist understandings of women thereby regarding them as an inferior species. This view is equally expressed by Horowitz (1976:183) who argues that the teachings of Aristotle on the nature of women created the basis for the inferiority of women leading to their subsequent subordination by the male species. Horowitz points outs that Aristotle's teachings gave rise to the "political subordination of women to men in the home and in society" (1976:183).

Horowitz argues that according to Aristotle, the female body is regarded as a "departure from the norm of the male body and of deducing a characterization of femaleness by lack of maleness" (1976:186). This understanding suggests that Aristotle's philosophical argument is based on his concept of reproductive biology (Gonzalez 2007:22). This is based on the premise that Aristotle

believed that the male semen is responsible for producing the form of an embryo whilst the female provides the womb and the nourishment required for the embryo to develop (cited in Horowitz 1976:186). The woman is regarded as a passive receptacle in the process of reproduction; the female seed is dismissed as unimportant (Aristotle cited in Gonzalez 2007:22). Aristotle's philosophical views equated maleness with fertility and the male seed was deemed a prerequisite for the growth and development of the embryo into human form (cited in Horowitz 1976:192).

Furthermore, Aristotle and his later followers expanded his biological-philosophical theory to include "cosmic distinctions" which assigned the male as active and spiritual whilst the woman was regarded as passive and linked with the material aspect (Horowitz 1976:186).The legacy of Aristotle's teachings continue to dictate the distribution of roles to the present day where women are continually marginalized as they are considered as an inferior species. Based on this understanding, in some contexts within African communities, women are basically confined to the private sphere of the household and are discouraged from conducting business transactions as it is culturally believed to be 'unwomanly'. From my experience within the Zimbabwean context, a respectable married woman is expected to take care of the household chores as well as taking care of the children and the extended family of the husband. In a few cases where the married woman goes to work and accounts for her earnings to her husband, she is expected to employ a maid who does the household chores on her behalf. It is assumed that by virtue of passing her household responsibilities to another person, it is the responsibility of the married woman to meet the financial obligations of the maid who will be assisting her with her traditionally assigned household chores. Irrespective of employing a maid to assist with household chores, a working married woman is expected to resume her wifely duties as soon as she gets back from work. It is also common, within the Zimbabwean context, for husbands to claim that they do not eat food that has been prepared by the maid. This implies that irrespective of the tiresome day a married woman endured at her workplace, her household responsibilities have to be fulfilled. Therefore, in Zimbabwe, it is a common adage that husbands do not eat food prepared by a maid when they paid *lobola* for the wives to meet all their physical needs. A married woman is therefore not expected to complain of her tiresome schedule as this may result

in her being asked to forfeit her employment so that she may pay due attention to her wifely duties. According to the researcher's experience, even with the hectic schedule that married women have to endure, little time, if any at all, is given to their own physical needs inclusive of taking care of their health and wellness. Hence in most cases some of them may discover they may be HIV positive well after their immune system has been badly compromised.

It was therefore Aristotle's understanding that "the weaker link in the human couple is weaker not only in the capacity to generate offspring but also in the capacity to generate decisions" (cited in Horowitz 1976:206). Therefore, Aristotle believed that "woman needs man not only to form her children but also to form her decisions" (cited in Horowitz 1976:206). The husband, as head of the family, was/is expected to permanently exercise authority over his wife (Aristotle, *Politics I*, 12 (1259a37). The husband as the ruler was/is believed to require practical wisdom whilst the wife as the ruled only needs true opinion (Horowitz 1976:207). Aristotle's philosophical understanding suggested that the male is naturally fitter to command and the woman is fitter to obey (Aristotle, *Politics I,* 12 (1259a37). As a result, he argues that "silence is a woman's glory" (*Politics I*, 13 (1260a30). This, therefore, implies that the wife should submit to the rule of the husband and consequently accept every decision made by the husband (Horowitz 1976:207). For this reason, the researcher argues that this understanding has traditionally incapacitated married women from making decisions in all spheres of their lives. Their husbands have to decide for them irrespective of the fact that some of the decisions taken may compromise their health and well-being. According to Horowitz, "Aristotle's assertion that woman's deliberate faculty lacks authority was part and parcel of his assertion that woman possesses moral goodness to the extent required to discharge her function" (1976:207).

Aristotle's philosophical views also stipulated that a man's role was/is to acquire household goods whilst the woman was/is to take care of the acquired property (cited in Horowitz 1976:208). This understanding has subsequently led to the economic subordination of women, hence making them fully dependent upon the men in their lives. As a result, economic deprivation exposes married women to the vulnerability of HIV infection as they depend upon

their husbands for their welfare. If the husband is unfaithful, the woman endures it in silence for fear of being financially neglected. In many societies in Zimbabwe, it is common to hear a woman claiming that *pano ndangogarira vana vangu muchato wakatopera kare* [l am still in the marriage for the sake of my children otherwise the real marriage ended long back]. However, as the wife stays in the marriage for the sake of her children since she will not be able to support them if she leaves the marriage, sexual relations continue to take place thereby exposing herself to the risk of HIV infection. In some instances, married women facing challenges of infidelity in their marriages would also claim that *kusiri kufa ndekupi* [either way you die, if you remain in the marriage you risk being infected, if you leave, you risk dying of hunger]. As a result, some married women choose what they believe is the lesser evil: staying in the marriage and gaining economic support for themselves and their children as well.

Horowitz (1976:208) stresses that Aristotle's justification for the authority of the husband over the wife was based on his concept of distributive justice and distributive friendship. In this regard, Aristotle believed that justice "…involves equality or the distribution of equal amounts to those who are equal" (*Politics III*. 12). Aristotle further stipulates that equality is based on one's contribution to the society (*Politics III*.12). This understanding automatically disqualifies women from being treated justly as they are confined to the private household sphere, their contribution to society is not accounted for (*Politics III*. 12). Furthermore, Aristotle argued that "those who are equal … should receive equal amounts: those who are superior or inferior should receive superior or inferior amounts, in proportion to the degree of their superiority or inferiority" (*Politics III*. 12). Drawing from this perception, women as inferior are apportioned lesser equivalence than men, a situation that automatically assigns them a subordinate position. In line with the context of the study, this subordinate position assigned to women incapacitates them from making informed decisions about their health and well-being; thereby they are exposed to the vulnerability of HIV infection.

According to Horowitz (1976:208), the concept of justice advocated for by Aristotle means that equals are entitled to equal justice, the unequal are entitled to unequal justice. Therefore the superior are tasked with ruling and making decisions whilst the inferior are tasked with being ruled and giving total obeisance. This suggests that the friendship between a husband and wife is based on virtue where the purportedly better person in the relationship receives more of what is good and befitting (Aristotle cited in Horowitz 1976:209). Based on this concept, the marital friendship is positioned on unequal terms, "…the females loves the male more than he loves her and … she recognizes in him more honour and authority than he recognizes in her" (Aristotle cited in Horowitz 1976:209).

Aristotle's philosophical views led to the distortion of the *imago Dei* in women who were regarded as the "mutilated male", implying that they are less than human. It is therefore evident that the philosophical views expressed by Aristotle served as a springboard for the perpetual oppression of women in some communities who have, to date, been assigned an inferior status in all spheres of life. This subsequent subordination of women has become exceedingly harmful in the current context of the HIV epidemic whereby women, especially those tied to marital vows, are religiously and culturally denied the right to make informed and rightful decisions to protect their well-being. In addition, the subsequent marginalization of women is giving rise to the alarming high levels of HIV infection amongst married women especially in sub-Saharan Africa.

3.4.2 *Imago Dei* through the Writings of Augustine of Hippo

Labelled the father of the doctrine of original sin, Augustine is the most influential figure in the history of Christianity. He wrote extensively on various theological doctrines. However, this section will concentrate on his understanding of the *imago Dei* and its influence on the articulation of the status of women. According to Gonzalez (2007:36), Augustine's teachings on the subject of *imago Dei* have not been undertaken in a systemic way but are found in several of

his treatises. Augustine's point of departure in understanding the concept of the image of God is based on his understanding of the *imago Dei* as Trinitarian (Gonzalez 2007:37). His central premise with regards to the *imago Dei* is that "the mind is God's image par excellence in virtue of its capacity for knowing God…The perfection of the divine image in the mind is the divine gift of wisdom, by which the mind becomes aware of God…" (Augustine 1956:186, Book 14, Chapter 4). In this regard, Augustine believed that even though sin damaged the image, it was not completely destroyed; henceforth, the grace of Jesus Christ then restored the distorted image within humankind (Augustine cited in Gonzalez 2007:37). Drawing on the theology of Gregory of Nyssa, Augustine argued that the image of God is present only when humanity contemplates God (2002:90). This implies that the image is associated with the intellectual/moral and rational capacities of humanity (Augustine 1956:158, Book 12, Chapter 7/10). Accordingly, Augustine positions the concept of the *imago Dei* on three dynamic levels; "that likeness to God in which we were created; the return to that likeness, which was obscured by sin, through the life of grace; and the perfection of that likeness in the kingdom of God" (Burnaby quoted in Gonzalez 2007:38; Wiley 2002:65).

However, the distortion of the concept of the *imago Dei* is found in Augustine's understanding of the concept of biological sex. According to his anthropological understanding, the woman represented the subordinate orientation of the mind (Gonzalez 2007:38). His argument, therefore, is that based on their lower intellectual capacities as embodied women, women are not capable of reflecting the image of God (Augustine cited in Gonzalez 2007:38). This understanding of women as possessing an inferior intellectual capacity has been passed down through centuries and still prevails in our societies. From the researcher's experience, it is therefore common within some African communities to hear people turning down ideas presented by women without paying attention to them simply because it is commonly held that women's reasoning capacity is lower than that of men.

Augustine further argued that the inferior intellectual powers of women meant that only men, with a supposedly superior intellectual capacity, are the ones who reflected the image of God (cited in Gonzalez 2007:38). Furthermore, he pointed out that women will only reflect the image of God in the afterlife (cited in Gonzalez 2007:38). This relates to Augustine's understanding was that women can image God in this present life if they are united with a man through marriage (Augustine 1956:159, Book 12, Chapter 7). According to Augustine, "the woman together with her husband is the image of God, so that the whole substance is one image. But when she is assigned a helpmate, a function which pertains to her alone, then she is not the image of God, just as fully and completely as when he and the woman are joined together in one" (Augustine 1956:159, Book 12, Chapter 7). In addition, Augustine believed that the role of Eve in the fall was necessitated by her lower reasoning capacity (cited in Gonzalez 2007:39).

