

**Masculinity and men's reproductive health rights in the  
MCSA: a case of the Amadodana**

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**DECLARATION**

I am hereby declaring that this is my own work unless where indicated in the text, and that this work has not been presented to any other university or higher learning institution other than the University of KwaZulu-Natal, Pietermaritzburg.

.....  
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30 April 2019

As the supervisor, I approve this thesis for submission

.....  
Lillian Cheelo Siwila

30 April 2019

**CERTIFICATION**

The undersigned declare that we have observed and followed the language editing policy of the School of Religion, Philosophy and Classics in the College of Humanities, University of KwaZulu-Natal.

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## **DEDICATION**

I dedicate this work to my late, lovely parents who worked very hard so that I can be the best that I want to be in life. Thank you for the teachings and unconditional love provided with. To my family, I thank you for your support and words of wisdom that education is a weapon for liberation.

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## ABSTRACT

Masculinity and men's sexual reproductive health rights have been a critical issue worldwide and particularly in Africa, especially in recent years. The health status of people is mostly affected because of their gender in terms of whether are male or female along with the gender stereotypes that are dominant in a specific society. Therefore, the quality of reproductive healthcare in South Africa falls short of addressing the sexual health needs of both men and women. In South Africa there are various barriers that speak to socioeconomic, historical and political challenges which account for the difficulties faced by men. Most reproductive health services focus on the reproductive health of the female body rather than men (or both). Issues of men's reproductive health are vaguely addressed and there is, therefore, a need for preventative measures that involve men and promote their participation in reproductive health. Therefore, the health-related beliefs and behaviour that men display can be understood as a means of building up or validating gender or a certain masculinity.

The aim of the study was to analyse how masculinities are constructed and SRH rights imagined among the *Amadodana* in the Methodist Church of Southern Africa (MCSA). It was anticipated that the study could assist in reaching a better understanding of the issue of SRH rights vis a vis the *Amadodana*, but also contribute to resolving the issue of the *Amadodana*'s lack of access to SRH rights. In conclusion, the Methodist Church of Southern Africa has unused platform such as of *Amadodana* where Sexual Rights Health issues can be addressed.

**ACRONYMS AND ABBREVIATIONS**

AIDS	Acquired immunodeficiency syndrome
HIV	Human immunodeficiency virus
MCSA	Methodist Church of Southern Africa
NGO	Non-profit organisation
SRH	Sexual and reproductive health
WHO	World Health Organization
YMG	Young Men's Guild

**KEY TERMS**

Methodist Church of Southern Africa, masculinity, redemptive masculinity, sexual and reproductive health rights, Amadodana, religion, gender, culture, South Africa, male, manhood.



## Table of Contents

<b>DECLARATION</b> .....	<b>ii</b>
<b>CERTIFICATION</b> .....	<b>iii</b>
<b>DEDICATION</b> .....	<b>iv</b>
<b>ACKNOWLEDGEMENTS</b> .....	<b>v</b>
<b>ABSTRACT</b> .....	<b>vi</b>
<b>ACRONYMS AND ABBREVIATIONS</b> .....	<b>vii</b>
<b>KEY TERMS</b> .....	<b>viii</b>
<b>CHAPTER ONE</b> .....	<b>1</b>
<b>INTRODUCTION TO THE STUDY</b> .....	<b>1</b>
1.1 Introduction .....	1
1.2 Background and motivation.....	2
1.3 Research questions and objectives.....	3
1.3.1 Key research question.....	3
1.3.2 Research sub-questions .....	3
1.3.3 Research objectives .....	3
1.4 Research design and methodology.....	4
1.5 Theoretical framework .....	5
1.6 Limitations of the study .....	7
1.7 Structure of the study .....	7
1.8 Conclusion.....	8
<b>CHAPTER TWO</b> .....	<b>9</b>
<b>THE HISTORY AND TEACHINGS OF THE AMADODANA OF THE METHODIST CHURCH OF SOUTHERN AFRICA</b> .....	<b>9</b>
2.1 Introduction .....	9
2.2 Methodism.....	9
2.3.1 The formation of the Methodist Church of Southern Africa .....	10
2.3.2.The formtion of the Amadodana of the Methodist Church of Southern Africa .....	14
2.4 The teachings of the MCSA and peceptions on gender ideals.....	114
2.5 Constructions of masculine among the Amadodana the Methodist Church of Southern Afric	17
2.6 The Amadodana in the context of the Methodist Church of Southern Africa.....	157
2.7 The uniform of the Amadodana and its significance .....	19

2.8 Masculinity, Health and the Amadoana The Amadodana.....	<b>Error! Bookmark not defined.0</b>
2.9 The cost of Masculinity through media.....	22
2.10 Church teachings.....	23
2.11 Theological reflections on men's sexual and reproductive health rights.....	23
2.12 The Amadodana and Christ-like masculinity.....	24
2.10 Conclusion.....	254
<b>CHAPTER THREE.....</b>	<b>266</b>
<b>MASCULINITY AND MEN'S SEXUAL AND REPRODUCTIVE HEALTH RIGHTS.....</b>	<b>266</b>
3.1 Introduction.....	266
3.2 Sexual and reproductive health as a universal human right.....	266
3.3 Men's health-a global problem.....	308
3.4 Men's understanding of sexual and reproductive health rights.....	30
3.5 Factors contributing to men's lack of sexual and reproductive health rights.....	31
3.5.1 Gender inequality.....	31
3.5.2 Colonialism and the Amadodana.....	313
3.5.3 The influence of masculinities:indodana as a risk factor.....	334
3.5.4 Manhood in ecclesiology.....	<b>Error! Bookmark not defined.5</b>
3.5.5 The construction of masculinity in a society and its effect on Amadodana.....	<b>Error! Bookmark not defined.7</b>
3.5.6 Male, Headship, authority, responsibility and leadership as perceived by Amadodana.....	<b>Error! Bookmark not defined.8</b>
3.5.7 Culture and its influence on the Amadodana.....	<b>Error! Bookmark not defined.8</b>
3.5.8 Men and Sexual reproductive as God's providence .....	41
3.6 Conclusion.....	423
<b>CHAPTER FOUR.....</b>	<b>44</b>
<b>UNDERSTANDING MEN, FAITH PRACTICES AND MASCULINITIES.....</b>	<b>44</b>
4.1 Introduction .....	44

4.2 Church and health issues .....	44
4.3 Meaning of manhood in religious spaces and the Amadodana .....	45
4.4 Amadodana: the godly man.....	46
4.5 Transformative masculinity .....	47
4.6 Recommendation.....	47
4.6.1 Deconstruction of patriarchy .....	48
4.6.2 Lack of education .....	48
4.8.1 Deconstruction of patriarchy .....	48
4.8.2 Lack of education .....	48
4.7 Summary of the study.....	50
4.8 Conclusion of the chapter .....	50
<b>BIBLIOGRAPHY.....</b>	<b>51</b>

## CHAPTER ONE

### INTRODUCTION TO THE STUDY

#### 1.1 Introduction

In this introductory chapter, I present a brief background to the present study, the problem statement and the significance of the research. The study attempted to examine and understand how redemptive masculinities are constructed, and sexual and reproductive health (SRH) rights imagined, among the *Amadodana* (as mentioned, also referred to as the Young Men's Guild YMG) in the Methodist Church of Southern Africa (MCSA). Masculinity and men's SRH rights have been ignored among the *Amadodana* of the MCSA. The *Amadodana* have been influenced by many factors such as patriarchy and historical, socio-economic, political, religio-cultural and gender inequalities. Plaatjies argues that "From birth, African men are respected simply because they are male" (Plaatjies van Huffel, 2011).

Connell (2005) asserts that "across the globe and almost every era of history, cultural conceptions of ideal manhood are continuously constructed. This is also true of religious space, where the focus is not principally upon cultural models, but on how social, religious and theological belief systems construct the meaning and inform perceptions of what it means to be a man." We also note that SRH rights and services tend to focus specifically on women reproductive and on children. The health services centers are not equipped to meet, among others, the different wishes and desires of men, transgender people, and people with disabilities, people living with HIV, adolescents and young people, women who are not of reproductive age, sex workers, and people with diverse sexual orientations. Healthcare providers incline to equate SRH with maternal and child health. They lack knowledge, practice and passion concerning the full scope of SRH and its associated rights. Therefore, addressing masculinity and men's inability to achieve SRH rights, was central to the study.

In South Africa "there is a lack of applied research that evaluates interventions to strengthen public and community commitment to gender equality and SRH rights, including the impact of such interventions on adolescents. Public sector efforts to strengthen the quality of integrated SRH services also need to be evaluated" (World Health Organization, 2011). Patriarchy and gender-inequality, lack of access to health facilities in rural areas, inadequate training, and lack

of information about masculinity and reproductive health rights limit men in achieving a healthy lifestyle. Walker (2005:227) comments that “being a man in post-Apartheid South Africa is of necessity different, yet the present does not represent a complete break with the past. Rather, current models and practices of manhood are historically embedded”. Today, there is an extensive amount of work on the subject of masculinity within the discourse of gender, and some of the social factors which have been stressed point to the construction of masculinity, as opposed to the essentialist assumptions which dominated academic thought on the shape of masculinity. Therefore, understanding how the *Amadodana* constructed masculinity was crucial to the study.

The *Amadodana*'s teachings and activities to which all its members adhere to include prayer meetings, pastoral visitations, fundraising and outreach projects, street revivals, adopting schools and providing sanitary towels. They are selfless services which focus more on the church and others and, as such, they often fail to address primary issues like the construction of masculinity and men's SRH rights among *Amadodana*'s members.

## **1.2 Background and motivation**

The reason for studying this topic is that as part of the MCSA for many years, the *Amadodana* have been very active in the church in terms of responding to the needy. My father, who was a member of the *Amadodana*, never spoke to us about health and sexual issues that affected men in the religious space, even at home. However, he was always ready to respond to community issues. It seemed as if he ignored himself for the sake of others and most men die in our church may be due to health and sexual issues and that is not mentioned to people. I believe it is time that the church take the sexual and reproductive health rights very seriously and inform the congregants about its dangers before it's too late. As an outsider of the *Amadodana*, but a member of the MCSA, I have been interested in the current issues that affect our community and church such as religion and health and reproductive rights among men especially those men in the church. This interest extends to the *Amadodana* themselves and, more specifically, the issues of masculinity and men's SRH rights as they pertain to the *Amadodana*.

The study carries the challenges of a man who is an insider, highlighting issues of masculinity and SRH rights. However, such issues are ‘on silent among the *Amadodana* as a men's group of the MCSA’. I am interested in men's sexual and reproductive health rights issues which go

beyond just being a Christian man. This interest has led me to investigate how the *Amadodana*'s ability to achieve SRH rights can contribute to redemptive or positive masculinities in the religious spaces, given that a hegemonic masculinity are constantly being recreated in religious spaces. In doing so, I will need to know how masculinities are constructed and SRH rights imagined among the *Amadodana* of the MCSA.

### **1.3 Research questions and objectives**

The study was underpinned by the following research questions and objectives:

#### **1.3.1 Key research question**

How is redemptive masculinity constructed and sexual and reproductive health (SRH) rights imagined among the *Amadodana* in the MCSA?

#### **1.3.2 Research sub-questions**

1. What is the *Amadodana*'s understanding of masculinity?
2. How does the *Amadodana*'s understanding of masculinity influence their thoughts on SRH rights?
3. To examine the *Amadodana*'s understanding of how faith and masculinity inform their choices?
4. To explore ways in which the *Amadodana* can contribute to redemptive forms of masculinity in the context of SRH rights?

#### **1.3.3 Research objectives**

1. To critically explore the ways in which masculinity is constructed by the *Amadodana*.
2. To consider the implications that these constructions have for the *Amadodana* in relation to their SRH rights.
3. To contribute to policies and faith practices that will enable the *Amadodana* to access their SRH rights.
4. To explore the ways in which the *Amadodana* can engage their faith with the issues relating to SRH rights.

#### **1.4 Research design and methodology**

The study employed a non-empirical qualitative method. It was a “text-based analysis standing on the principles of qualitative research” as defined by Flick et al (2004). According to the authors, “Social reality is understood as a shared product which makes sense to the members of a community. This sense is not a fact to be discovered, but an unfolding reflexive process. The communicative nature of social reality permits the reconstruction of constructions of social reality to become the starting point for research” (Flick et al 2004:7). Brummett (2010:9) believes that textual analysis involves “mindful, disciplined reading of an object with a view to deeper understanding of its meaning.” McKinnon (2014) is of the opinion that “the researcher is looking for codes, themes, patterns, and dynamics that exist in the texts’ form and content much like a researcher would do when analysing field notes or an interview transcript. The objective of this process of analysis is to derive explanations of what the text is doing, or how the text operates, in accordance with the parameters given through the researcher’s theoretical and methodological choices.” Therefore, the reason for a “qualitative enquiry is to explore how people make sense of their lives, as opposed to quantitative enquiry, which endeavours to classify and categorise events and observable phenomena related to human beings” (Creswell, 1998). Qualitative analysis “provides a portal to understanding how meanings are socially constructed, and how meaning varies from place to place. This renders systems of meaning as ultimately subjective and personal” (Dey, 1993). According to Dey (1993), “qualitative analysis is valuable, as it yields important and thorough information about the participants that are being studied”. The type of qualitative study and analysis used in the study are outlined below. There are some benefits (advantages) of using qualitative research approaches and methods. Qualitative research approach produces the thick (detailed) description of participants’ feelings, opinions, and experiences; and interprets the meanings of their actions (Denzin, 1989). In discussing about the disadvantages of qualitative research, Silverman (2010) argues that qualitative research approaches sometimes leave out contextual sensitivities, and focus more on meanings and experiences. This type of methodology has been used to analyse the data from secondary sources.

The data used in the study was contained in reports, yearbooks, the constitution of the Amadodana, their programmes, synod, and conference and workshop reports all of which could

be found within the MCSA and its archives. The yearbooks contain the reports on the work done by the Amadodana during a specific year. I chose to use an eight-year period and the reason for this was that the Amadodana, in 2009, made a vow that in the following years they would be focusing on themselves in terms of their health. In addition to the above sources, the study also used secondary sources and materials that were relevant to the topic. The sources consisted of both published and unpublished books and journals, internet articles, theses and unpublished papers. The variation of the sources consulted was considered sufficient to provide an adequate background to the study and to respond to the key research questions as outlined above.

The study used thematic analysis in processing the data collected from the above sources. According to Boyatzis (1998), “thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail. However, it also often goes further than this, and interprets various aspects of the research topic.” Braun & Clarke (2006) underscore the significance of themes, stating that they “capture something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set.” Thematic Approach has been used in this study to extract the meanings and concepts from data and includes pinpointing, examining, or themes. The themes that emerged during this process were man and ecclesiology, indodana as a risk factor, amadodana and Sexual Reproductive Health Rights.

### **1.5 Theoretical framework**

The theoretical framework chosen for the study was “redemptive masculinity” by Chitando (2013). The concept of redemptive masculinity evokes the spiritual dimension and resonates with the theological and religious dimensions (Chitando, 2013:2). Chitando (2013) further states that the aim of this concept is to “embrace and employ it to characterize and identify masculinities that are life-giving in a world reeling from effects of violence and the AIDS pandemic.” This concept includes religio-cultural resources in the emergence of liberation. It is a theory that can be used to engage masculinities from different angles. This theoretical framework enabled me to understand how masculinity and SRH rights are understood, communicated and constructed among the Amadodana.



Some gender studies scholars have used the concept of redemptive masculinity to present an alternative and life-promoting form of masculinity as opposed to the dominant “hegemonic masculinities” that are perceived as oppressive and responsible for many of the social ills associated with patriarchy and “what being a man” involves (Chitando and Chirongoma, 2012). Chitando and Chirongoma (2012) can be seen as “flipping” hegemonic masculinity into redemptive masculinity – a life-enhancing and liberating type of masculinity.

The reason for using redemptive masculinity was because I was dealing with a “Young Men’s Guild” (*the Amadodana*), and the notion of redemptive masculinity invokes an important religious/spiritual idea of transformation and liberation and is, therefore, suitable for engaging and understanding a men’s group that locates itself and its mission within the same theological context and meaning-making. Redemptive masculinity makes it possible to clearly differentiate different expression and forms of masculinities within a context of faith. The concept of “redemptive masculinities seeks as well as inspires boys and men to hold on to harmonious relations by avoiding intolerance” (Chitando & Njoroge, 2013). It is, therefore, important for boys and men to be liberated from the harmful practices and oppressive ideas of what it means in African cultures to be a man.

The *Amadodana* are a Christian group who follow Jesus Christ as their example and redemptive masculinity is a suitable framework for the study because the redemptive work of Christ was/is to liberate humanity. This framework helped reveal how political institutions and structures, church teachings, gender inequality and culture discriminated, marginalised and denied the *Amadodana* the ability to achieve their SRH rights.

Connell (2005) argues that “hegemonic masculinity refers to the cultural dynamic by which a group claims and sustains a leading position in life, it relates to cultural dominance in the society as a whole.” Therefore, hegemonic masculinity does not only oppress females but other masculinities too. Connell (2005), in this regard, explains that “within that overall framework there are specific gender relations of dominance and subordination between groups of men.” Ratele (2008) takes the conversation further by saying that “masculinities are not only produced socially but psychologically as well” and that the issue has to be taken seriously.

Connell (2005) presents four categories of masculinity: hegemony, subordination, complicity and marginalisation. Connell (1995:77) believes that “hegemony is the configuration of gender

practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees the dominant position of men and subordination of women.” Morell (2001) argues that “hegemonic masculinity is not static; this means that it is dynamic, as it is affected by cultural change in every society”. We learn that because hegemonic masculinity is not static, there are ways of deconstructing it. Hegemonic masculinity can be dangerous to human beings who are its victims. It needs a remedy to redeem it. As Chitando and Chirongoma (2012) point out, “this masculinity is redemptive.”

The concept of redemptive masculinity will help me to identify the types of masculinities that are life-giving in the *Amadodana* and also the life-denying masculinities which will need to be redeemed from the *Amadodana*.

### **1.6 Limitations of the study**

There were two limitations to the study. The first concerned the fact that I have used two topics, one being masculinity and the second being SRH rights. I was compelled to integrate the two so that the findings and recommendations were balanced. Although the study focused on issues of gender, health and religion, I had to ensure that I kept it within the parameters of redemptive masculinity in order not to deviate from the main aim of the study. The second limitation of this study was the fact that I was doing non-empirical research. Had I adopted an empirical approach (through, for example, conducting interviews with members of the *Amadodana* themselves) I could have received valid and interesting information about the construction of the *Amadodana's* faith, how their faith informs their conception of masculinity and how they could contribute to redemptive masculinity in the context of SRH rights. Sexual issues have not been talked about in the public spaces of worship in the MCSA as yet. Without disrupting the norm, I had to rely on the available literature (as outlined above) which was limited.

### **1.7 Structure of the study**

The study is divided into four chapters and they are discussed as follows:

Chapter one provided an introduction to the study and covered the background, motivation, key research questions, sub-questions, objectives, methodology, theoretical framework and structure of the study.

Chapter two discusses the history of Methodism and the *Amadodana* as well as the teachings of the MCSA. This chapter focuses on the first objective and critically explores the way in which masculinity is constructed by the *Amadodana* and how its teachings promote SRH rights.

Chapter three provides a literature review on masculinity and SRH rights. It addresses the second objective by considering the implications that the construction of masculinity have for the *Amadodana* in relation to their SRH rights.

Chapter four explores ways in which *Amadodana* can contribute to redemptive forms of masculinity in the context of SRH rights.

## **1.8 Conclusion**

This chapter introduced the study and unpacked the motivation behind undertaking the study. It provided the key research question, sub-questions and objectives. The methodology adopted was discussed including the sources consulted and the method of analysis used. It also included the advantages and disadvantages of this method and how themes were extracted in the study. This was followed by the theoretical framework adopted, namely, redemptive masculinity. The structure of the remainder of the study was then outlined.

In chapter two which follows, I provide a historical overview of the *Amadodana* and of the MCSA and analyse the effects of the church's teachings on its members and their inability to access men's SRH rights and how masculinity has become an obstacle to the *Amadodana*. As noted above, the chapter focuses on the first objective, critically exploring the way in which masculinity is constructed by the *Amadodana*.

## CHAPTER TWO

### THE HISTORY AND TEACHINGS OF THE AMADODANA OF THE METHODIST CHURCH OF SOUTHERN AFRICA

#### 2.1 Introduction

The previous chapter introduced and outlined the introductory of the study. This chapter provides a brief history of the formation of the *Amadodana* of the Methodist Church of Southern Africa. However, it is important that we start with the history of the Methodist Church because history helps us to understand how the present is influenced by the past so that we are able to shape the future. History also informs our current mission practice. This chapter further explores the impact of the teachings of the missionaries, their influence on the *Amadodana*'s views of themselves and how these teachings contributed towards the *Amadodana*'s construction of masculinity and SRH rights among themselves. Thus, in this chapter, I will discuss the existing literature on the *Amadodana*, masculinity in general and in a religious context, and men and SRH rights in general.

#### 2.2 Methodism

The Methodist Church of Southern Africa (MCSA) “traces its roots back to 1739 where it emerged in England as a result of the teachings of John Wesley. While studying at Oxford, Wesley, his brother Charles, and several other students formed a group devoted to study, prayer and helping the underprivileged” (Methodist Church of Southern Africa, 2007:12). They were labelled “Methodist” by their fellow students because of the system or “method” they used to go about their sacred affairs (Henry, 2002). Principally, Wesley’s ideas of holiness, sanctification and Christian perfection were the key focus. This category of study is highlighted because of the link between it and the practical applications of holiness that influenced some Methodist members in the 19<sup>th</sup> century to change their lifestyle. According to Kumalo (2009:29), “Eighteenth-century England was an era of atheism and immorality... Wesley’s main goal of personal revival was the transformation of an individual’s life from the rigors of atheism” This is a belief that a religious person relied on God’s grace for restoration and goodness.

After the death of John Wesley, Methodism grew tremendously; it also arrived in South Africa with “the intention of spreading social holiness which included a new lifestyle among the people” (Maddox, 1998:67). Methodism came to South Africa with English speaking soldiers during the British occupations of the Cape early in the 19<sup>th</sup> century. The Reverend Barnabas Shaw arrived in Cape Town with his wife Jane in 1816. After a disagreement with the Governor of the time, he moved north into Namaqualand, where he established the Methodist mission station at Lilly Fountain. From there he directed mission work into what is now Botswana and Namibia (Methodist Church of Southern Africa, 2017:8).