Furthermore, Augustine regarded the woman as the man's helper for the purposes of procreation (Augustine 1956:159, Book 12, Chapter 7). Augustine believed that had God wanted a companion for Adam, he would have created another man (Gonzalez 2007:39). He argued that the woman was an unworthy companion for the man therefore she was created to meet the needs of man including procreation (cited in Gonzalez 2007:39). Augustine's understanding of the relationship between man and woman was that the woman was created for the man, from the man; therefore her sole purpose was to procreate (1952:357). Building on the philosophical convictions of Plato and Gregory, Augustine maintained that the image of God in humanity was not reflected in the body (Gonzalez 2007:40). Drawing from this perception, Gonzalez (2007:40) observes that Augustine's marginalization of women did not emanate from their creation but was perceived to be the result of their lower intellectual powers. Augustine's theological anthropology stated that both men and women were in a complementary relationship prior to the fall; thereafter the woman was subordinated to the man and was tasked with the command to obey (Gonzalez 2007:40).

However, Augustine also believed that when both the man and woman contemplate God, then the image is equally shared since through that contemplation, they transcend their bodily images and sexual orientation (cited in Gonzalez 2007:40). Augustine's biased interpretation of the image in humanity was his belief that when contemplating the worldly affairs, only the man imaged God (cited in Gonzalez 2007:40). This suggests that when we pay attention to the *homo interior*, the woman equally images God because of her soul which is equated with that of men. This understanding was based on the premise that the soul has no gender (Borreson 1995:200). However, with regards to the *homo exterior*, the woman is regarded as inferior, for she was formed from the man's rib (Borreson 1995:200). Based on this understanding, Borreson observes that the "exclusion of femaleness at the divine level remains basic in Augustine's God-language" (1991:200). In summation, Augustine's understanding of the image of God in humanity was heavily influenced by his belief that men possess the higher intellectual powers whilst women possessed the lower.

3.4.3 *Imago Dei* through the Writings of Thomas Aquinas

The history of Christianity would be incomplete without the contribution of Thomas Aquinas who was believed to be one of the greatest philosophers and theologians during the medieval period. In a similar view to Augustine's understanding of the *imago Dei*, Aquinas's anthropological understanding was based on the premise that the image of God in humanity was reflected within the rational capacities (Gonzalez 2007:42). According to Aquinas, "in us the mind designates the highest power of our soul. And since the image of God is in us according to that which is highest in us, that image will belong to the essence of the soul only in so far as the mind is its highest power" (quoted in Gonzalez 2007:42). Aquinas therefore believed that the mind was the "locus of the image", however, the mind reflects the image only when it contemplates higher things (cited in Gonzalez 2007:42).

Aquinas further believed that the intellectual nature of humanity that reflects the image of God is found in both man and woman, "but in a secondary sense the image of God is found in man, and not in woman, for man is the beginning and end of woman, just as God is the beginning and end of every creature" (quoted in Gonzalez 2007:44). According to Aquinas, men are capable of reflecting the image due to their higher rational capacities as compared to the woman who was believed to have a lower rational capacity (cited in Gonzalez 2007:44). Gonzalez (2007:44) observes that Aquinas presents an ambiguous understanding of the *imago Dei* whereby at one level, women image God, and on the other level, they do not reflect the image. This ambiguous understanding of the image emanates from his conviction that since the body reflects the soul, the body therefore reflects the image of God (Gonzalez 2007:44). The woman therefore is believed to possess the "first degree image but does not have the second in the same way that man does" (Gonzalez 2007:44). The lack of the second degree image in woman is attributed to her bodily weakness which is translated into a weakening of the soul and the mind (Gonzalez 2007:44).

Aquinas' theological understanding also hinged on the proposition that the female was an imperfect creature as imagined by her bodily weakness; therefore she was regarded as inferior (cited in Gonzalez 2007:44). The woman was considered the man's helper in the process of procreation and could not be considered a helpmate because God would have easily created another man to be Adam's helpmate (Aquinas 1947:466). In concurrence with Augustine's understanding of the nature of woman, Aquinas (1947:467) also believed that woman was created for the sole purpose of procreation.

Aquinas believed that the woman was made from the rib of the man "to signify the social union of man and woman, for the woman should neither use authority over man, and so she was not made from his head; nor was it right for her to subject to man's contempt as his slave, and so she was not made from his feet" (1947:468). This statement is ambiguous as it as it positions the woman as neither superior nor inferior to man. However, in a bid to clearly distinguish the intellectual capacity of man and woman, Aquinas argues that man was believed to contemplate

things on a higher level and hence woman was believed to be naturally subjected to man (cited in Gonzalez 2007:45).

Aquinas' (1947:466) theological understanding of woman was that she was a misbegotten male, defective by nature. He argues that "as regards the individual nature, woman is defective and misbegotten, for the active force in the male seed tends to the production of a perfect likeness in the masculine sex; while the production of woman comes from defect in the active force or from some external influence; such as the south wind which is moist (Aquinas 1947:466). Gonzalez (2007:45) rightly argues that this misconception inherited from Aristotelian philosophy is not theologically founded as no biblical scripture supports the defective nature of women. This misconception is however derived from the misinterpretation of the Genesis creation accounts and it is an understanding that "leads to a profoundly offensive and sexist movement in Christian understanding of the human" (Gonzalez 2007:45). Aquinas also believed that men were naturally active whilst the women were naturally passive and he did not associate Eve with the original sin (cited in Gonzalez 2007:45). According to Aquinas, man perfectly reflects the image of God because he was directly created by God (cited in Gonzalez 2007:45). Aquinas understood creation to be based on a hierarchy of perfection where individually the woman is regarded as inferior; on the level of procreation, the woman is regarded as complementary to man and she also participates in procreation (Gonzalez 2007:46). In summation, Aquinas believed that the woman bears the image of God, albeit on a lesser and imperfect position than man. The task of woman on earth was to be a submissive receptacle of the male seed and to partake in the process of procreation.

3.4.4 *Imago Dei* through the Writings of Martin Luther

Martin Luther is popularly known as one of the fathers of the Protestant Reformation. Even though his theological anthropological reflection on women is regarded as ambiguous, Luther believed that "God created male and female in order to indicate that Eve, too, was made by God as a partaker of the divine image and of the divine similitude, likewise of the rule over everything" (Luther 1958:69). However, in his writings, Luther indicates that "…the woman

appears to be a somewhat different being from the man, having different members and a much weaker nature" (1958:68). Whilst assigning the *imago Dei* to both man and woman, Luther (1958:69) positions them in a hierarchical relationship which sets the man as superior to the woman. He equates the man to the sun which he argues is more excellent than the moon/woman (Luther 1958:69). Luther believed that the woman, "although she was a most beautiful work of God, nevertheless she was not the equal of the male in glory and prestige" (1958:69). His theological anthropological conviction was that the woman "is never fully equal to man" (Gonzalez 2007:53). Luther believed that this was the result of her nature which assigned her an inferior status (cited in Gonzalez 2007:53). He believed that both the man and woman equally reflected the image of God before the fall. According to Luther, "… it follows that if the woman had not been deceived by the serpent and had not sinned, she would have been the equal of Adam in all respects" (1958:115).

The woman's subordinate position was regarded as punishment for the fall (Douglass quoted in Gonzalez 2007:53). Luther believed that prior to the fall, both man and woman had equal dominion and enjoyed an egalitarian relationship (1958:202). He argues that "Eve was placed under the power of her husband, she who previously was very free and, as the sharer of all the gifts of God, was in no respect inferior to her husband" (Luther 1958:202). Accordingly, "the rule remains with the husband, and the wife is compelled to obey him by God's command" (Luther 1958:202). The consequential results of the fall were that the woman was subjected to a patriarchal marriage (Gonzalez 2007:54).

 Luther held a strong conviction with regards to the subordinate position of women, so much so that he believed that "the effects of the Fall were so devastating that even Christ could not transform the patriarchal rule of the husband over the wife" (cited in Gonzalez 2007:54). Furthermore, he argued that because of humanity's sinful nature after the fall, the woman is required for the purpose of procreation as well as providing companionship to man as well as attending to the management of the household (Luther 1958:116).

With regards to companionship, Luther believed that the woman was given's as man's companion after the fall in order to preserve the man from further falling into sin/fornication. This is evidenced by his remark that "… it is a great favour that God preserved women for us – against our will and wish, as it were – both for procreation and also as a medicine against the sin of fornication" (Luther 1958:118). Based on the fall, Luther consequently sentenced women to lifelong subordination (Gonzalez 2007:54).

3.5   Conclusion

This chapter reflected on how the *imago Dei* in women has been distorted throughout the history of Christianity. The chapter began with an articulation of how women have been regarded as inferior throughout Christian history. Secondly, the chapter highlighted how the fall of Eve has been used as the basis for negative Christian anthropologies against women. This section also highlighted how the early church fathers capitalized on the misinterpretation of the Genesis creation accounts and assigned an inferior status to women. Thirdly, the chapter reflected on how the early church fathers assigned a distorted image to the personhood of women resulting in their perpetual subordination leading to the marginalization of women in all spheres of life. This section gave a brief but detailed discussion of the articulation of the distorted image of God in women through the writings of the church fathers from the patristic period through to the Reformation era. Common threads emanating from these writings presented women as the "mutilated male". This implied that women were less than human. The chapter also reflected how the early church fathers linked the *imago Dei* to humanity's intellectual capabilities. Women were thus regarded as possessing a lower intellectual capacity hence distorting their *imago Dei.*

However, in order to overcome the subsequent subordination of women which is detrimental to their health and well-being especially in the current context of the HIV and AIDS epidemic, there is need to redeem the distorted *imago Dei* that has been assigned to women. Therefore, the following chapter presents the *imago Dei* theological motif as a gender-sensitive theological

response aimed at mitigating the increasing levels of HIV infection amongst married women in sub-Saharan Africa.

CHAPTER FOUR

IMAGO DEI: TOWARDS A REDEMPTIVE AND GENDER-SENSITIVE THEOLOGICAL MOTIF

4.1   Introduction

The previous chapter outlined the historical anthropological interpretation of women by early Christian writers. This negative articulation of the status of women negates the notion that both men and women bear the image of God in equal proportion. In order to reposition the distorted status of women who have been subjugated and marginalized due to their perceived inferior nature, there is a need to redeem the distorted image that has been assigned to them. This chapter, therefore, suggests that the notion of the *imago Dei* as a gender-sensitive theological motif that positions both men and women as equal bearers of the image of God needs to be recovered. The chapter will commence with a discussion of *imago Dei* as a gender-sensitive theological response to the increasing levels of HIV infection amongst married women. Thereafter, the chapter will proceed to discuss the *imago Dei* theological motif and its implications for HIV and AIDS, with a special focus on redeeming the distorted image of women.

4.2   Creation Accounts and the *Imago Dei* Theological Motif

The *imago Dei* theological motif is an important framework for theological anthropology. Borresen describes it as a "primary example of interaction between the concept of God and the definition of humanity" (1991:1). It is a "theological principle that establishes and emphasizes the dignity, equality, and mutuality of both men and women" (Schott 2011:4). Furthermore, the *imago Dei* theological motif is not based on gender hierarchy but is centred on the understanding that both women and men represent the image of God in equal proportion.

As much as the *imago Dei* theological motif is important to theological anthropology, the previous chapter showed how it has been distorted and subsequently used to subjugate the female species. It is also important to note that a negative theological anthropology that led to the historical subordination of women has also been based on the Genesis creation accounts. These creation accounts have been interpreted in a way that sustained existing patriarchal structures of the ancient period (Sachs 1991:44). Since the Priestly and Yahwistic writers of the creation stories were influenced by their patriarchal societies, their writings had to correspond with their own worldview (Sachs 1991:44). However, a positive articulation of biblical scriptures would alert us to the understanding that the Priestly creation account of Genesis 1:26-27 introduces God's image as "parallel to human maleness and femaleness" (Anderson and Reichenbach 1990:197). This means God created both male and female and assigned to them a "…sexual identity, differentiatedness and relatedness" (Anderson and Reichenbach 1990:197). It is also worthwhile to note that the first creation account confronts us with a theological statement that explicitly spells out that humanity comprises of both male and female created in the image of God (Okure 1989:49).

Undeniably, the first creation account regards both male and female as part of the human species who are "…equal in dignity and honour before God and are given co-mastery over creation" (Okure 1989:49). The second creation account separates the distinct nature of humanity as male and female, granting them a separate identity from animals (Okure 1989:49). In addition, Ndyabahika (1996:24) points out that the male and female were named side by side as equal partners. Neither of the two witnessed the creation of the other but they both were given the "…same source of life on an equal footing" (Ndyabahika 1996:24). This is further argued by Sachs (1991:44) who suggests that irrespective of the authors' assumptions, the Genesis 1:26-28 creation account does not in any way infer a male-female hierarchy, but the text brings to the fore the human-divine hierarchy.

Furthermore, the second creation account brings out the God-ordained relationship between man and woman as husband and wife who form the first unity of human society (Okure 1989:49). The unit of the husband and wife extend to form the family which includes the children (Okure 1989:49). This understanding is crucial as it brings to the fore the realization that it is the husband and wife who form a unit; therefore children are secondary to the first relationship established by God (Okure 1989:49). As has been discussed in the first chapter, in many communities, especially within sub-Saharan Africa, the wife is rarely regarded as an equal partner within a marital union, but is regarded as a vessel for procreation. Hence woman's worth is only recognized after she bears children for her husband. It is therefore commonly believed that the wife is brought into the husband's family for the sole purpose of procreation and should produce male heirs; otherwise she forfeits her worth as a woman and as being a 'proper wife'. In situations where the wife fails to produce an heir, most often the husband looks for a substitute wife or a girlfriend to produce an heir for him. In the current context of the HIV and AIDS epidemic, many married women are risking their health and well-being because the desire to fulfil the expected role of producing a male heir overrides any fears with regards to their health and well-being.

The *imago Dei* theological framework further alerts us to the understanding that the first unit of human society established through the husband and wife relationship signals an egalitarian union within the institution of marriage Okure 1989:49). According to Okure, "the visual imagery of the creation of the woman from the man's rib vividly illustrates both their identity in nature and their destined union as husband and wife in one flesh" (1989:49). This perception serves to identify the relatedness of husband and wife within the institution of marriage as equally created in the image of God as well as being created for each other in a non-hierarchical union. Furthermore, Okure (1989:49) stresses that the creation of humanity as male and female extends beyond their biological make-up; it calls for their unity and vocation in all spheres of life. Accordingly, Sachs (1991:45) argues that the designation of woman as 'helper' does not confer an inferior status on her, but it spells out a partnership between man and woman as they together partake in their vocation of caring for the earth. Additionally, Okure (1989:49) asserts that the

two creation accounts as presented in Genesis should not be regarded as a basis for the subjugation of the female species.

In this regard, the researcher argues that it is important to be conversant with the historical context of biblical writers in order to understand their patriarchal bias in the composition of scriptures as dictated by their socio-cultural practices. This means that the interpretation of scripture should be firmly grounded in the context of the reader. Sachs (1991:41) stresses that even though scripture forms the basis of our understanding about anthropology and human sexuality, it cannot be regarded as a source of "timeless, objective truths" (1991:41). Accordingly, Sachs (1991:41) asserts that it should be understood that the composition, interpretation and use of scripture is shaped by the historical context of the writer. In other words, this alerts us to the cognizance that proper attention should be paid to the world view of biblical writers, bearing in mind that some of their beliefs are no longer applicable in the current context (Sachs 1991:41).

Indeed, the challenge that the HIV and AIDS epidemic is posing to the welfare of married women requires urgent attention inclusive of considering new ways of interpreting scripture that previously gave room for the subordination and subsequent marginalization of women. The Circle of Concerned African Women Theologians (hereafter referred to as the Circle) has written extensively on the travails of African women[3]. Through their work, the Circle writers have presented different ways of interpreting biblical scriptures that promote the fullness of life for both men and women in both church and society.

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[3] Works by the Circle include, amongst others, Phiri I *et al*.,(eds) 2003. *African Women, HIV/AIDS and Faith Communities*. Pietermaritzburg: Cluster Publications; Hinga T et al.,(eds) 2008. *Women, Religion and HIV/AIDS in Africa: Responding to Ethical and Theological Challenges*. Pietermaritzburg: Cluster Publications; Oduyoye M and Kanyoro M. (eds). 1995. *The Will to Arise*. New York: Orbis Books; Dube M et al.,(eds) 2004. *Grant Me Justice: HIV and AIDS and Gender Readings of the Bible.* Pietermaritzburg: Cluster Publications.

In summing up this section, it should therefore be observed that the *imago Dei* theological motif calls for the promotion of human dignity for both males and females within our communities. It raises the awareness that women are equally created in the image of God. Subjecting them to harmful socio-cultural practices, economic dependence and gender biased patristic anthropologies is a denunciation of the *imago Dei* that they possess. The *imago Dei* theological motif poses an invitation to honour each human being created in the image of God (Bongmba 2007:41). It brings out the awareness that human beings are interdependent and interrelated (Nakawombe 1996:44). The following section therefore presents principles for redeeming the distorted *imago Dei* in women.

4.3   Principles for Redeeming the Distorted *Imago Dei* in Women

The challenge of the increasing levels of HIV infection amongst married women aptly calls for the redemption of the distorted *imago Dei* in women. Redeeming the *imago Dei* in women restores their dignity as persons, hence regarding them as full bears of the image of God. The *imago Dei* theological motif is of utmost importance because its articulation calls the church and society to reconsider the subordinate position of women, especially those in the context of marriage that exposes them to the vulnerability of HIV infection. Additionally, the articulation of the *imago Dei* theological motif calls both the church and society to journey together in solidarity towards preserving the sanctity of life for women within marital unions. This section presents principles which, if observed, can serve to redeem the distorted *imago Dei* in women, thereby embracing both male and female as equal bearers of the image of God. The *imago Dei* theological motif can be positively adopted to address the challenge of the HIV and AIDS epidemic through the realization that the *imago Dei* is expressed concretely as both female and male; human sexuality is an expression of the *imago Dei*; and the *imago Dei* theological motif calls for a relational anthropology.

4.3.1 The Image of God is Uniquely Expressed as Female and Male

As has been discussed in the previous chapter, women throughout Christian history to the modern period have been regarded as being less than human thereby distorting the image of God that they possess. However, the Genesis Priestly creation account clearly states that both male and female are created in the divine image of God (Bongmba 2007:47). Irrespective of this understanding, a considerable number of women suffer from class, race, religious, and gender-based discrimination prevalent in most African societies (Bongmba 2007:47). Men in African societies have often ascribed to themselves a dominant role in both social and family life and women have always been expected to assume a lower position in all spheres of life (Bongmba 2007:47). In order to redress the inferior status assigned to African women, the *imago Dei* theological motif brings to the fore the realization that when God created humanity there was no "distinction about the quality or quantity of the divine image deposited in male and female" (Bongmba 2007:47). This perspective means that being a woman is not a basis for subordination but that as part of humanity, both man and woman are of equal status.

Bongmba argues that God's differentiation of male and female should not be construed as a mechanism for subordination but "the establishment of difference in the economy of relations" (2007:47). The sexual distinction between man and woman was established as part of human companionship as well as to strengthen human relations (Bongmba 2007:470). This means that the *imago Dei* is fully recognized in both male and female, neither is subordinate to the other. Additionally, Schott (2011:5) maintains that the sexual differentiation between women and men is not based on procreation; neither should it be considered as the basis for a gender hierarchy. Human beings were created not as "one single creature who is both male and female but rather two creatures, one male and one female" (Trible 1978:18). The biological makeup of women and men should therefore not be seen as a basis for creating gender hierarchies. This is supported by Ramodibe (1989:19) who proposes cooperation between men and women based on mutuality. Furthermore, Ramodibe (1989:19) points out that God's plan for differentiation was not intended to disadvantage women but was established so that men and women mutually enrich each other.