## **2.3 Historical development of the MCSA and the Amadodana**

### **2.3.1 The formation of the Methodist Church of Southern Africa**

Starting from the 1st of January 1931, “the three branches of Methodism in South Africa, namely, the Transvaal and Swaziland District of the Wesleyan Methodist Church of Great Britain, the Primitive Methodist Missions in the Union of South Africa, and the Wesleyan Methodist Church of Southern Africa, were united by a private Act of Parliament (1930) and became the Methodist Church of Southern Africa (MCSA)” (Kumalo , 2009:37-38). In Southern Africa, the Methodist Church made great strides, establishing a chain of mission stations, many of which were established through the efforts of William Shaw. The same church managed to evangelise the indigenous people and even won some of them over (Madise & Taunyane , 2012).

The churches from Europe were introduced in Africa through missionaries. “An intention of these missionaries was to convert the indigenous people. Their primary task, however, was to attend to the spiritual needs of the soldiers and colonial administrators from their various countries in Europe. It was through their subsequent encounters with the indigenous people and resulting curiosity that the missionaries’ task of conversion began” (Madise, 2008).

The MCSA is thus the product of the traditional English-speaking church. The MCSA experienced political conflicts which also involved cultural issues. The church and state relationship became a problem and indigenous people decided to search for their own identity and way of appropriating the gospel. South Africa has a complex and conflicted history of the relationship between the church and the state. The complexity of this issue is, at times,

amplified by the presence of dominant power that is held by particular Christian denominations and political parties at different times in South African history. The formation of the *Amadodana* was a way of responding to the political and cultural issues which affected men and the community.

The missionaries settled in Southern Africa, establishing schools, health centres and mission stations with the support of their overseas agencies. Grassow (2012:3) states that “the spread of Methodism from the coast to inland was due to the colonial government’s discovery of minerals, mostly gold and diamonds.” “That Methodism made a glorious contribution to African education is beyond doubt. Together with other churches that were involved in African education, it transformed African life in the country. The influence of the church on individuals in society is immeasurable. It is significant that leaders in every aspect of life in this country were products of mission schools” (Gqubule, 2006:67). The MCSA has produced some of the finest black leaders who participated in different areas of the community like the former President of South Africa, Nelson Mandela and Robert Sobukwe. The MCSA has grown, and its 2016 Conference recorded 626 975 members across the connexion (Methodist Church of Southern Africa, 2018:116-117). The Connexion of the MCSA is currently operating in six countries, Botswana, Lesotho, Mozambique, Namibia, South Africa and Swaziland. The MCSA is governed by the Conference of the MCSA which is the body that takes the final decisions in the MCSA.

The *Amadodana* are part of the MCSA’s missional group. “The present MCSA remains the structure that John Wesley started in the 18th century with his emphasis on holiness within the church as a kind of religious order” (Attwell, 2005:17).

### **2.3.2 The formation of the *Amadodana***

The *Amadodana* is an organisation of Methodist men who have accepted the calling of Jesus Christ to engage in the holistic mission of the church. “This Organisation shall always strive to embrace the vision of the Methodist Church of Southern Africa” (Methodist Church of Southern Africa, 2010: 2). The aim of the *Amadodana* is to proclaim the gospel of Jesus Christ for continuous healing and transformation of the church and communities. There are three people who are believed to have started the *Amadodana*, namely, Reverend Charles Pamla, Reverend Gideon Baqwa and Reverend James Magobodi – also referred to as the “founding

ancestors” of the *Amadodana*. The first chairman of the *Amadodana* was the Reverend Charles Pamla (Radebe, 2017:19).

It is understood that it was in 1903 that the roots that led to the beginnings of the formation of the *Amadodana* began to emerge at Gugwini, Elukholweni Circuit in the Clarkbury District of the MCSA (Radebe, 2017:20). It is suggested that Reverend Charles Pamla was regarded as the “fountain head” of the *Amadodana* (Masela 1973:15). According to Radebe (2017:20), he planted the seed of the *Amadodana*, noting that “as a young Minister .... [he] began gathering young men and formed prayer cells for secret devotions, something which was to become *Amadodana*” (Radebe, 2017:20). Reverend Pamla was then given a permission to combine all prayer groups under his care. Radebe (2017:21) states that “they became ‘Imbumba’, simply meaning unity”. This group was not officially declared an organisation (Malinga and Rihardson 2005). Gwaka (2016:14) argues that “it was at the 1934 Methodist Conference where it was resolved that *Amadodana* separate from females and formally operate as an organization of men, using the ‘YMG’ badge, and hold their own separate connexional meetings”. Thereafter, the movement spread to other districts and many other places in the Methodist connexion.

The *Amadodana* was born out of the important foundational aspects of the Christian faith: conversion, purity and holiness of life; evangelism, discipline and self-discipline; deepened spiritual life based on prayer and constant reading of Scripture; change of heart and lives of people; and restriction of ungodly things and ungodly behaviour in a believer’s life (Radebe, 2017:21). Madise (2012:1) believes that “this movement emerged as a result of men in the mining compounds who found themselves with nothing to do during weekends. Some felt the need to be creative and to ensure that their spiritual needs were met.”

The arrival of the Methodist/Wesleyan mission and missionaries in Africa heralded a religious harshness that did not afford the indigenous people religious freedom and space to express their own religion. In response, a number of movements were formed from within the church by indigenous people. Many of these emerged as Manyano movements. “The various forms that these movements took were intended to address a range of Christian understandings of what may be termed a rite of passage with regard to age, gender, race and non-affiliation” (Madise 2012:1). As pointed out above, the missionaries did not give the native people an opportunity to show their religion, but instead determined that African people did not have their own religion nor religious conscience. Thus religion, in the form of Christianity, was simply

imposed on the indigenous people without allowing them an opportunity to share their beliefs, and without the missionaries themselves being prepared to learn and understand which religion the indigenous people were embracing at the time. This religion thus became irrelevant for Africans. Furthermore, they did not have their own space in which they could express themselves in a way which resonated with their “Africaness”. A closer look at the situation reveals that Africans were experiencing issues other than religious including economic, political and social reflecting, in a sense, that religion was embedded in these issues.

The *Amadodana* are the largest male group in the MCSA (Methodist Church of Southern Africa, 2018:336). This missional group is recognised by the MCSA and the *Book of Order* states that the organisations, committees, orders and units are established in order to allocate the part of the mission of the church to local societies, circuits, districts and connexional (Methodist Church of Southern Africa, 2007:85). Gqwaka (2016:14) states that “it was at the 1934 Methodist Church Conference where it was resolved that *Amadodana* separate from females and formally operate as an organization of men and hold their own separate connexional meetings.”

The *Amadodana* are thus a missional group of men that came into existence because of some of the contextual challenges of the time. The organisation comprises men only. “Their main activities always are evangelistic, educational, devotional, social and developmental” (Methodist Church of Southern Africa, 2014:1). Radebe (2017) says that the members of this Manyano were forbidden sour porridge because it represented liquor, tobacco and eating pork. The birth and formation of the *Amadodana* were due to men’s yearning for a new lifestyle. For transformation to be a reality in our lives and our environment a man has to change his lifestyle.

The *Amadodana* members come from different backgrounds including broken homes, orphanages, child-headed homes, single parents, divorced parents and parents who have remarried. They include men who have failed in life many times before. The *Amadodana* is seen as a place for restoring a man’s image and dignity. The objectives of the *Amadodana* are “to promote loyalty to the teachings of Jesus Christ, habits of prayer, Bible Study, purity of life, and generally accepted family values. To encourage members to serve better the Kingdom of God here on earth. To promote abstinence from evil, such as but not limited to, the use of intoxicating of liquor and drugs, gambling and swearing. To develop its members evangelically, devotionally, educationally and socio-economically” (Methodist Church of



Southern Africa, 2014:2-3). The *Amadodana* is more of a missional orientated group which focuses on the community's well-being. "It always strives to embrace the vision of the MCSA which is to proclaim the gospel of Jesus Christ for continuous healing and transformation of the church and communities" (Young Men's Guild, 2016:10). As has been emphasised above, the organisation strictly caters for men only and no women are allowed to be part of the group.

The *Amadodana*'s masculinity manifests itself in different ways. Firstly, it is a group of men who converse with one another (other men) and no women is allowed in their meetings. This group is strictly for men. As Christian man, evangelism, self-discipline, deepened spirituality, prayer and constant reading of scripture, abstinence from alcohol, drugs, gambling, has shaped their masculinity as men. Being a man for the *Amadodana* means that you are emulating the characteristics of Christ, feeding the poor, standing together with the marginalised and being visible in the community. The *Amadodana* believe that as a man you must take initiative and responsibility in your household. A man should not neglect his responsibility. Hence you find men in church leading and singing because they believe that they have the authority to do so and it is biblical for them to be head of the house. With regard to the latter, it is believed that men should not only take decisions in the house, but in every space and that women should not be dominant in any area in the church. Nadar (2009:15) makes the point that "if taking responsibility means asserting dominating and coercive measures, including those in the religious domain, to maintain power, then our justice antennas have to be tuned in."

While the *Amadodana* are passionate about mission work (that is, they are outward looking) they are failing to talk about themselves and face their own world with its realities. The *Amadodana* have been seen as life protectors and have understood themselves as such, but they are destroying themselves by not talking about their own issues such as SRH rights. They need to re-define what it means to be a Christian man in this current era, one who is at peace with his self and his place in the home, in society and in church. The *Amadodana* need to teach and live openly around issues of human sexuality and mentor young African boys and men about this. The mission of Christ has always been holistic and was not a one-sided kind of a mission.

#### **2.4 The Teachings of the MCSA and Perceptions on Gender Ideals**

In the *Book of Order* of the MCSA it is stated that "The Methodist Church throughout the world confesses the Headship of our Lord Jesus Christ, acknowledges the Divine revelation recorded

in Holy Scripture as the supreme rule of faith and practice, rejoices in the inheritance of the Apostolic Faith, and loyally accepts the fundamental principles of the historic Creeds and of the Protestant Reformation” (Methodist Church of Southern Africa, 2007:11). The MCSA, underscoring evangelicalism, further believes that “In the Providence of God Methodism was raised up to spread Scriptural Holiness throughout the land by the proclamation of the Evangelical Faith” (Methodist Church of Southern Africa, 2007:11). Olsen (2004) records that “evangelicalism has generally been that of men led by Christian expression”. Therefore, the *Amadodana* might be affected by the ancient and traditional patriarchal understanding of gender roles in Christianity. In the MCSA we see gender patterns which emphasise the dominant role of male headship in the church. The *Amadodana* strictly adhere to this type of traditional and gendered pattern of Christianity which is modelled by the evangelicals. Oduyuye (1980:2) believes that “South African black people are mainly patriarchal in their approach to societal issues, but the matrilineal group in West Africa and Tanzania is not”.

The MCSA’s *Amadodana* are influenced by the story in Genesis, which established the gender ideal in the church, that is, “a woman being taken from the man’s rib” (Genesis 2). In the MCSA, there are gender hierarchy perceptions of masculinity. We have noted that the notion of male superiority over women is accepted and is unchangeable because it is believed to be divinely inspired. God is also understood as operating in the masculine as described by the Scriptures. Men are believed to be dominant whether in religious space or community.