Bongmba (2007:47) argues that cultural practices that result in the subordination of women undermines the image of God expressed in the female species. The *imago Dei* theological motif must therefore be exercised within Christian communities so as to counteract harmful socio-cultural and religious practices that elevate men whilst subjugating women (Bongmba 2007:48). Women should not be regarded as inferior to men; neither should they be considered as second-class citizens. Bongmba (2007:48) calls the Christian community to appropriate a new dialogue that teaches all persons to respect and honour the sanctity of both female and male who are made in the divine image of God. Humanity's relatedness to God is not based on their biological makeup but on the divine image deposited in every single human being (Bongmba 2007:48).

In many communities in sub-Saharan Africa, "the female body has become a field of conquest and domination" (Bongmba 2007:48). This perception is evidenced by the various cultural practices detailed in the second chapter with which married women are expected to comply. Women have relentlessly been subjected to cultural bargaining. Harmful practices detrimental to the well-being of women have constantly been justified under the guise of culture and tradition (Bongmba 2007:48). "Ignoring the image of God in women has created a culture where poverty, the demand for sex work, rape, and preferential treatment for male offspring have long compromised the position of women in society" (Bongmba 2007:48). Furthermore, this situation has deprived many women the right to make decisions with regard to their health and well-being particularly in the context of the HIV epidemic. The church and society are therefore tasked with promoting the image of God in women.

As has been highlighted in the previous chapter, early Christian writers positioned men as superior to women. Aristotle's philosophical views were based on the premise that the female body is a departure from the norm (Horowitz 1976:186). The basis for such an understanding is unfounded. However, it should be fully understood that only God is the standard of what it means to be human; being male is not the measuring rod of what it means to be created in the image of God (Bongmba 2007:48). Therefore, debates about the *imago Dei* should not be based

on who was created first but the central question that should be wrestled with is what it means to be human and to bear the image of God (Bongmba 2007:48).

Accordingly, the *imago Dei* theological motif should be employed by faith communities as the basis for the elimination of discrimination and the subordination of women within communities (Bongmba 2007:48). For centuries now, faith communities have continuously supported the subordination of women. This has resulted in an androcentric theological tradition which has ascribed maleness to the representation of the *imago Dei* (Crawford and Kinnamon 1983:51; Mwaniki 2011:92). As a result, sexism is ubiquitous within faith communities that have inherited the old tradition which argues that men possess the totality of the *imago Dei.* However, Farley points out that Christian theology has been in continuous support of the older order "by refusing to ascribe to women the fullness of the *imago Dei*, and by defining women as derivative and wholly complementary to men" (1975:628). In the midst of the HIV and AIDS epidemic, it is highly pertinent for the church and society to divorce themselves from the 'old order' so as to protect women from the vulnerability of HIV infection. Bongmba (2007:49) argues that relinquishing the old order should not only be done as a response to the HIV and AIDS epidemic, but also as a way of instituting justice through appreciating the *imago Dei* represented in both men and women.

Furthermore, Bongmba (2007:49) rightly points out the need to respect and acknowledge the *imago Dei* in women which he argues can only be made possible through respecting the female body. In most African societies, the female body is considered as a "receptacle for the male seed" (Bongmba 2007:49). As previously discussed, women are deemed to be created for the sole purpose of procreation. A woman who fails to procreate is shunned by her family and the community at large; she loses her respect as a woman. In the current context of the HIV and AIDS epidemic, most women have compromised their health and well-being in order to procreate. Bongmba argues that some women are forced to "submit to the sexual procreation – even if their husbands are HIV-positive" (2007:49). The scenario calls for the reformulation of the belief that women are created solely for the purpose of procreation, a situation that has placed

many women at risk of HIV infection. Women bear the image of God and "that image is not defined primarily by its procreative capabilities" (Bongmba 2007:49). After creation, women were also "deemed worthy and good, therefore they deserve the full rights and dignity of human life" (Schott 2011:7). The *imago Dei* calls all humanity to uphold the dignity of human life, especially for women in the context of marriage who are mostly assigned a subordinate position which renders them most vulnerable to HIV infection. Understanding that the image of God is expressed as both male and female therefore refutes the misogynistic articulation of the personhood of women as expressed by the early church fathers. In addition, this understanding breaks cultural practices that are aimed at subordinating women, a situation that renders them vulnerable to the risk of HIV infection.

4.3.2 Human Sexuality as an Expression of the i*mago Dei*

Bongmba rightly points out that "humans are sexual beings and sexuality cannot be removed from any configuration of the human … sexuality is a part of who we are in God's image" (2007:50). When God created male and female, sexual relations were part of the divine plan. This signifies that sexuality is not only confined to the art of lovemaking but is inclusive of words, gestures and all sexual organs and/or the erogenous zones in human beings (Maluleke 2004:134). As such, sexuality is beautiful; it is one of God's greatest gifts to humanity and therefore it ought to be celebrated.

However, in our current context and mostly in religious settings, issues of sex and sexuality have been "…privatized and perverted into obscenity" (Maluleke 2004:134). As has been discussed in previous chapters of the study, issues of sex and sexuality have been considered taboo by both church and society. It has always been an uncommon subject of discussion. Maluleke observes that "the church has had a phobia for talking about sexuality…for too long the church has shied away from speaking about sexuality" (Maluleke 2004:134). Due to this shortcoming, human sexuality has been assigned a place outside God's sovereignty and both the church and its

congregants associate sex with evil and wickedness (Khathide 2003:5). However, the church's silence on issues of sex and sexuality has been necessitated by the historical development of Christianity (as discussed in the previous chapter) which demonized human sexuality, portrayed women as evil and temptresses as well as assigning "…negative attitudes towards the human body…as a consequence, the link between sexuality and spirituality has been severed" (Chitando 2004:136). The inability of the church to openly engage in discussion around issues of sex and sexuality has greatly dampened concerted efforts needed to challenge the HIV and AIDS epidemic. The fact that the first cases of HIV and AIDS were discovered amongst homosexuals was regarded as God's punishment for sexual immorality (Byamugisha 2004:38). This discovery further compounded the existing insecurities amongst churches to engage with issues of sexuality in order to curb the HIV epidemic which was and is considered a moral issue.

Since sexuality is part of being human, there is need to observe an authentic sexual ethic that promotes an egalitarian sexual relationship within the institution of marriage. Hinga (2008:81) proposes the 'virtue of chastity' as an authentic sexual ethic in the context of the HIV and AIDS epidemic. Chastity in this context is regarded as going beyond abstinence and is referred to as a "virtue that enables people to transform the power of sexuality as a positive and integrative force in their lives. It enable them to express (not deny) their sexuality in morally viable ways" (Kosnik cited in Hinga 2008:84). Accordingly, she outlines four basic principles that characterize the virtue of chastity. Firstly, an authentic and feasible sexual ethic is informed by embracing human sexuality as an integral part of human existence (Hinga 2008:84). This translates into accepting human sexuality as a 'good' gift from God; therefore, sex and sexuality should not be demeaned. Contrary to the cultural dictates outlined in the second chapter that regard married women as vessels for procreation and regarding sexual intercourse for the pleasure of men, an authentic sexual ethic protects married women from being used as such, but would give them the opportunity to equally enjoy this wonderful gift from God. Hinga (2008:84) further observes that in many occurrences, sex is stigmatized and anathematized yet it is irresponsible human conduct that devalues the wonderful gift of sex. A sexual ethic based on the virtue of chastity entails that humanity should "reclaim and nurture the dignity of the sex act as an integral dimension of human sexuality" (Hinga 2008:84). As has been highlighted in some sections of the previous

chapter, reclaiming and nurturing the dignity of sex includes having a single sexual partner, especially within the institution of marriage where men have unreservedly given themselves the liberty to indulge in extra marital sexual relations.

Secondly, Hinga (2008:84) rightly observes that being ignorant about issues of sexuality most often results in negligent sexual conduct. The second chapter of this study stressed how culture dictates that married women should be ignorant about sexual issues. However, sexual conduct resulting from ignorance is often cataclysmic and detrimental to the health and well-being of humanity, particularly married women who are often denied the ability to negotiate for safer sex in the current context of HIV and AIDS.

Nevertheless, in order to continuously preserve the sanctity of life in the current context of the HIV and AIDS epidemic, it is vital that all of humanity should be conversant with human sexuality (Hinga 2008:84). Knowledge about sex and sexuality includes being aware of all the "…pathologies related to human sexuality in order to avoid unwarranted fears and possible health risks" (Hinga 2008:84). Knowledge about human sexuality should also include responsibility and the awareness of STI's (Hinga 2008:84). The HIV and AIDS epidemic therefore calls upon all African communities to break the long-held beliefs that women should be ignorant about their sexuality since doing so is leading them to an early death. Ignorance about sex and sexuality in the current context of the HIV and AIDS epidemic is detrimental to human flourishing. In this regard, communities should encourage openness especially between spouses with regards to how sexual relations should occur within the marital union in order to preserve the sanctity of life in the current context of HIV and AIDS. Nicolson (1995:21) rightly argues that sex should be based on love. Sex therefore should not be treated as a legal right that needs to be fulfilled especially within the institution of marriage. Furthermore, Nicolson (1995:21) points out the importance of empowering women to make decisions with regards to their own sexuality within a relationship.

Additionally, Nicolson argues that "we need to move our people away from a mentality that sees sex as a man's duty, something which men have a right to demand from women" (1995:21). Women within the institution of marriage should equally enjoy sex as a pleasurable gift from God. Contrary to the cultural dictates around issues of sex as discussed in the second chapter, sex should not be considered a legal obligation that has to be fulfilled by women in the context of marriage. Neither should it be solely regarded as a mandate for procreation. Sex should be enjoyed in its own right. The researcher therefore argues that sexual relations should not be detrimental to the well-being of the other but they should be an expression of love and intimacy within the marriage context. In a bid to address the increasing levels of HIV infection amongst married women in sub-Saharan Africa, sexual relations must be based on equal terms.

Thirdly, Hinga (2008:85) stresses that an authentic sexual ethic demands the recognition of sexuality in relational terms. The virtue of chastity obligates all persons to recognize the human dignity of their partners and spouses within a sexual relationship. Many sexual relations within African marriages, apart from being regarded as a union aimed at procreation, are geared towards satisfying the sexual desires of men without paying attention to the needs of women. Hinga (2008:85) argues that 'good sex' within a relationship is more than pleasure and self-gratification but is translated into being responsive and attentive to the needs of the other person. Furthermore, she reiterates that coercion within any sexual relationship, marital or otherwise, is undesirable and can be translated as rape (Hinga 2008:85). Every authentic sexual ethic should therefore pay close attention to issues of sexism prevalent in marital unions as this situation exposes married women to HIV infection and other STI's (Hinga 2008:85).