## **2.5 Constructions of Masculine among the *Amadodana* of the MCSA**

For most Christians, the Bible is central to their faith and is understood to be the inspired and living word of God. People often refer to the Bible as “holy”, “sacred” or “divine”, and it is seen as both authoritative and unique in nature. According to Kanyoro (2002:164), the Bible is a basis on which African Christians validate or do not validate their culture, and whose subjects depend on biblical interpreters and Christian teachings. The man automatically becomes the head of the house as it is interpreted by the readers of the Bible. As mentioned above, the missionary teachings of a masculine man are one who will be the provider of his household and community. The *Amadodana* have been trapped in such an understanding of providing for their families. The *Amadodana* are a community-focused missional group and the teachings of missionaries have encouraged men to be hard workers in providing for their families. Men have been constructed and affected through culture, religion, colonial experiences and their

portrayal in the media. According to Togarasei (2013:4) “Traditional culture had specific gender expectations for both men and women. Though it gave power to men, there is a significant level of complementarity between men and women.” Dube (In Togarasei, 2013) notes that “the construction above happens throughout the different stages of life, from birth to death and makes a very important observation concerning how culture and religion help in the construction of gender”.

Christianity has also promoted some dangerous masculine attributes among the *Amadodana*. Mainline churches, like the Methodist Church, using the Bible to conversationally influence representations and constructions of masculinity remain important and are very difficult to challenge. For instance, the *Amadodana* call for men to “develop its members evangelically to godly manhood” seems traditionally motivated, seeking to reinforce masculine authority, domination and patriarchal superiority based on the Scriptures as divinely instituted by God. “The saying that the ‘man is the head of the house’ is influenced by tradition, colonialism and Christianity” (Owino, 2014:88). In African culture, men have been given the position of being a leader or head of households. Most things that are done in a family there father has to authorise it. The biblical text on creation (Genesis 2:4) and Pauline teachings on the headship of men (Ephesians 5:22) are used to underline this position. When the headship of Christ is compared to man’s headship of his wife, then the teachings produce very dangerous masculinities. Headship in Christianity “entails decision making, provision, authority and therefore unquestioned belief in the man’s decisions, goings out and comings in” (Togarasei, 2013:6).

Manhood is therefore seen as independent, and being in control. However, some of the *Amadodana* have failed to live up to the standard of being a real man as defined by the *Amadodana*. Therefore, the masculinity of the *Amadodana* remains in crisis because it has limited them both within the *Amadodana* and within their homes. Furthermore, they have never opened themselves up to other understandings of what it means to be a Christian man. Also, “the understanding of a new Christian family model of “male breadwinner”, dependent housekeeping wife and mother, and dependent school going children” (Gaitskell, 1983) further reinforces the *Amadodana*’s views of masculinity. The *Amadodana* are trying, by all means, to live up to the standard set by the missionaries. The missionary’s training confined African men to be head of homes and to provide for their families. The man had to be strong and portray this strength from within themselves. This could have resulted in men not seeking SRH information at health centres when they needed to because they had been indoctrinated by the

saying that “men don’t cry”. Should they do so, they would be seen as weak and espousing a weak or fragile masculinity among men.

## **2.6 The *Amadodana* in the context of the Methodist Church of Southern Africa**

The church is affected both by society and biblical teachings. In African society masculinity is essential and historically it has manifested itself in most social institutions. The pews in church continue to be a space where male dominance is taught and encouraged through the interpretation of Scripture and the dominance of male figures in leadership positions. As Peterson (2006:48) notes, “The interpretation and the application of Scriptures affirm the superiority of husbands over wives.” The constitution of the *Amadodana* states that “only men who are full members of the MCSA, including male ordained and student ministers, shall be received into full membership” (Methodist Church of Southern Africa, 2010:3-4). Rahede (2017:27) proposes that “an *indodana* is someone who is a true Methodist who holds fast to the doctrine, spirit and discipline that made Methodists be a zealous, pious movement.” Attwel (1995:6) further believes that “Methodism was born to spread scriptural holiness throughout the land.” Radebe (2017:28), in turn, believes that an *indodana* is supposed to be a person who strictly commits and adheres to a holy lifestyle that resembles the life of Jesus Christ. An *indodana* is someone who lives and walks with Christ as a living, ever-present saviour, and for whom he enters into a covenant to lead a sober and holy lifestyle.

In the MCSA, the *Amadodana* are living completely contrary to what has been described for the *indodana* by Radebe (2017) above. The gathering together of the members of the *Amadodana* is an indication that there is a crisis of masculinity among them. In the connexion of the MCSA, the *Amadodana* is a well-recognised mission group which seeks to proclaim scriptural holiness in both word and deed. Kumalo (2012:3) believes that “the reason that they are existing in the MCSA is that they want to maintain the status of African men as leaders in the home, in church and in society. *Amadodana* has become a safe space for African men faced with the European onslaught on their culture.” It is evident that the *Amadodana* are very dominant in the church and in maintaining the patriarchal system. The *Amadodana* was previously for African men only with the aim of bringing unity among African men as some were divided by tribal wars, religion and politics. Therefore, the *Amadodana* has become a “space” whereby its members can achieve a position of social status and importance in society, a status usually only achieved through the clan name they held or the blood that ran through

their veins. The Christian religion has promised all men success and dignity, no matter who they were (individually) and where they came from (background).

Barker and Ricardo (2005:58) are of the opinion that “from the time of Africa’s colonisation by Western imperialist nations, African men and manhood have often been constructed in relation to European models of manhood. In actual fact, through colonisation, men have been exposed to new ways of understanding power and dominance”. When examining Christian missions and colonialism there are patterns of gender constructions which have been adopted by the *Amadodana*. In order for them to remain “real men”, they had to construct a Christian masculinity. O’Brien (2008:68) affirms that “religion has been acknowledged for playing an important role in the construction and fostering of a masculine Christianity in all its forms.”

The *Amadodana* are considered the most influential group of missionals in the MCSA in evangelism. Masculinity can be expressed in many ways consciously or unconsciously through the work that is done as outreach or helping others out. “One of the reasons is that the missionaries in Southern Africa advocated for the indigenous adoption of the British Protestant gender system when teaching Africans, with the result that missionaries taught girls needlework and boys woodwork. This was an interpretation of Christianity that was heavily gendered” (Cleall, 2009:233). The *Amadodana* might have then constructed and imagined a masculinity from the perspective introduced by the missionaries in Africa, that is, a Christian-based one and one which has subsequently been sustained within the group. The *Amadodana* have, however, been silent on issues of health and human sexuality. There appears to be a lack of political and economic engagement practically speaking, maybe unintentionally.

Historically, the leadership of the church has been male and men have held civil power, a power that has been, and arguably still is, understood in terms of virility and destruction. The *Amadodana* have received encouragement, affirmation and teachings from their communities of faith, that they must work for giving life. However, most of the members of the *Amadodana* became the oppressors of the very people they were liberating. When looking at the *Amadodana*, it is apparent that it is built on the male superiority syndrome - that the members are leaders in the home, church and society. Some of the members of the *Amadodana*, when carrying out their programmes, see themselves as providers for the community. This makes these members maintain and construct their masculinity based on handing out food parcels to, and protecting, the community. As Owino (2014:57) points out, “To a large extent, it is evident

that male power from senior men in the community also plays a great role in constructions of masculinities within a traditional African context. To be able to provide and protect is said to enhance a man's social recognition and his sense of manhood.”

The insecurities among the *Amadodana* have increased in this changing world. In a society in which equality in leadership between men and women has been encouraged, the *Amadodana* continue to resist such transformation. This is evident, for example, when they are robed with the Manyano uniform. The members of the *Amadodana* are resistant to being robed by a woman and should a member be robed by a woman he is not taken seriously or seen as man enough. The masculinity of that particular member is seen as being weak compared to other members robed by men. The *Amadodana's* grouping is a way of maintaining and constructing their masculinity within the religious space.

“In post-apartheid South Africa notions of masculinity are being challenged and new versions of masculinity are emerging in different places and contexts” (Owino 2014). As researchers, we can conclude that the *Amadodana* need to strive to redefine their masculine identities in the religious context. The *Amadodana* mission group has provided men with a social and spiritual sense of belonging and has remained a confidant for men, a place in which they can be men.

## **2.7 The uniform of the *Amadodana* and its significance**

In the beginning, “the *Amadodana* possessed neither a uniform nor colours that, between them, would identify the movement as distinctive within the Methodist Church. At this time (1938) the unofficial uniform was simply a scarlet jersey with a khaki shirt, khaki trousers and black boots” (*The Methodist*, n.d) and the movement was still under the leadership of the Reverend Mearer who was, simultaneously, superintendent of the mission. It is also important to bear in mind that the YMG was started, and led by, lay people. The YMG's Triennial Convention decided on a uniform and a badge bearing the words “Young Men's Guild”. An official uniform was adopted in 1938 when, through the district synods, the Conference of the MCSA approved the wearing of a waistcoat and a badge that bore the following words: “One Heart, One Way”. After its adoption by the Conference of the MCSA, the uniform for the *Amadodana* comprised a black jacket, white shirt, black trousers, black shoes and a purple sash. This uniform was later changed to include a red waistcoat (which replaced the purple sash). “The colours of the uniform all had a certain meaning:

- **Red waistcoat** – represents salvation through the blood of Jesus. There is also a link with the scarlet cord Rahab hung in her window to save her family from the conquering Israelites.
- **Five buttons of the waistcoat** – represent the five wounds of Jesus on the cross.
- **Black tie** – symbolises the darkness of the crucifixion and the three hours of darkness at Calvary.
- **White shirt** – symbolises the light of the resurrection.
- **Badge** – can symbolise a crown” (*The Methodist*, n.d).

A uniform distinguishes the organisation which one belongs to in the MCSA. Generally speaking, people wear uniforms to have a sense of belonging and identity and, for some people, it prevents competition with regard to fashion trends. Radebe (2017:17) states that “the purpose of wearing uniform garments in the church is different from the secular understanding of uniform. For the church, the significance and symbolism of uniform garments are that they show unity, commitment and dedication.” He further states that “these garments are very helpful to remind believers to live up to the Christian profession one has made, and further stimulate a feeling of fellowship” (Radebe, 2017:31).

## **2.8 Masculinity, health and the *Amadodana***

In the society in which we live there are disagreements as to what the typical characteristics of femininity and masculinity are. The stereotypes which have emerged provide a collective and organised understanding and meaning of gender and they often become widely shared beliefs about who women and men naturally are. Men and women are encouraged to conform to these patterns, stereotypical beliefs and behaviours. They thus commonly adopt dominant norms of femininity and masculinity as designed by society and/or religious institutions. Masculinity, as defined by Connell (1995:4), “is a set of qualities, characteristics or roles generally considered typical of, or appropriate to, a man. It can have degrees of comparison such as ‘more masculine’ and ‘most masculine’. Masculine norms stress values such as courage, inner direction, certain forms of aggression, autonomy, mastery, technological skill, group solidarity, adventure and considerable amounts of toughness in mind and body.” Kimmel (2000) argues that “masculine norms affect the way in which men interact with the world”. Therefore, health-related beliefs and behaviours that men display can consequently be understood as a way of constructing or demonstrating gender. In some instances, with positive outcomes, whereas in others, negative.