Lastly, an authentic sexual ethic as part of recognizing human sexuality as an expression of the *imago Dei* recognizes that humanity lives in communion with others (Hinga 2008:85). Despite the fact that some aspects of human sexuality are regarded as a private issue, Hinga argues that a virtue of chastity appreciates "the dignity of the gift of sexuality, a respect for the dignity of the other, a commitment to stewardship and a sense of social responsibility" (2008:85). In the current context of increasing levels of HIV infection amongst married women, there is greater

need for men to recognize the dignity of human sexuality and to desist from popular cultural views that posit them as sexual predators with self-acclaimed rights of having extra-marital sexual relations. Hinga (2008:85) explains the commitment to stewardship as the call to desist from exposing oneself to sexual relations that may facilitate the transmission of STI's. She stresses that a commitment to stewardship involves desisting from practices that would otherwise render the other partner from practicing self-control over issues of sex and sexuality (Hinga 2008:85). It is the researcher's contention that within the context of marriage, a commitment to stewardship involves mutual fidelity in monogamous marriages.

The virtue of chastity is grounded upon the principles of "self-respect, respect and concern for the dignity and well-being of the other, as well as responsibility towards society" (Hinga 2008:85). In the event of one contracting HIV, these principles serve to prevent that person from engaging in activities that would pass the virus to another person. In embracing human sexuality as an expression of the *imago Dei*, the virtue of chastity calls for "a more holistic understanding of human sexuality instead of the mere condemnation of sex" (Hinga 2008:86). In summation, human sexuality as an expression of the *imago Dei* brings to the fore the understanding that sex should be enjoyed rather than being endured, a situation that women in African societies are confronted with within the institution of marriage. However, in order to ensure that women too enjoy the gift of their sexuality, the distorted *imago Dei* which led to their subsequent subjugation needs to be redeemed through the practice of a relational anthropology.

4.3.3 *Imago Dei* calls for a Relational Anthropology

A relational anthropology begins with the acknowledgement that women are fully human and they are "meshed in a web of relationships from birth" (Rakoczy 2004:52). This web of relationship is established through the African philosophy of *ubuntu*; l am because you are and you are because l am. The philosophy of *ubuntu* stipulates that human beings attain the full dignity of humanity through their relatedness to other human beings (Rakoczy 2004:52). Life attains its full meaning when shared in communion with others. The philosophy of *ubuntu*

disregards the notion of dualism characteristic of the Christian tradition and detrimental to the well-being of the marginalized in our societies.

A relational anthropology abolishes the hierarchical relationships that have denied an equality of relations between men and women. Rakoczy (2004:53) points out that the dominant practice where men identify themselves with God must be positively transformed to regard women as equal beings; women must therefore be regarded as subjects in their own right. Sexism distorts the dignity of women; practicing a relational anthropology breaks down sexism that is prevalent in the church and society (Rakoczy 2004:54).

A relational anthropology brings to the fore the realization that the image of God is not only confined to the Godhead but it is a part of who we are as persons created in the divine image (Bongmba 2007:46). *Imago Dei* spells out a relationship between humanity and with God thereby establishing a vertical and a horizontal and inclusive relationship (Bongmba 2007:46). "As humanity shares in God's likeness, both men and women are in a relationship with God and are defined by this relationship" (Sachs cited in Schott 2011:5).

4.4   Conclusion

In conclusion, this chapter introduced the *imago Dei* theological motif as a gender-sensitive theological response to the increasing levels of HIV infection amongst married women in sub-Saharan Africa. Furthermore, the chapter sought to outline the importance of redeeming the distorted *imago Dei* which exposes married women to the vulnerability of HIV infection. In an attempt to redeem the distorted *imago Dei* in women, the chapter presented the *imago Dei* as a theological motif that recognizes that both men and women bear the image of God in equal proportions. This chapter therefore alerted us to the realization that the image of God is concretely expressed as female and male. Secondly, human sexuality is regarded as an expression of the *imago Dei* and lastly, the *imago Dei* calls for a relational anthropology in creating a relationship of mutual equality between both men and women in the current context of

the HIV and AIDS epidemic. However, adopting the *imago Dei* theological motif as a response to the increasing levels of HIV infection amongst married women would be incomplete without the incorporation of a bold community praxis. The following chapter will present a bold community praxis made possible through the transformation of traditional gender-insensitive theological traditions, the transformation of hegemonic masculinities, and the transformation of gender-insensitive HIV prevention strategies.

CHAPTER FIVE

TOWARDS A BOLD COMMUNITY PRAXIS

5.1   Introduction

The previous chapter focused on the articulation of the *imago Dei* as a theological motif aimed at repositioning women as equal bearers of the image of God in a bid to redress the social and theological factors exposing married women to the vulnerability of HIV infection within sub-Saharan Africa. However, in order to restore the sacrosanctity of the marriage institution as well as preserving life for many married women who are exposed to HIV infection including those already facing death from AIDS related illnesses,; the researcher believes that a theological response that does not lead to praxis would be an incomplete endeavour. This chapter seeks to present a bold community praxis as a practical implication emanating from the *imago Dei* theological motif. In this regard, a bold community praxis is enabled through a process of transformation. Transformation in the context of this study is "…a term that incorporates the will to change something. Transformation is not reformation, which maintains the basic structure. To transform is an attempt to inaugurate *metanoia*, a complete changing of the current situation" (Dube 2001:9). Therefore, this chapter will present the transformation of gender-insensitive theological traditions, the transformation of hegemonic masculinities, and the transformation of gender-insensitive HIV prevention strategies as ways of mitigating the increasing levels of HIV infection amongst married women in sub-Saharan Africa.

5.2   Transformation of Theological Traditions

Previous chapters of this study have indicated how women are marginalized by both church and society. Within the theological realm, the marginalization of women is a result of their perceived inferior status emanating from the inherited androcentric theological traditions discussed in chapter three of this study. In order to restore the fullness of life for married women who are exposed and/or are living with HIV infection, there is need to transform our inherited theological traditions that have led to the subordination of women as they are regarded as less than human.

Given this perception, Townshend aptly suggests that the "church should acknowledge the misogyny of the past…" (2008:170). This suggests that the church should undertake a critical evaluation of theological traditions that are oppressive to women, paying greater attention to those within marital unions. As such, the church is mandated with critically examining structures and teachings that give rise to subordination (Townshend 2008:170). The church is therefore tasked with invalidating the aesthetic of submission' in favour of the 'aesthetic of liberation' (Copeland cited in Townshend 2008:170).

In order to transform the church towards an aesthetic of liberation, transformation needs to take place. Küng rightly argues that "there is a future not for a church of patriarchy, but for a church of partnership" (1990:157). This entails that both men and women should work together to advance the mission of God in the world. However, in order to achieve this, Küng argues that stereotype images of women with regards to their perceived inferior nature should be denounced. Accordingly, Küng (1990:101) suggests that an over-emphasis on masculinity must be avoided in the church and male congregants must be conscientized that God cannot be exclusively equated with maleness. Küng notes that "the animosity and even hostility of many church fathers and subsequent theologians toward women does not reflect the attitude of Jesus but rather the attitude of the numerous male contemporaries of Jesus who thought women were socially insignificant and believed they should avoid the company of men in public" (1990:101). In his ministry, Jesus embraced women in both the private and public domain and as a result, both church and society should be conscientized to accord women their full dignity as human beings.

Küng (1990:101) further points out that the subordinate position that is ascribed to women is not part of Christian marriage. In this regard, New Testament texts that speak of the subordination of wives to their husbands must be read against its sociocultural context. It is therefore suggested that Christian teachings with regard to marriage should take into consideration the current sociocultural context. The Bible should be read critically using local critical resources as well as making use of resources from biblical scholarship (West 2003:6).

The transformation of our theological understanding should also include breaking the conspiracy of silence around issues of sex and sexuality. As has been discussed in previous chapters of this study, the subject of sex and sexuality is considered as taboo in both church and society within the African context. However, given the devastation of the HIV and AIDS epidemic, communities of faith need to talk more openly talk about these sensitive issues (Bongmba 2007:96). Bongmba (2007:99) contends that churches should engage in an honest conversation about sex and therefore refrain from demonizing those who may be affected with HIV. Accordingly, our theological understanding should embrace human sexuality as a gift from God. However, churches must emphasize that sex should be done within a responsible and committed relationship (Bongmba 2007:99). The practice of multiple sexual partners, sex outside committed relationships as well as unprotected sexual practices should be condemned by the church (Bongmba 2007:100). Both partners within the institution of marriage should be encouraged to observe the sacrosanctity of their marital vows through faithfulness within the marital union. This is rightly argued by Messer who believes that "fundamental to HIV prevention is faithful sexual relationships …" (2004:98). Teachings about sex and sexuality should also endorse the use of condoms as a way of practicing safer sex especially in the current context of the HIV and AIDS epidemic (Bongmba 2007:100). Msanya (2008:206) observes that sexual relationships within marital unions are not always safe; therefore advocating for condom within marriage can be 'life-saving'. In this regard, communities of faith should incorporate teachings about safer sex practices within the marital union through condom use and other methods that prevent the transmission of HIV. Churches should engage in an honest conversation about sex as well as refraining from demonizing those who may be affected with HIV (Bongmba 2007:99). Traditional culture's stipulation that women should not be conversant about issues of sex and sexuality should be denounced by both church and society so as to allow women to protect their health and well-being especially in the current context of the HIV and AIDS epidemic.

Furthermore, the challenge that the HIV and AIDS epidemic brings should be part of the church's liturgy and worship. Bongmba (2007:96) states that apart from addressing the challenge of HIV and AIDS through sermons, music, drama, poetry, and art could also be employed to bring more awareness to the congregants and the community at large. The liturgy of the church

should use inclusive language. Küng (1990:103) suggests that liturgical language should cater for both men and women in the church. In this regard, Küng (1990:103) speaks against addressing congregants as brothers/brethren in Christ but to include the daughters of Christ present in the church. Inclusive language can be used to address congregants as children of God and to replace reference to mankind with humanity (Küng 1990:103).