The dominant masculine norms consequently affect the way in which men experience health. Based on this understanding of health and masculinity, Kimmel (2000) suggests that “the health behaviours and beliefs that people adopt simultaneously define and endorse representations of gender. The popular masculinity, therefore, requires that men suppress their needs and refuse to admit or acknowledge their pain”. “Health-related beliefs and behaviours that can be used in the demonstration of hegemonic masculinity include the denial of weakness or vulnerability, emotional and physical control, the appearance of being strong and robust, dismissal of any need for help, a ceaseless interest in sex, and the display of aggressive behaviour and physical dominance” (Mankowski & Manton, 2010:78). Khonou (2013) further states that “by dismissing their healthcare needs, men construct, deconstruct and reconstruct gender. Similarly, men demonstrate dominant norms of masculinity when they hide illness and thus do not seek sick leave from work, and insist that they need little sleep”.

Cleaver (2002:3) shows us the evidence from the research which suggests that “men are not always the “winners” and that ignoring their situation risks overlooking gender-specific inequities. Examples of gendered vulnerabilities which disadvantage men are particularly found in the area of health”. There is still a need for more accessible SRH services for men and this is demonstrated by the fact that although condom use has increased during the past few years, the levels of unprotected sex and other sexual risk behaviours among men remain high and are likely to continue doing so. This is the result of a hegemonic masculinity. “Hegemonic masculinity is Raewyn Connell’s concept of hegemonic masculinity serves as an analytical instrument to identify those attitudes and practices among men that perpetuate gender inequality, involving both men’s domination over women and the power of some men over other (often minority groups of ) men” (Connell & Messerschmidt :2005).

or toxic masculinity, “there is no universally agreed-upon definition of the concept , generally “toxic masculinity” is used to refer to a loosely interrelated collection of norms, beliefs, and behaviours associated with masculinity, which are harmful to women, men, children, and society more broadly” (Sculbs , 2017). This continues to be manifested in health issues to which men need to respond. In addition, the *Amadodana* are, arguably, struggling against the popular masculine belief that men provide for their families, suppress their needs and refuse to admit or acknowledge their pain because of their status. Therefore, the *Amadodana*’s health-related opinions and behaviours can be seen as a demonstration of hegemonic masculinity which



includes the denial of weakness or vulnerability, and emphasises emotional and physical control in both religious spaces and the community.

## **2.9 The cost of masculinity through media**

In South Africa, the media have played a significant role in portraying men as the stronger sex. The media, and the film and television industries in particular, have played a major role in continuing to perpetuate the stereotypes and myths associated with the traditional male sex role. In broad terms, the media have been responsible for perpetuating the idea of female inferiority and thus, by implication, male superiority through advertisements which sustain the idea. These images of masculinity have embodied dependent masculinities. “Real men never succumb to weakness or emotion, retaining an air of toughness and stoicism at all times” (Lemon, 1991:52-51). In South Africa, men’s health magazines, for example, are selling fast and are promoting the ideal man as a bodybuilder and a sexual champion. Men should therefore also be (hetero-) sexually potent and performance driven when it comes to displaying strong sexuality.

The dialogues of traditional masculinity are encouraging men to act destructively, in the name of male power and privilege, over women in the media. The media have been implicated in reproducing and reinforcing male stereotypes and in often constructing their own man. This is apparent in some of the issues of the Methodist paper *Dimension*. For example, the *Amadodana* are sometimes shown giving out parcels to poor communities. This depiction has sustained the image of man as “providers” within the MCSA. The image of the *Amadodana* which continues to be advanced by the Methodist media sustains the patriarchal understanding of what a man is and the *Amadodana* are. The church continues to promote this patriarchal understanding of a man as someone that provides and this results in leaving “unhealthy” masculinities unchallenged and gives the *Amadodana* the licence to free themselves from engaging in health-enhancing behaviours. There is this perfect man posted on media, but internally, he is miserable. The MCSA continues to portray this perfect picture of an *indodana* as a man who provides for his family even if he does not have the means of doing so. For the sake of maintaining the fact that men are providers he has to provide. If a man does not provide, he becomes useless, has no dignity and is over-looked. The pressure is thus put on the *Amadodana* to be seen as perfect men. This image of an *indodana* has burdened many members who are not interested in being the type of man that is portrayed by the *Amadodana*.

## 2.10 Church teachings

According to the Book of Order, “the Methodist Church is at once evangelical and sacramental” (Methodist Church of Southern Africa, 2007:11). Tienou (1990) believes that “evangelicals are, therefore, those Christians who are committed to the authority of the word of God as their ‘rule of faith and practice’”. According to the missionaries, Africa was a good target for evangelisation and evangelicalism became a South African form of Christianity as well as a worldwide phenomenon. The impact of the Christian religion in South Africa is thus one that should never be underestimated. Evangelical theology finds its pillars in two parts of Christianity, namely, the ultimate authority of Scripture and personal salvation through faith in the death and resurrection of Jesus Christ. The evangelicals confirm that the Bible stands above tradition, institution, personal experience, or personal feeling. The Bible is believed to be a supreme book with authority over humanity. Therefore, the Bible informs the faith of the evangelicals. As I have alluded to in Chapter one, the missionaries introduced man-led Christianity in South Africa. “The *Amadodana* are seen to conventionally motivate for, encourage and reinforce masculine authority, domination and patriarchal superiority based on the Scriptures as divinely instituted by God through the promotion of the teachings of Jesus Christ” (Methodist Church of Southern Africa, 2010:1). The *Amadodana*’s teachings emphasise the roles of a godly man as essential to the project of restoring the masculine moral compass in the community and in their own group.

## 2.11 Theological reflections on a men’s sexual and reproductive health rights

Though national governments legally oblige the right to good health for all individuals, the Christian faith requires us to acknowledge health as God’s gift and that we live the faith out in thanksgiving and ensuring that people have, and experience, good health. The discussion above reflects on how men’s rights to SRH have been denied with this denial being promoted by patriarchal, socio-economic, political and religio-cultural structures, institutions and practices. Health is a responsibility of all but too often Christians receive little teaching on how to respond to health issues. This is not just an issue for people working in healthcare as ill health touches everybody’s lives, directly and indirectly. The effects of ill health can be far-reaching, including not fulfilling our identity and self-esteem.

The effects of ill health contribute to a pervasive fear of it which is increased by a growing recognition of the limits of medicine and changes to welfare provision leaving many people more economically vulnerable. The WHO defines reproductive health as a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity (UNDP/UNFPA/WHO/World Bank, 1999). Reproductive health involves all of the reproductive processes, functions and systems at all stages of human life. This definition implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often they do so. “Men and women have the right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice and that are not against the law. Reproductive health is a fundamental component of an individual’s overall health status and a central determinant of quality of life” (World Health Organization, 2011). Comprehensive male involvement, therefore, includes encouraging men to become more involved and supportive of women's needs, choices, and rights in sexual and reproductive health; and addressing men's own sexual and reproductive health needs and behaviour.

## **2.12 The *Amadodana* and Christ-like masculinities**

The *Amadodana* are presented with many discourses on Christ-like masculinities for men. Christian men are to imitate Jesus as an example and as an authentic role model of manhood. As the *Amadodana* constitution points out, “*Amadodana* are the Methodist men who have accepted the calling of Jesus Christ” (Methodist Church of Southern Africa, 2010:1). Jesus Christ has been domesticated to fit the type of men the *Amadodana* are portraying to the public and the religious space. Christ is believed to be a role model for the *Amadodana* because he is believed to be a role model for many. However, the model of Christ is not fully recognised as he protested against the religious and cultural systems of his day. Christ challenged the dominant beliefs and ideologies which later made him both popular and unpopular. He also offered people an alternative community. Christ, the restorer of true masculinity, is the one to be emulated. Chitando (2006:46-47) thus suggests a series of strategies and activities, such as mainstreaming issues of gender justice and life-giving masculinities within various groups of the church such as Sunday school, youth, women, men and pastors’ space and activities. Chitando (2007: 46-47) goes on to underline that “The pulpit should also be appropriated in the struggle to transform masculinities. Sermons that challenge men to embrace gender justice

must be preached with clarity and compassion. This is important, since masculinity can and does change. Churches must remind men that true discipleship entails questioning traditional (both Christian and indigenous) attitudes towards masculinity.” As Newton (2004:73) has argued, “While progressive men actually do have something to learn from popular men’s movements – how to be rigorous, for example, in practicing rather than merely theorising new modes of self-transformation, new ways of labouring on behalf of others, progressive academic men have an important role to play in popular movements as well. They might do much, for example, in situating popular identity work for men in the context of unequal structures of gender, race, sexuality, and class that popular men’s movements often bracket and/or support.”

### **2.13 Conclusion**

In this chapter, I have outlined the history, the formation and the spread of the *Amadodana*. I have explored how the missionaries and colonisation affected the socio-cultural context of the *Amadodana* and their teachings on masculinity. I have also shown how masculinity has been constructed and maintained in the religious spaces as well as how Christianity’s teachings have reinforced the dominance and superiority of men in these spaces. As this continues to promote and sustain Christian masculinity it hinders men in talking about masculinity and SRH rights because they are held up by tradition, religion and society. However, the *Amadodana* is still a place of hope in which transformative masculinity can take effect and a new Christian man can be born.

The *Amadodana* could provide a space for creating an enabling environment in which men and women work towards re-defining, re-doing, re-orientating and thus transforming, a toxic and hegemonic Christian masculinity. The space would allow men to be challenged to deconstruct their notions of manhood, give up the privileges that emanate from a hegemonic masculinity and move towards notions of manhood that are able to reach health centres and that reflect a redemptive masculinity.

The next chapter, Chapter three, discusses masculinity and men’s SRH rights.

## CHAPTER THREE

### MASCULINITY AND MEN'S SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

#### 3.1 Introduction

In the previous chapter, I outlined the history, the formation and the spread of the *Amadodana*. I also explored how the missionaries and colonisation affected the socio-cultural context of the *Amadodana* and their teachings on masculinity. I further showed how masculinity has been constructed and maintained within the religious spaces and how Christianity's teachings reinforce the dominance and superiority of men in these spaces. In this chapter, I explore the ways in which masculinity is constructed by the *Amadodana*.

The demonstration and construction of masculinity among the *Amadodana* must be situated within the continuing and constant debates on men and manhood studies in the South African context including the religious space which has been left as a holy ground (a "no-go" area). This is due to the important socio-cultural, political, economic and religious histories that have shaped, and continue to shape, the changes which inform the demonstration of masculinities in South Africa and the Methodist Church of Southern Africa (given that the church is affected by societal issues). Therefore, it is important to take heed of the socio-economic, cultural and political histories of masculinity in the South African context in order to engage our understanding of the *Amadodana's* masculinity and SRH rights dialogues - dialogues which seek to recreate Christian masculinity among the *Amadodana* intentionally or unintentionally. I will then consider the implications that these constructions have for the *Amadodana* in relation to their SRH rights. The chapter then explores how community and institutional structures help to sustain and reproduce men's health risks. Finally, it examines Christian masculinity and other masculinities that hinder the *Amadodana* in terms of their SRH rights.