In order to transform the androcentric theological traditions that are oppressive to women, their participation towards their own liberation is of vital importance. This is enabled through a process of conscientization. For too long, women have been socialised into believing they are inferior to men. Tse argues that "conscientization enhances women's efforts to deepen the study of the scriptures; their ability to name values and recognize their unique contribution to church and society" (1989:94). Women have to be conscientized to break this mindset. Conscientization includes socializing women to reclaim their God-given image. In this regard, women can engage with feminist theology whose core principle is "the promotion of the full humanity of women" (Ruether 1993:18). Feminist theology accords women the opportunity to reclaim their own identity as human beings equally created in the image of God as well as repositioning their standing in church and society. Rakoczy points out that since feminist theology is part of liberation theologies; its point of departure is women's experience of oppression. Hence feminist theology is concerned with emancipatory praxis and has two tasks which are "to deconstruct and critique the male cultural paradigm in theological thoughts and to construct and formulate new perspectives" (2004:15). Additionally, feminist theology endeavours to "search for alternative history and tradition to support the inclusion of women as full human beings" (Rakoczy 2004:15). This task includes a reconstruction and reformulation of Christian teachings. Both church and community should therefore not regard feminist theology as a threat to patriarchal domination but should be regarded as a tool of liberation that will enable mutual inclusive relationships between men and women in the church and in society.

5.3 Transformation of Hegemonic Masculinities

Since the advent of the HIV and AIDS epidemic, concerted efforts to subdue the epidemic have been made with a strong focus on women and children. However, the relentless and devastating effects of the epidemic have led to the realization that in order to make considerable strides in curbing the epidemic, the participation of men is of great importance[4,5]. This is based on the premise that in many cases, men are the drivers of the epidemic, a situation premised on masculine beliefs that postulates them as sexual predators (Chitando 2007a:40). Furthermore, as discussed in the second chapter, hegemonic masculinities inhibit men from seeking medical intervention. This study therefore argues that in order to mitigate the increasing levels of HIV infection amongst married women in sub-Saharan Africa, there is need to lobby for the transformation of hegemonic masculinities. The transformation of hegemonic masculinities would create a safe space for men to end harmful practices dictated by societal norms that are detrimental to their well-being as well as that of their spouses.

Chitando believes that the transformation of masculinities is possible because "while being male is a biological factor, the process of expressing manhood is informed by social, cultural and religious factors" (2008:51). This means that the concept of masculinity is a social construct. Men are socialized into adopting behaviours that are supposedly associated with maleness. The researcher asserts that some of the behaviours adopted by men include violence, reluctance to seek medical treatment until a stage whereby the man is now incapacitated, and men positioning themselves as unchallenged heads of the family with a final say in all matters discussed in the home. Drawing on this perception, the researcher argues that, in the current context of the HIV and AIDS epidemic, the recognition that masculinity is a social construct gives hope as this suggests that harmful masculinities detrimental to the health and well-being of especially married

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[4] Also refer to Uzodike U.O and Isike C. 2012. Towards a Theoretical and Cultural Analysis of Dangerous Masculinities in Contemporary Africa: Can We Reinvent African Patriarchies to Curb HIV and AIDS, 31-53. In Chitando E. and Chirongoma S. (eds). *Redemptive Masculinities: Men, HIV and Religion*. Geneva: WCC Publications. In their article, Uzodike and Isike advocate for the cultural re-enlightenment of men, using gender-friendly men to encourage men on behaviour change, encouraging men to be involved in co-parenting and they further propose counselling perpetrators of sexual violence against women as "broad strategies for progressively engaging African men in combating the HIV and AIDS epidemic".
[5] Also refer to the volume edited by Chitando, E. and Chirongoma, S. 2012. *Redemptive Masculinities: Men, HIV and Religion*. Geneva: WCC Publications.

women, who are more vulnerable to HIV infection, can be transformed through the deconstruction[6] of the commonly held ideologies.

For many decades, culture has moulded the sexual behaviours of men whilst masculine beliefs have given rise to ethical decisions undertaken by men (Chitando 2008:50). Even though men, as individuals, are held responsible for their actions, entire communities are to be held liable for the behaviours of men who are forced to comply with the socially prescribed norms of manhood (Chitando 2008:52). In many cases, those men who fail to comply with these prescribed norms are regarded as weaklings and/or societal misfits. This is due to the fact that communities have continuously shaped and reshaped what it means to be a man (Chitando 2008:52).

Furthermore, both patriarchal and religious beliefs have led to the construction of masculinities that oppress women within the African context (Chitando 2008:52). The second chapter of this study detailed how hegemonic masculinities socialize men into rejecting the use of condom as a safer sex practice. Chitando points out that according to the dictates of African masculine identity, men are socialized into believing that "real men are supposed to be fearless, daring and to have a macho image" (2008:52). Being fearless includes risk taking which involves engaging in unprotected sexual relations with different women at different times. As previously discussed, this risky masculine behaviour exposed many married women to the vulnerability of HIV infection. Within the Zimbabwean context, it is commonly believed that *bhuru rinoonekwa nemavanga aro* [a real man is evidenced by the scars in his life]. These scars are inclusive of contracting STI's and other risky behaviours. Additionally, Chitando observes that in many instances, STI's are "celebrated as the mark of maleness" (2008:53). However, in the current context of the devastating HIV epidemic, people with STI's are more susceptible to HIV

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[6] Also refer to Leshota P. 2012. Under the Spell of Discrete Islands of Consciousness: My Journey with Masculinities in the Context of HIV and AIDS, 149-170. In Chitando E. and Chirongoma S. (eds). *Redemptive Masculinities: Men, HIV and Religion*. Geneva: WCC Publications. In his article, Leshota argues that the deconstruction of hegemonic masculinities can be enabled through the process of reconstructing alternative forms of masculinities. He argues this can be achieved through the process of *metanoia* (change of heart). This *metanoia* should be instituted at personal, ecclesial and political levels.

infection. In addition, Chitando (2008:53) points out that the portrayal of a real man as a risk-taker has dampened efforts to include condom use.

In order to redress the increasing levels of HIV infection amongst women, especially those in the institution of marriage who now experience a higher percentage of infection, there is need to deconstruct the dominant masculinities that prove to be detrimental to the well-being of both men and women within societies in sub-Saharan Africa. Men's positions of power can be utilized to campaign for the transformation of masculinities as the new mark for the ideal and 'real men' in our societies especially in the current context of the HIV and AIDS epidemic (Chitando 2007a:42). Accordingly, Chitando (2007a:42) insists on the need to interrogate male sexual behaviour in sub-Saharan Africa. Drawing on the same perspective, de Waal (2006:20) argues that the common practice whereby married men have long term extra-marital sexual relations with one or more girlfriends must be addressed. This means that there is need to call for the deconstruction and end of this harmful practice. The researcher argues that this can be enabled through lobbying for a transformed man who is able to forfeit harmful masculinities for the well-being of his spouse. The inclusion of men's participation in the HIV and AIDS discourse requires a 'new and transformed man', one who is able to forfeit the dominant cultural understandings of what it is to be a man and this can be enabled through the transformation of masculinities.

According to the researcher, the transformation of masculinities includes the forfeiture of androcentric and dualistic Christian and traditional anthropologies that create a hierarchical relationship between men and women, a relationship that subjugates women. Furthermore, the researcher believes that transforming masculinities involves the abolishment of the commonly held beliefs that men should be more knowledgeable and experienced about sex, a situation which Walker et al. (2004:24) argue denies men the right to seek information about safer sex; hence exposing their spouses/partners to the risk of HIV infection.

Addressing the challenge of HIV and AIDS requires concerted efforts by both men and women in responding to the epidemic. The following section offers three crucial aspects that can be incorporated in the transformation of masculinities. These crucial aspects have been drawn from the work of Chitando[7] who has shown much interest in the transformation of masculinities within the context of HIV and AIDS. These aspects include embracing the concept of solidarity, male participation in home-based care, and engaging men in the HIV and AIDS discourse.

5.3.1 Solidarity between Men and Women

Solidarity is a concept borrowed from the liberation struggle whereby freedom fighters had to unite to win the fight against apartheid and colonialism (Chitando 2008:56). In the current context of the devastating HIV and AIDS epidemic, the concept of solidarity, which Chitando (2008:56) argues is a liberationist paradigm, is crucial in addressing the challenge posed by the epidemic. Chitando defines solidarity as "…standing for, and standing with 'the Other'" (2008:56). In addition, solidarity "transcends sympathy and represents an existential transformation on the part of the one who commits himself or herself to stand with the suffering and the marginalized" (Chitando 2008:56). Solidarity is a concept that emerges from 'empathetic interpolation'. Empathetic interpolation is described as a situation in which an individual assumes the world view of another in order to understand his/her experiences which are different from one's own (Chitando 2008:56). According to the researcher, a common interpretation of this situation would be likened to putting oneself into another person's shoes/situation in order to understand their pain and suffering. Reverting to the context of this study, empathetic interpolation would entail that men forfeit their masculine identities and consequently identify themselves with the experiences of women who are culturally and religiously oppressed (Chitando 2008:56).

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[7] Works consulted include *Acting in Hope* (2007); A New Man for a New Era (2007); Religious Ethics and Masculinities in Southern Africa (2008); Challenging Masculinities, Religious Studies, Men and HIV in Africa (2008). These works are fully cited in the bibliography.

Chitando (2008:56) identifies solidarity as a process that invites men to be self-emptying of their constructed masculine identities and to consequently stand side by side with women in the fight against the HIV epidemic. Furthermore, solidarity involves men to reconsider their positions of power to enable them to identity with the oppressive situation of women (Chitando 2008:56). Solidarity also demands that women are given the opportunity to assume a leading role in their struggle for liberation. The role of men is to act in solidarity with women who will be championing their own struggles (Chitando 2010:141).

Within the context of African communities, the principle of solidarity could be adopted as an extension of the concept of *ubuntu*. The philosophy of *ubuntu* informs the locus of life within the African worldview. However, Chitando (2008:57) observes that even though African communities give reverence to the concept of *ubuntu*, the embrace of this principle has not paid due attention to the oppressive masculinities that continually marginalize and disadvantage women who are supposedly encompassed in this philosophy. The transformation of masculinities therefore calls for the recognition of women as fellow human beings who form part of the locus of life within the African worldview.