#### 3.2 Sexual and reproductive health as a universal human right

"The right to health is fundamental to the physical and mental well-being of all individuals and is a necessary condition for the exercise of other human rights, including the pursuit of an adequate standard of living" (General comment No 14, 2000:95). "Everyone has the right to have access to healthcare services, including reproductive healthcare" (General comment No

14, 2004). The right to healthcare services is provided for in three sections of the South African Constitution. These provide for access to healthcare services including reproductive health and emergency services; basic healthcare for children; and medical services for detained persons and prisoners (Constitution of the Republic of South Africa, 1996:13). The right to SRH rights for individuals, societies and nations has long concerned humanity. Men's SRH is one of the most important public health issues. However, less attention has been paid to this matter compared to women's health issues. "Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or injury" (WHO, 1980). This definition challenges communities and the *Amadodana* to respond to health and disease in new ways given, as stated above, that health is not simply the absence of disease or infirmity.

Health is a fundamental part of an individual's well-being, yet it remains a sensitive issue, particularly when it concerns males and the notion of masculinity. In order to study health and health-seeking in relation to masculinity, it is imperative to understand the definitions of health, health-seeking as well as masculinity. Health is "determined not only by contact with the microbes and toxins which directly cause illness or by an organ or system failure, but also by other biological and social factors" (*Social determinants of health*, 2010:7). "Health is a fundamental dimension of well-being and a key component of human capital development" (Sarah et al, 2004).

Men and women are different and their differences, whether real or perceived, matters the most. Simply put, the health status of people is often affected by whether they are male or female, as well as the gender stereotypes that are dominant in any particular society. The quality of reproductive healthcare in South Africa falls short of addressing the sexual health needs of both women and men. In most cases, the campaigns have focused on women targeting issues of breast and rectum cancer. Men have been excluded in such campaigns. In South Africa, various barriers that speak to socio-economic, historical and political challenges account for the difficulties faced by both men and women to access adequate and equal healthcare (Hassim, Heywood & Berger, 2007). These barriers are often protected by issues around race, sexuality, class and gender. As a result, this study suggests that masculinity and men's SRH rights could enable men and the *Amadodana* to make beneficial choices about the quality of life they want to live particularly with regard to promoting these rights in their own religious spaces. Basically, the *Amadodana* and men generally have the right to SRH. Reproductive health rights involve issues of fertility, preventative services, abortion, childrearing and family planning.

They thus take care of the holistic well-being of an individual's state of reproductive health. However, most reproductive health services focus on the reproductive functioning of the woman's body and issues of men's reproductive health are only vaguely addressed. There is, therefore, a need for preventative measures that involve the *Amadodana* and which promote their participation in SRH issues. The *Amadodana* have the right to SRH information given that they work hard to ensure positive health outcomes for both individuals and families. However, the *Amadodana's* efforts often fail to achieve the required outcomes due to circumstances beyond their control. Hence, understanding men's SRH rights is essential to the study. Involving the men of South African in SRH is not only important for their own rights, but also to protect rights of women in SRH as well. "Currently, there is a disproportionate distribution of SRH responsibilities between South African men and women, including decisions about contraception, which have not been noticed by many men and women" (South African National AIDS Council, 2010). Although there is much literature pointing to the need for programmes directed at males to be put in place in South Africa, "there is little in the way of policies or programmes that have specific guidelines for male SRH services and, in some places, they are non-existent" (Greig et al, 2008).

Thus, the SRH needs and rights of men are generally not addressed in public sector health services or even in their own private spaces. Male reproductive health services are largely absent in public sector health services and men do not use health facilities as often as women because some of the services are not introduced to men. However, "there are a number of information, education and communication (IEC) materials produced around male SRH, for example, counselling around sexual relations, staying healthy, means of contraception and substance abuse. Local initiatives targeting men have been shown to alter social practices that affect the health of both men and women, especially in the context of HIV, and should be taken to scale" (Peacock et al, 2009).

### **3.3 Men's health – a global problem**

Men's health is problematic, not just in South Africa, but globally (Hinote & Webber 2012:292). It is also an issue that has been overlooked, both by national governments and by organisations with a role in improving global public health. There is the possibility that men's health has been taken for granted due to the silence of the affected. There are some broad explanations for poorer health outcomes in men at the global level and that men are likely to

be at risk from an unhealthy lifestyle and resistance to seek health centres. However, there is no positive response as to how people can fight against these issues. “Men’s sexual and reproductive health is one of the most important public health issues. However, less attention has been paid to this matter, compared to women’s health issues” (Hajizadeh et al, 2015:385). “Men are particularly reluctant to seek help for health problems, whether from family, friends or health professionals. Furthermore, no medical or public health specialities exist that are devoted to men’s SRH. Therefore, focusing on men, as well as women, in SRH programmes is of high importance” (Sonfield, 2002:7).

According to the World Health Organization (WHO, 2011), “in many world regions, social and cultural barriers against sex education and positive expression of sexual matters have led to the absence or low level of sexual health quality. In fact, sexual issues are considered taboo in many African countries” (World Health Organization, 2011). For example, statistics show that men in South Africa are at an increased risk for prostate cancer with one in 23 men being diagnosed with prostate cancer (SA Statistics, 2004). As such, men’s health should be concerned with a broader range of issues than specific diseases of the male reproductive organs. Khunou (2013) argues that “while criticising the disease-focused approach to men’s health, prostate problems, testicular and erectile dysfunction concerns have remained prominent features of the international discourse on men’s health”. These concerns stem from not taking into account multiple masculinities in defining men’s health. Men are thus not a heterogeneous group. Men’s health (as with health in general) has several dimensions. These dimensions include physical health, mental health and emotional health. Furthermore, men have different definitions of health. According to O’Dowd and Jewell (1998:126), “men define health in three ways, “a) state of well-being, b) being healthy and c) body working well, feeling good, alert and able to cope.” These definitions of men’s health inform their perceptions of health. A state of being unhealthy is seen or perceived as a lack of access to medication. “These perceptions of health, therefore, allow men to categorise health in two dimensions, namely, physical and mental health only. The low level of use of healthcare services by men may be rooted in social constructions of masculinity, which deter men from acknowledging their healthcare needs and accessing services” (Kalmuss & Tatum, 2007:74).

“Dominant representations of masculinity emphasise strength, self-reliance, robustness and risk-taking, none of which are compatible with perceiving healthcare needs or seeking services” (Courtenay, 2000). Men also face economic barriers to SRH care. Men’s SRH rights



are clearly a global problem and the study suggests that the *Amadodana* can play a significant role in addressing this problem and that the church is a perfect space to do so. The church has to proclaim the holistic “gospel of healing and transformation” (Methodist Church of Southern Africa, 2018).

### **3.4 Men’s understanding of sexual and reproductive health**

Men’s SRH is an important issue that needs full attention. Research (WHO, 2002) has illustrated the need for men to be exposed to taking care of their reproductive health so as to increase their reproductive responsibilities and rights. “A number of dangerous gender stereotypes and popular ideas about masculinity influence men’s health-seeking behaviour. If societies socialise boys and men into believing that being ill, reacting to pain or seeking medical help for sicknesses are signs of weakness and being weak, then men are less likely to make adequate use of healthcare services” (Tamale, 2011). In addition, certain views of masculinity place significant value on men’s sexual ability and sexual “wildness”. Van Klinken (2010) believes that “men who experience sexual problems or who want to obtain condoms may be too embarrassed to discuss these issues or seek help from people.”

When we look at men in South Africa (as in the rest of the world) it is apparent that they are extremely affected by adverse health outcomes. Often, they do not seek primary healthcare and therefore do not benefit from the preventative care services provided. “For various reasons, men choose instead to use emergency departments, delay treatment until their condition worsens, or avoid care completely. In South Africa, research indicates that Black men are more at risk as compared to men from other racial groups” (Mfecane, 2010). The health risks associated with men’s gender role or a particular masculinity have remained largely unproblematised and taken for granted. In this regard, Ahlberg and Kulane (2011) point out that “different men have for many years seen the masculine influences of men’s access to health facilities as homogenous. This assumption of a homogeneity among men has been synonymous to a misconception that men utilise health services in the same way.”

In the research, men and SRH rights presuppose the freedom and independence for the *Amadodana* to make holistic and fair decisions about the quality of life they, as well as their significant other, want to live. Ramkissoo et al (2010), among other writers, believe that “Involving South African men in SRHR [sexual and reproductive health rights] is important in

their own right and also to protect women's SRHR. Currently, there is a disproportionate distribution of SRHR responsibilities between South African men and women, including decisions about contraception. Although there is much literature calling for the need for male programmes to be put in place in South Africa, there is little in the way of policies or programmes that have specific guidelines for male SRHR services." Hence it is very important that men and the *Amadodana* are included in SRH programmes which will be life affirming for them.

### **3.5 Factors contributing to men's lack of sexual and reproductive health rights**

There are many factors contributing to men's lack of SRH rights resulting in their poor health status. However, the study was limited to the following factors, namely, gender inequality, patriarchy, culture and church teachings and colonialism. A discussion of gender inequality follows.

#### **3.5.1 Gender inequality**

"Gender is a primary marker of social and economic stratification and, as a result, of exclusion. Regardless of one's socio-economic class, there are systematic gender differences in material well-being, although the degree of inequality varies across countries and over time. As a result, gender inequality is a characteristic of most societies, with males on average better positioned in social, economic, and political hierarchies" (UNDP 2010). In our South African context, the country's "definition of, and goals towards, achieving gender equality are guided by a vision of human rights which incorporates acceptance of the equal and unchallengeable rights of all women and men. This ideal is a fundamental tenet in the Bill of Rights of the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996)". It emerged from a long period of struggle for a democratic society that respects and promotes the rights of all its citizens irrespective of race, gender, class, age, disability, etc. (Bill of Rights, Sections 9.1 to 9.4). In most personal relationships in South Africa, men have more power. This is because of the historical inherited legacy of patriarchy that influenced essential informal and formal human relationships with a marked impact at the workplace.

"The Gender Policy Framework establishes guidelines for South Africa as a nation to take action to remedy the historical legacy of patriarchy by defining new terms of reference for

interacting with each other in both the private and public spheres, and by proposing and recommending an institutional framework that facilitates equal access to goods and services for both women and men” (Kornegay, 2000:1). A report by PPS (a financial services company) noted that, according to insurance claim statistics, “early mortality and morbidity rates among South African men are higher when compared to women” (PPS, 2015). The report went on to state that Lifestyle issues such as obesity, lack of exercise, poor diet and long working hours are some of the most critical elements in the development of non-communicable diseases among men which contributes to earlier mortality and morbidity rates.

The social constructions of manhood have strong effects on men’s and women’s health. “They affect women directly, for example, via male violence against them, causing physical and psychological harm, and indirectly through men’s risky behaviour increasing their female partner’s vulnerability to sexually transmitted diseases. The social constructions also affect men, for whom expectations of risk-taking and taboos around health-seeking heighten exposure to injury and illness” (Peacock et al, 2008:1).

Writers argue that gender roles are not set in stone (unchanging). However, there is evidence from South Africa and other countries that efforts to increase gender equality can have significant effects on health by promoting more gender-equitable attitudes and that there is a possibility of transformation of gender stereotypes. “Involving men in such programmes is now seen as vital to success, as recognised in several key international agreements” (Peacock et al, 2008:2). In addition, Peacock (2008) believes that “there are also negative health consequences for men. Men in many societies adhere to rigid notions of manhood and equate manhood with risk-taking, dominance and sexual conquest; they view health-seeking behaviours, moreover, as a sign of weakness” According to Noar and Morokoff (2001) “These attitudes put men at risk from both natural and non-natural causes.” Gender norms of masculinity are also implicated in men’s reluctance to seek medical care both private and public. Certain groups of men may find it particularly hard to access health services, and especially SRH services. “Men from poor communities that are underserved by clinical health services often lack the means to pay for transport to clinics and hospitals” (Nzioka, 2002).

The *Amadodana* might be affected by these economic issues, including not being able to access the clinics because gender stereotyping has affected men’s access to relevant information and research on reproductive health. “In general, since reproduction has been viewed as a woman’s

domain, male reproductive health related to occupational exposures has been neglected” (Wang, 2000). Men are always seen as a problem of gender inequality, not the solution. They have been perceived as a homogenous, powerful, and unchangeable group, but international institutions and policy-makers nowadays are recognising the way men are shaped by gender norms in society and the fact that men can also contribute to gender equality. Gender equality advocates have, over time, ignored and excluded men. They may need to give men a chance because the focus has been on women and equality which has disregarded men in the process. Given this focus on women, it is perhaps not surprising that the *Amadodana* members find it very difficult to go to healthcare centres. “Gender equality advocates have to bring both parties on board in order to solve the problem. One also has to bear in mind that in patriarchal societies promoting gender equality is impossible without the consent, mindset and involvement of the male population” (Van Den Berg, 2015:14).

### **3.5.2 Colonialism and the *Amadodana***

According to Kaunda (2016:3), colonialism deemed African men as boys and through education in missionary schools or migration labour were made into men (Kaunda, 2016:3). From the onset, we learn that native men were considered inferior and one became a “man” through the introduction to colonial ways of being. Men were shaped by colonialism and its institutions, with missionaries laying the foundations upon which masculinities are linked to notions of male dominance, physical power, and the use violence in the assertion of dominance (Dube, 2016:58). From another perspective, we see the black-white racial binary with colonialism placing the white man as a symbol of power and dominance over black men. Morrel (2005:284) believes that this form of patriarchy replicates itself through religious authorities and Christian beliefs and builds up canopies of conformity within which masculinities are constructed.. Lindsay and Miesher (2003) observed that “junior African males chose Christianity and labour migration as alternative routes in the attainment of masculine power. They declared that Christianity used mission schools, which dominated the field of formal education, as places to shape boys into certain kinds of Christian men” (Lindsay & Miesher, 2003:11-13). This was a new type of masculinity which led men into a time of crisis over male authority. Black men were (and are) indoctrinated that they have to work very hard to prove themselves as men. The *Amadodana* are no different, they always want to provide for their families and the community at large. They see themselves as providers and that is how they maintain their status as men in the church and in the community. They do not realise that

they also need help for themselves. They are outward looking, and that has led to men not seeking healthcare centres because they will be seen as “soft”. Black men, influenced by colonialism in Africa, believe that men need to work hard and in return they do not need help from other people. In reality, the *Amadodana* have neglected their health issues and portrayed themselves as powerful men who do not need any help and continue to provide for their community and family. In their thinking, they have always believed (and continue to believe), that health centres are for women and not for men.

### **3.5.3 The influence of masculinities: *indodana* as a risk factor**

Courtenay (2000) proposed that being male and the practice of masculinity as possible risk factors for poor health. This was the result of how men are seen and how they portray themselves to the community. One of the objectives of the *Amadodana* is that “they are to develop their members evangelically, devotionally, educationally and socio-economically (Methodist Church of Southern Africa, 2010:1). This is not a holistic approach to a member of the church. All aspects and areas of a human being should be considered, just as Jesus did. The *Amadodana* are a missional orientated group; thus, it is all about others and being part of a holistic approach in proclaiming the gospel rather than bringing themselves into the picture, the inward looking. Most of the time men do not take care of themselves. If the *Amadodana* claim to follow Jesus, they need to understand that Jesus took time to be alone and to relax. A man who does not take care of himself is a risk factor and becomes vulnerable to diseases and other sexual issues such as prostate cancer which can lead to death. Christian masculinity can also be very dangerous if it is not addressed now.

As noted above, Connell (1995) “introduced the concept of hegemonic masculinity which refers to dominant ideas about what it means to be a “real” man”. It includes impassiveness, appearing strong and brave, and risk-taking (Banks, 2001). However, these deep-rooted culturally-held social norms are said to influence men’s behaviour, such as men avoiding accessing healthcare as a demonstration of masculinity. Hegemonic masculinity is the type of masculinity that has existed within the *Amadodana* and one of the reasons is that men always want to be seen as strong. This perception then makes an *indodana* vulnerable to diseases and other health issues. Consulting doctors or healthcare centres are considered a taboo among South African men and are seen as feminine endeavours. The *indodana*’s masculinity is deeply-rooted in culture which then affects the way he perceives himself as a man in a religious

context. However, despite the obvious importance of their perceptions and understanding of the issue of masculinity, the *Amadodana* have been silent on the issue in prayer meetings, conventions, workshops and other programmes. Their silence on masculinity is an indication of an unwillingness to discuss the issue.

#### **3.5.4 Manhood in ecclesiology**

Focusing on masculinity in a religious context, Chitando and Chirongoma (2012) state that “concurrently African male theologians began to investigate issues of religion, gender and masculinity under such themes as ‘liberating masculinity’ and redemptive masculinities while highlighting the importance of acknowledging men’s socialization into masculinities.” Owino (2012) believes that “the need for further research on how masculinities reproduce within religious space cannot be over-emphasised” (Owino, 2012). Owino (2014) further believes “that it cannot be denied that the research on masculinity and religion has pointed out that religion generally promotes patriarchal masculinities”. “The negative role attributed to religion in constructing and promoting gender ideologies which maintain and legitimise male supremacy, control and domination which in most cases lead to violence, abuse, and gender inequalities are demonstrated in such research” (Phiri, 2002; Chitando and Chirongoma, 2008). “For this reason, scholars of gender and religion contend that religion, with regard to its role in gender ideologies, “should be treated with suspicion” (van Klinken, 2011).

Van Klinken (2001) further argues that “that the intersection of religion and masculinity requires a critical examination of religious discourses on masculinity, and how Christianity, in particular, may support or resist masculinities through images and theological symbols”. Having noted that while a great deal of research has been done on how Christianity supports oppressive masculinities, not much research has been done on how Christianity may be used to resist such masculinities. Van Klinken (2011:278) argues “for the importance of the critical intersection of religion and masculinities when he points out that “several critical aspects of dominant masculinities are believed to be informed by religious beliefs and practices.” John, Siwila and Settler (2013:170), in their analysis of Ezra Chitando’s writings on African masculinities, state that “Religion (and culture) is presented by Chitando in a way that may be described as a ‘double-edged sword’ in relation to masculinities, gender and patriarchy. In other words, it is potentially or actually constructive and destructive at the same time. On the one hand, religion and culture are major contributors to the development of what Chitando

considers dangerous masculinities both in their nature, structure and practice. Religion and culture, he would argue, have promoted, sustained and justified patriarchal structures.”

Ratele’s approach to African masculinities is quite unique as he observes that masculinities are not only produced socially but psychologically as well. He acknowledges the existence of agency, in the sense that the production of masculinities involves some active participation by individual males (Ratele, 2008). Masculinity is an issue that needs urgent attention within religious spaces. Chitando and Chirongoma (2012) acknowledge the diversity of masculinities and also the hierarchy of masculinities with hegemonic masculinities being the most dominant and dangerous form in that it does not only dominate women but other men as well. Masculinities must be analysed in relation to how men in certain contexts, periods of time, and lifestyles that are specific to culture, sexual orientation and race understand and perform their masculine identities. While it is possible to refer to masculinity in the singular, there is a growing awareness that the plural does more justice to the complex way of expressing what it means to be a man in a particular society. Masculinity is connected to the role and status of a man in society (Connell 1995). “It is neither uniform nor given once and for all: there are variations within and between different societies” (Chitando, 2007). Religion and culture have been abused by men to perpetrate (and perpetuate) gender-based violence and to have multiple sexual partners. Religious and cultural thoughts and understanding have reinforced hegemonic masculinities and the perpetrators see nothing wrong with their actions. Hegemonic masculinity is treated like a “business as usual”.

“Hegemonic masculinities are widely perceived as the most desirable and as having the most power in a given society” (Connell, 1995). Chitando and Chirongoma (2009) state “that some men appeal to “ancestral traditions” or “sacred texts” to defend patriarchal privileges. In these sacred texts, there are different forms of masculinities which Jesus himself portrayed, of what does it mean to be a man”. Jesus engages with and affirms a Samaritan woman, something that was not allowed in Jewish culture. Within the Christian faith today, different forms of masculinity can be found. In South Africa, there are debates around the ordination of women and equality in the church. “There are innate masculinities that are embedded in patriarchal, sexist approach to gender equality. It is the selective reading of the sacred texts that underlies many masculinities that we find in Christianity today” (Gennrich, 2013).

Masculinity is primarily concerned with how men negotiate and make sense of their masculine self in different settings. Also, masculinity is not fixed and not uniform and it compels people to speak of a multiplicity of masculinities in different religious spaces. Chitando's writings on masculinities show an evident hopefulness about the ability of men to change, as evident in the fact that he frequently challenges them to do so and to adopt masculinities that are life-giving. But this change for Chitando would not be complete unless it involves a complete rejection of patriarchy and notions such as the delineating of duties associated with care to women and headship to men (John, 2014). The *Amadodana* continue to negotiate their masculinity in this religious space by providing for poor families and by so doing they continue to be the men that the community and church deem them to be.

### **3.5.5 The construction of masculinity in a society and its effect on the *Amadodana***

The construction of masculinity facilitates an appreciation of the observation that there are particular versions of masculinity that silence other masculinities and combat other visions of masculinity (Morrell, 2005). Men differ from each other and in how they relate to women and children – there is no single way of being a man. The roles that men play in society reflect their different experiences of manhood – they are fathers, husbands, sons, boyfriends, and friends. Men constantly shift between these roles. Different communities have varying expectations of their men. For example, a church community may promote the values of sobriety, restraint, family responsibility and spiritual leadership, while a youth gang values bravado, prowess and violence. “Being a man is also defined in relation to other men, women and children. For example, in a household, a man may be expected to make all the important decisions, discipline children and control the family resources” (Walker, Reid and Cornell, 2004:24).

Therefore, the concept of masculinity is a key feature in understanding the processes that males undertake to become men. “That reality is the body of facts in societies, in the form of institutions, traditions and contexts such as families, schools, workplaces, the media, and religious establishments, which generate and uphold the domination of males as a group over females as a group” (Ratele, 2008). The multiplicity of masculinities is not only due to the fact that besides the ruling ideas of being a man to be found in any one place, there are always likely to be dominant, subordinate and complicit masculinities (Ratele, 2006). Therefore, the *Amadodana* have displayed multiple masculinities in their religious spaces which can be problematic for them and the community as masculinity manifests itself differently. There can,



for example, be toxic masculinities which need to be redeemed – here we might think that the *Amadodana* are providing food because they care for other people, only to find out that they are doing so for status maintenance. The community continue to sustain the understanding that men are strong and therefore when it comes to issues of SRH it becomes very difficult for men to reach out to those services as they will be seen by the community as weak. This automatically affects the *Amadodana* of the MCSA because they are a product of the community. Therefore the issues of SRH are overlooked based on the popular narrative of the community. It then becomes very difficult to eliminate this type of masculinity created by the community in identifying how *Amadodana* or men in generally should behave themselves in regard to their masculinity.