5.3.2   Male Participation in Home-Based Care

As has been discussed in the second chapter, within traditional societies in sub-Saharan Africa, ethics of care have always been relegated to the domain of women. In the current context of the HIV and AIDS epidemic, women's care giving roles have been extended to include providing care to relatives suffering from AIDS-related illnesses and this is an extension of their daily household chores. In order to alleviate the heavy burden of work placed upon women's shoulders, Chitando (2007a:48) argues there is a need to encourage men to actively involve themselves in home-based caring activities. He further warns that this call is not oblivious of the fact that some men are already involved in home-based caring activities, but he observes that the bulk of the work is still undertaken by women (Chitando 2007a:48). It is Chitando's contention that churches should challenge the "rigid gender roles that associate caregiving with women …

hiding behind the lame excuse that it is 'uncultural' for men to undertake domestic chores is unconvincing in the face of the HIV epidemic" (2007a:48).

Chitando (2007a:49) further asserts that the macho attitudes that deny men the ability to participate in household activities should be duly replaced by attitudes that display sensitivity to and solidarity with women as well as practicing justice, love and compassion. Additionally, Bongmba (2007:80) recommends that caregiving should be embraced as a family affair where both men and women partake in this act. He observes that in many cases, women who have been infected with HIV by their husbands proceed to care for them during their period of illness (Bongmba 2007:80). Unfortunately, when these women become sick, they do not receive the same quality of care they had given out (Bongmba 2007:80). According to the researcher's experience and as has been previously discussed, in some traditional communities within sub-Saharan Africa, when a married woman becomes ill, she is normally sent back to her maternal home to be nursed by her own relatives. This is irrespective of the fact that during her period of good health she would have nursed her own family and the extended family of her husband.

With regard to the above, it becomes imperative that both men and women should equally share the burden of caregiving within the home. Conversely, men's roles in home-based caring activities should not only be restricted to the domestic sphere but should include men who are in positions of authority in the church, politics and society (Chitando 2007a:49). Additionally, Chitando (2007a:49) argues that men who possess influential positions within the wider communities must ensure that home-based care programmes obtain sufficient resources. Sufficient resources would therefore lessen the burden of care that is placed on women within families and communities.

5.3.3   Engaging Men in the HIV and AIDS Discourse

Chitando observes that men spend time in places that are labelled as 'worldly' by religious and faith institutions; hence the need to "…sacralise such places and reach men" (2007a:49). In its endeavour to reach out to men in the context of the HIV and AIDS epidemic, Chitando (2007a:49) believes that the church needs creative evangelism and this can be enabled through the reconceptualization of mission inclusive of the need to desist from demonizing places of leisure frequented by men during their spare time. Additionally, to be able to curb the increasing levels of HIV infection, there is a need to reach out to men in professions that increase their vulnerability to HIV infection i.e. those in the military, migrant labourers and truck drivers (Chitando 2007a:49). In many cases, men in such professions work away from home and they may engage in sexual relations with girlfriends and/or commercial sex workers. This situation may expose their spouses to the risk of HIV infection. Accordingly, Chitando (2007a:50) believes that there is need to challenge men in such situations into adopting liberating masculinities.

Furthermore, Chitando (2007a:50) argues for contextual sensitivity when reaching out to men. He points out the need to institute desired changes in ways that are compatible with local contexts in order to avoid resistance to change (Chitando 2007a:50). Additionally, men holding influential positions are regarded as role models within communities and so they are urged to be at the forefront of advocating for the transformation of masculinities as a strategy for challenging the HIV and AIDS epidemic (Chitando 2007a:50).

The transformation of masculinities as a response to mitigating the increasing levels of HIV infection amongst married women calls for the church to reconceptualise its mission towards men. Within many churches in sub-Saharan Africa, women comprise the bulk of church membership; however the small numbers of men assume the majority of the leadership positions within the church (Chitando 2007a:50). Chitando (2007a:40) argues that the church is incapacitated in advocating for the transformation of masculinities due to the limited number of men within the church.

Engaging men in the HIV and AIDS discourse calls for faith communities to engage in a bold community praxis through working with men's organisations in addressing the challenge posed by the epidemic. Chitando (2007a:50) observes that the relationship between HIV and AIDS and masculinities is fairly recent; hence religious and/or community leaders are uncertain about the way to address this issue. In order to overcome this challenge, Chitando (2007a:50) points out that faith communities should partner with organisations that focus on men. In addition, faith communities should seek collaboration with organisations that pay special attention to male reproductive health and violence against women as well as organisations that speak against gender injustices (Chitando 2007a:51). Leaders working with men for the transformation of masculinities as a strategy to curb the challenge of HIV and AIDS are urged to persevere in their efforts since breaking the dominant construction of maleness may prove to be difficult.

Engaging men in the HIV and AIDS discourse includes advocating for men's accountability for the actions in the current context of the epidemic. Moyo stresses that "acknowledging that African men, including church men, have not been socialized to be accountable to anyone, least of all to women, we recommend that the church encourage the formation of men's movements that will aim at challenging men … to be accountable to their families, the church and society at large in all areas of their life including sexual, socioeconomic and political justice" (2005:194). This is also expressed by Chitando (2007a:42) who argues that churches can only succeed in advocating for the transformation of masculinities by calling men to be accountable for their actions and behaviour. In addition, measurable strides in mitigating the HIV and AIDS epidemic can be made only if men and women are encouraged to form an alliance aimed at challenging the epidemic (Chitando 2007a:44).

Responding to the increasing levels of HIV infection amongst married women includes appropriating the pulpit "… in the struggle to transform masculinities … sermons that challenge men to embrace gender justice must be preached with clarity and compassion" (Chitando 2007a:47). Additionally, Chitando argues that "churches must remind men that true discipleship

entails questioning traditional (both Christian and indigenous) attitudes towards masculinity" (2007a:47).

5.4   Transformation of Gender-insensitive HIV Prevention Strategies

Finally, a bold community praxis also calls for a holistic and multi-faceted gender-sensitive HIV prevention model. The unabated challenge of increasing levels of HIV infection amongst married women within sub-Saharan Africa calls for an HIV prevention model that reduces their risk of infection. The study therefore identifies the SAVE approach to HIV prevention as a holistic and multifaceted model that can be used to mitigate the high levels of HIV infection for both men and women, thereby lessening the increasing levels of HIV infection amongst married women.

The SAVE approach is a model that was developed by the African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (ANERELA+) (Kurian 2006:7). This model was developed as a holistic, comprehensive and multi-faceted approach aimed to respond to the challenge of the HIV and AIDS epidemic. Furthermore, the model serves as an effective replacement for the traditional ABC model. As was discussed in the second chapter of this study, there is an overwhelming use of the ABC model of HIV prevention irrespective of the fact that the model fails to address important issues of gender and masculinities. Furthermore, chapter two identified the limitations of the ABC model inclusive of the fact that it only focuses on sexual transmission without paying due attention to other modes of transmission. However, the SAVE approach consists of four key principal elements to HIV prevention and care which are safer practices, available medical interventions, voluntary counselling and testing, and empowerment through education (Kurian 2006:7).

Accordingly, the SAVE approach is regarded as a methodology that takes into account the socio-cultural drivers of the HIV and AIDS epidemic. Furthermore, it "provides a space to explore the unmentionable subjects of sexual practice and embedded cultural practices that lead to new infections" (SAVE Toolkit nd:3). In other words, the SAVE approach provides a platform to

discuss issues of sex and sexuality which are normal considered taboo within our communities. The four principles elements to HIV prevention are discussed as follows.

S: Safer Practices

Safer practices are concerned with targeting and addressing all avenues that necessitate the transmission of HIV infection (Heath 2009:71). Firstly, the reduction of HIV transmission can be enabled through the prevention of mother-to-child transmission (PMTCT) (Heath 2009:71). This includes testing pregnant mothers to determine their HIV status. If a pregnant woman tests positive for HIV infection, proper medical attention should be given in order to ensure that the new-born baby will be HIV negative. Secondly, safer practices include the administration of post-exposure prophylaxis (PEP) (Heath 2009:71) PEP should be administered within 72 hours of being exposed to HIV infection. Thirdly, safer practices include practicing mutual fidelity within permanent relationships (Heath 2009:71). Fourthly, it incorporates the use of vaginal microbicides. This model presents women who are unable to negotiate on sexual issues with a method they can incorporate in order to protect themselves from contracting STI's and HIV infection. Furthermore, SAVE incorporates the practice of abstinence and goes a step further in lobbying for the delay of sexual debut and advocates for the use of sterilized implements for both medical surgery and cultural practices including scarification (Heath 2009:71). Lastly, safer practices include condom use and male circumcision. Condom use in this regard can be adopted for use in marital unions whereby one partner may be HIV positive thereby reducing the risk of HIV transmission to the other partner. Current studies indicate that male circumcision reduces the risk of HIV infection. Furthermore, a study carried out by Auvert et al. (2005:1120) argues that male circumcision indirectly leads to the protection of women from the risk of HIV infection. This was based on the premise that circumcised men are less susceptible to HIV infection; thereby women will be less exposed as well (Auvert et al. 2005:1120). Furthermore, male circumcision is identified as an inexpensive but effective way of reducing the transmission of HIV infection and other STI's.

A: Available Medical Intervention

More than twenty years after the advent of the HIV and AIDS epidemic, no cure has been found yet. However, the administration of ART has been proven to greatly reduce the HI viral load to undetectable levels. This reduces the rate of transmitting the virus to a sexual partner (Heath 2009:72). Furthermore, adherence to ART therapy offers good health to those living with HIV. In the case of HIV positive pregnant women, ART reduces the viral load hence protecting the unborn child from HIV infection. Pregnant mothers are also given Nevirapine in order to reduce the risk of infection to the new-born baby. Available medical intervention includes the treatment of STI's and opportunistic infections (Heath 2009:72). Furthermore, it includes the maintenance of a balanced diet as well as constant monitoring of viral loads and possible drug resistance for those who are living with HIV. This constant monitoring is done to keep track of the effectiveness of anti-retroviral treatment in persons living with HIV as well as monitoring their health status and that of their partners/spouses (Heath 2009:72).

V: Voluntary Counselling and Testing

Heath (2009:72) argues that all persons must be aware of their HIV status, hence the need for HIV counselling and testing. Furthermore, Heath (2009:72) points out that churches should move from being "AIDS friendly congregations" to "congregations that know their HIV status". This entails that church congregants being aware of their HIV status in order to protect their health and that of their loved ones. Churches should therefore mobilize for HIV counselling and testing. Drawing on this perspective, the type of church being advocated for is an 'AIDS-competent church'[8] whereby Church leaders, as role models within communities, should be at the forefront of addressing the challenge of the HIV and AIDS epidemic. Furthermore, church leaders should encourage both partners in a marital union to be aware of their HIV status so as to avoid

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[8] "An AIDS-competent turns its back on denial and acknowledges the reality and enormity of the problem of AIDS. It is a Church that knows its own strengths and weaknesses, and uses its strengths as a starting point for a scaled up response. It is a church that recognizes vulnerability and risk and works to reduce them. It is a learning church that listens and shares; a church that has zero tolerance for stigma and discrimination; a Church in whose ministry people living with HIV or AIDS are playing a central part. It is a Church that is living out its full potential, both as an organization and as a congregation" (Okaalet P. 2009. Behavior change and the role of the Church: towards reducing and eliminating risk. In Paterson G. (ed). *HIV Prevention: A Global Theological Challenge*. Geneva: Ecumenical Advocacy Alliance. Also refer to Sue Parry's volume of 2008; *Beacons of Hope: HIV Competent Churches: A Framework for Action.* Geneva: World Council of Churches for more information on HIV competent churches.

infecting the other partner. Additionally, all persons who know their HIV status are better positioned to protect themselves as well as safeguarding their partners/spouses from HIV infecting (Kurian 2006:8). Knowing one's HIV status also empowers one to be able to seek treatment in order to live positively should one discover he/she is HIV-positive. Kurian (2006:8) rightly points out that people who are ignorant about their HIV status are more exposed to the vulnerability of HIV infection.

E: Empowerment

The spread of HIV infection is necessitated by the inability of many people, especially married women, to respond to the challenge posed by the epidemic due to religious and cultural constraints that incapacitate them from making decisions that promote their health and well-being. In this regard, Heath (2009:72) points out that it is unproductive to speak about condom use to women who are religiously and culturally denied the right to determine how sexual relations must be undertaken. Furthermore, the ineffectiveness of HIV prevention is caused by the methods used to convey awareness methods. Heath (2009:72) observes that most prevention messages are in written form. However this poses serious challenges especially in communities with high levels of illiteracy. In order to overcome these challenges which pose as a hindrance to effective prevention of HIV, the SAVE approach advocates for empowerment through education. Kurian (2006:8) points out that unless people are furnished with the relevant information with regards to HIV and AIDS, they are unable to make informed decisions concerning their health and well-being. It is therefore imperative for the government, the medical fraternity, religious organisations, NGO's and various stakeholders involved in the discourse of HIV and AIDS to furnish community members with all the relevant information with regards to the HIV and AIDS epidemic in both oral and written form.

Additionally, the researcher believes that in order to effectively address the challenge of HIV infection, empowering women to be economically viable is of utmost importance since many women, especially within communities in sub-Saharan Africa are forced to stay in risky unions due to their economic powerlessness. Empowerment also involves breaking down barriers that

prohibit sex education and awareness for women. Indeed, there is need for our communities to denounce their rigidity towards issues of sex and sexuality. Communities should empower both women and men about sex and sexuality. The researcher argues that various religious and cultural practices are a hindrance to the effective prevention and mitigation of HIV because of the patriarchal nature of such practices that marginalize women. As discussed in the previous chapter, there is need to break the cycle of dominant male ideology that imposes control over women's sexuality so as to empower women to participate in decision making with regards to issues of sex and sexuality.

5.5   Conclusion

This chapter presented a bold community praxis to address the challenge of the HIV and AIDS epidemic. The chapter highlighted the importance of praxis in mitigating the increasing levels of HIV infection amongst married women in sub-Saharan Africa. The chapter presented the transformation of gender-insensitive theological traditions, the transformation of hegemonic masculinities' and the transformation of gender-insensitive HIV prevention strategies as part of the bold community praxis towards addressing the challenge of the vulnerability of married women to the risk of HIV infection.

The chapter highlighted that the transformation of masculinities is evidenced through embracing the concept of solidarity, encouraging male participation in home-based care, and the reconceptualization of evangelism in the current context of the epidemic. The chapter further highlighted the importance of working with men's organisations to subdue the devastating effects of the epidemic and advocating for men's accountability in the current context of HIV and AIDS. The chapter presented the SAVE approach as a holistic and multifaceted gender-sensitive prevention model that can be adopted as a response to the effective mitigation of the vulnerability of married women to HIV infection.

CHAPTER SIX

CONCLUDING THE STUDY

6.1   Summary of Study

The aim of the study was to provide a gender-sensitive theological response leading to a bold community praxis aimed at reducing the increasing levels of HIV infection amongst married women in sub-Saharan Africa. The study was guided by four objectives which were (a) identifying the socio-cultural factors that expose married women to the vulnerability of HIV infection; (b) an exploration of the gender-insensitive theological tradition that renders married women most vulnerable to HIV infection; (c) to present the *imago Dei* theological motif as an appropriate gender-sensitive theological framework aimed at redressing the vulnerability of married women to the risk of HIV infection; (d) and lastly to present a bold community praxis as practical implications emanating from the *imago Dei* and aimed at redressing the increasing levels of HIV infection amongst married women in sub-Saharan Africa.

In setting the context of the study, the first chapter, as an introduction, presented the background to the study as well as the identification of the research problem. The chapter outlined how married women who are close friends, relatives, and immediate family members who, having been faithful to their husbands, have either died from AIDS related illnesses or are living with HIV motivated the researcher to undertake a study that explores the drivers of the increasing levels of HIV infection amongst married women, especially within sub-Saharan Africa. Drawing from various studies delineating the increasing levels of HIV infection amongst married women in sub-Saharan Africa, this chapter presented the research questions that guided the study.

The second chapter focussed on married women and their vulnerability to HIV infection. It began with an overview of the institution of marriage from an African worldview. This section presented an overview of the societal expectations of married women and highlighted that a

woman has no honour outside marriage through which her majority as a person is fully recognised. It was also noted the honour of a married woman is through her fertility, more so if she bears male heirs for the family. This chapter further discussed the socio-cultural drivers of the increasing levels of HIV infection amongst married women in sub-Saharan Africa. Amongst the varied factors emanating from research, the chapter focused on culture, hegemonic masculinities and gender-insensitive HIV prevention models as some of the leading drivers exposing married women to the vulnerability of HIV infection.

Chapter three explored how theological traditions contribute to the vulnerability of married women to HIV infection. It highlighted how the identity of women throughout Christian history assigned them an inferior status which led to their subordination and subsequent marginalization in all spheres of life. The chapter cited how the fall of Eve has been regarded as the basis for the inferiority of women, a situation which gave rise to negative Christian anthropologies that resulted in the distortion of the *imago Dei* in women. The chapter outlined how the distorted *imago Dei* in women has been further exacerbated by the writings of the early church fathers from the patristic age through to the contemporary period. The discussion included the writings of the church fathers based on the works of Aristotle, Augustine of Hippo, Thomas Aquinas, and Martin Luther. Common threads emanating from these writings centred on the notion that the female is less than human; she is a 'mutilated male' with limited intellectual capabilities, therefore she needs a male to guide and to complete her. It was therefore evidenced through this chapter that the distortion of the *imago Dei* in women gave rise to their subordination, a trend that has continued in the current period. This unfortunate scenario sadly exposes women, especially those in marital unions, to the vulnerability of HIV infection as they are religiously and culturally denied the right to make decisions including those related to their health and well-being.

The fourth chapter set out to redeem the distorted *imago Dei* in women as presented in chapter three. The chapter presented three principles aimed at redeeming the distorted *imago Dei* in women. It highlighted that the *imago Dei* theological motif promotes human dignity for both the

male and the female in our societies and this is enabled by embracing the notion that the *imago Dei* is uniquely expressed as female and male; human sexuality is an expression of the *imago Dei*; and that the *imago Dei* calls for a relational anthropology.

The fifth chapter presented the practical actions emanating from the *imago Dei* theological motif aimed at redressing the increasing levels of HIV infection amongst married women in sub-Saharan Africa. The chapter therefore presented a bold community praxis that is enabled through the transformation of theological traditions, the transformation of gender-insensitive HIV prevention strategies and the transformation of hegemonic masculinities. In transforming the theological tradition, the chapter highlighted the need to break the conspiracy of silence around issues of sex and sexuality; the inclusion of HIV and AIDS epidemic as part of the church's liturgy and worship services; the denunciation of theological rigidity within Christian organisations and the embracing of females and their sexuality as equally imaging God. The discussion suggested that the transformation of hegemonic masculinities is enabled through embracing the concept of solidarity, male participation in home-based care, and engaging men in the HIV and AIDS discourse. In summation, the chapter highlighted the need to employ gender-sensitive HIV prevention models and presented the SAVE model as a multifaceted, holistic and gender-sensitive approach.

6.2   Recommendations for Further Study

This important study has been constrained due to time and financial limitations. The researcher, therefore, contends that the inclusion of empirical research would have added much value to the study. Thus further studies on this subject need to include qualitative field research in order to determine how married women themselves respond to the issue. This would give them a voice on cultural and theological matters.

The researcher notes that the concept of *ubuntu* is an important philosophy that has been widely embraced within the African context. This philosophical view gained its momentum in relation to issues of racial discrimination. It is a concept that lobbies for the equality and mutual relationships amongst people of different races and social standing. In relation to the context of this study, the researcher proposes that the subordination of women could be aptly addressed if African communities extend the concept of *ubuntu* to marriage relationships. In this regard, the researcher recommends that the concept of *ubuntu* should be further explored in order to develop a theoretical framework that addresses gender inequalities prevalent in many communities in sub-Saharan Africa.Lastly, the researcher recommends that HIV prevention strategies should pay due attention to the context of marriage as many married women are succumbing to an early death due to AIDS related illnesses. Future research should explore the role of the church in encouraging both partners in a marriage relationship to test for HIV.

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