### **3.5.6. Male headship, authority, responsibility and leadership as perceived by the *Amadodana***

In many cultures in our country and in the world, a man who is not the head of his household is not seen as a man at all, he has to be in control. Headship is normally defined by a man's ability to provide for his family. In South Africa, we have the tragic loss of identity and self-respect that many unemployed men suffer from because they are not able to provide for their families, and many end-up resorting to violence. Some of these men have joined the *Amadodana* in search of a sense of belonging and identity. Their masculinity has not been dealt with before they continue as members of this missional group.

The MCSA teaches that “The Methodist Church throughout the world confesses the Headship of our Lord Jesus Christ, acknowledges the Divine revelation recorded in Holy Scripture as the supreme rule of faith and practice, rejoices in the inheritance of the Apostolic Faith, and loyally accepts the fundamental principles of the historic Creeds and of the Protestant Reformation” (Methodist Church of Southern Africa, 2016:11). This evangelical church like the Methodist Church promotes a Christianity that is led by men; it is a masculine Christianity and this is evident in their religious practices. This understanding of masculinity is based largely on the second and third chapters of the Bible: Genesis 2 and 3. Activists have correctly challenged these patriarchal ideas because of the suffering patriarchal excesses have caused not only to women, but to men themselves and their SRH rights. However, the agony of many men who feel they are failures because they cannot meet the basic standard of manhood, that is, being a head, makes it even more urgent to ask ourselves if these Scriptures have been used in ways

that are consistent with God's plan for humanity. The Scriptures basically give all power and authority to men, but also burdens them with all the responsibility of being leaders and providers. This opens men to abuse and violence and, ultimately, the destruction of themselves.

The *Amadodana* are also the victims of the perception that men are in authority and have power. Hence, they worry about other people, not because they care, but rather to exercise their power. It also needs to be borne in mind that Christianity is a religion that is male-led. Some churches in Southern Africa have called on men to stop abusing their power and increasingly churches are standing up against gender-based violence and men's sexual behaviours that spread HIV. However, they have not challenged the idea of male headship at home and in the church. Instead, the churches emphasise that this God-given role needs to be exercised with responsibility, and that men need to exercise their leadership role by following Jesus' example of servant-leadership. Furthermore, the churches do not challenge unequal gender relations because they believe these are also God-given, based on Genesis 2. They do, however, expect men to fulfil their superior role responsibly and it does not matter whatever it takes to do so.

### **3.5.7 Culture and its influence on the *Amadodana***

“Culture basically refers to the traditions and customs upheld by societies and communities because of their belief systems and values. Culture is defined as “the learned, shared and transmitted values, beliefs, norms and lifeways carried by groups of people, which guide their decisions, thinking and actions in patterned ways. The individual in society is bound by rules of his/her culture. Cultures are different in that the same events that may be fear-inducing in one culture may be anger-inducing in another” (Leninger, 1991). In defining culture, one understands that it is a tool through which individuals, communities and societies view their own identity and way of life. It then informs their behaviour and determines their social relations within the community. Therefore, culture is seen in the African social context as transcending the arts, folklore, literature, music and dance. Culture is adaptable and all-embracing of both material and non-material objects (as noted in our own culture). It entails the totality of a people's norms, ethos, values, beliefs, codes of socially acceptable conduct, and modes of life, religion, philosophy and ideology. Culture also includes communal informal education, technology and lifestyles. “Culture, therefore, structures and determines the way social institutions shape life as well as the cultivated and imposed behaviour that is transmitted from one generation to another. Because development often involves changing cultural

attitudes and institutions, the approach to culture is one of the determinants of the success or failure of development strategies in many parts of Africa” (Center for Gender and Social Policy Studies, 2001:3).

The traditional African family in South Africa is patriarchal in that men are considered the heads of their households. This simply means that men are favoured by culture and this could be considered dangerous. Nyasani warns people of not scrutinising their cultural beliefs and practices. “[Norms of culture] ... are merely received, but never subjected to the scrutiny of reason to establish their viability and practicability in the society.... Maybe it is because of this lack of personal involvement and personal scrutiny that has tended to work to the disadvantage of the Africans, especially where they are faced with a critical situation of reckoning about their own destiny and even dignity (Nyasani, 1997:63-69).

The influence of culture on health is immense. It affects perceptions of health, illness and death, beliefs about causes of disease, approaches to health promotion, how illness and pain are experienced and expressed, where patients seek help, and the types of treatment patients would like to have. In the case of the *Amadodana*, most of the health centres are dominated by women and so it becomes difficult for men to submit to women’s assistance because they (the men) always provide. Furthermore, their culture has favoured them as more superior than other human beings (that is, women). Jaffe (1997:136) suggests that “Men need to become advocates and speak passionately about their health, but they may be concerned that speaking out will reveal weakness, not strength.” Coward (1984:229) notes that men have kept their bodies from being the subjects of analysis: “Men’s bodies and sexuality are taken for granted, exempted from scrutiny, whereas women’s are extensively defined and overexposed. Sexual and social meanings are imposed on women's bodies, not men’s ... men have left themselves out of the picture because a body defined is a body controlled.”

Culture is not heritable, but it is an acquired concern which touches and influences all aspects of our humanity. *Amadodana* have therefore assimilated cultural constructions of masculinity through wanting to remain as strong men in the church and the community. This construction of masculinity then hinders *Amadodana* in accessing the SRH rights because culture says that a man has to be strong. Culture therefore becomes a stumbling block in the SRH rights. Culture then clashes with SRH rights. Their perception on SRH becomes blurry in seeing a good thing from SRH. The same way they have inherited the culture, it is the same they unlearn it for the

sake of the SRH rights. Therefore, even the *Amadodana* have a chance to remove themselves from their culture that is preventing them from accessing a good and quality life that God has blessed them with. Given that culture is not hereditary, but acquired, means that culture can be unlearned to a certain extent or be acquired by a foreigner. However, because a person is influenced by the culture in which he or she is born (culture is already acquired, mostly on an unconscious level, even before birth), people will probably never be able to evade the influence of “home or maternal culture” despite rejecting or trying to unlearn it, but it is possible. For example, some men do resist social prescriptions of masculinity and adopt healthy behaviours, such as getting annual physicals and eating healthy foods. But although these men are constructing a form of masculinity, it is not among the dominant forms that are encouraged in men, nor is it among the forms adopted by most men (Courtenay, 1998).

### **3.5.8 Men and sexual reproduction as God’s providence**

Human reproduction is a gift from God. “He commanded Adam and Eve to be fruitful, and multiply, and replenish the earth, and subdue it, and have dominion over the fish of the sea, and over the birds of the heavens, and over every living thing that moveth upon the earth” (Genesis 1:28). This command came from the God who spoke life into man, and who designed humans and their means of reproduction completely apart from the animals. Man and woman do not only have the ability to choose a mate, but they also possess the ability to enjoy sexual relations throughout their relationship. “Sexual reproduction is not merely the product of millions of years of organic evolution, it is the product of an intelligent creator” (Harrub & Thompson, 2004:127). SRH rights incorporate the right of an individual to make decisions regarding their own body, sexuality, cohabitation, maternal health and reproductive choices. When we look at the Bible from both a theological and ecclesiological perspective, the dignity of every individual is emphasised and our responsibility is to be inclusive. According to human understanding, all people are created by God in his own image and humanity is based on the biblical affirmation of creation where every human being is created in the image of God and unconditionally loved by God. Because of creation, every human being has, by birth, the right to a full life, with dignity, within a community. Sexuality is part of God’s creation that God deemed good. It is a gift for all humanity for creating relations and mutual love. Human sexuality is a special gift of God to humankind. “Every special gift requires much care and protection so that it can maintain its virtue and continue to be useful. Precious things can easily

be abused if one does not recognise their worth or the use for which they were intended” (Ngure, 2007:10).

Human sexuality can be considered a precondition for the survival of humankind. Sexual health and well-being are integrally connected to the quality of life and the caring of social relations. “Sexuality and reproductive health connect to the most intimate relations a person might have in their relations and family life. These relations create both the safest and the most vulnerable situations for individuals. It is important that the rights relating to SRH are respected so that every human being has the possibility to uphold health in the areas of sexuality and reproductive life” (Church of Sweden's International Work, 2013). SRH is fundamental to the human experience and to healthy social relations.

Everyone has, and must have, the opportunity to exercise these rights. Sexual health also involves issues extending beyond the reproductive years, such as preventing cervical cancer, and emphasises the need for a life-cycle approach to health. Good sexual health enhances life and healthy social relations. Sexual and reproductive health is a core aspect of our identity and an important part of health and well-being that has to be taken seriously. Therefore, our sexuality is part of our personality and we are all sexual beings from birth until death. Enabling men to access information on SRH rights will help the *Amadodana* take action to improve and maintain their sexual and reproductive health. They will be able to talk about healthy decision-making with the people that they care for. The *Amadodana* will be able to reflect on how they can create a sexually healthy new generation which is comfortable talking about SRH rights.

### **3.6 Conclusion**

This chapter showed how masculinity relates to SRH and has reflected on how patriarchal ideologies limit the promotion of men and SRH rights. Moreover, it reflected on men’s theological right to sexual and reproductive rights and affirmed that God restores human dignity even that of men. This chapter acknowledged that sexual and reproductive health connects to the most intimate relations a person might have in their family life and other spheres. It is important for the human experience and for healthy social relations.

The final chapter, Chapter four, follows. Amongst other issues, the chapter deals with the themes identified and discussed in the preceding three chapters and makes some recommendations that could be considered in order to improve men's access to SRH rights.

The chapter ends with a summary, by chapter, of the study and a conclusion.

## **CHAPTER FOUR**

### **UNDERSTANDING MEN, FAITH PRACTICES AND MASCULINITIES**

#### **4.1 Introduction**

In the previous chapter, I have shown how masculinity relates to sexual and reproductive health (SRH) rights. The chapter also reflected on how patriarchal ideologies limit the promotion of men and their SRH rights. The aim of this chapter is to explore ways in which Amadonana can contribute to redemptive forms of masculinity in the context of SRH rights. This chapter will explore and articulate ways in which enhance men's SRH understandings within the MCSA.

#### **4.2 Church and health issues**

While many in the faith communities are troubled by the current level of health issues and social problems, few know how to respond in meaningful ways. "This is partly because church teachings and practices have mostly been male-dominated. Some are of the opinion that this has made acceptable the kinds of abuses of power that are destroying our societies today. Whether this is true or not, there is no doubt that the church, as a whole, needs to move beyond oppressive practices. It needs to make a meaningful contribution to building a new society'. Mbiti (1969), writing over 50 years ago, noted that "The role of religion in society has begun receiving greater attention in the contemporary period. In the specific case of Africa, religion has always been an integral part of society." He also famously remarked that "Africans are notoriously religious" (Mbiti, 1969).

"Religion is one of the main social institutions that has enveloping effects on aspects of people's lives, attitudes and behaviours" (Nzama, 2013). It is also evident that religion occupies a central role in the lives of many. Religion has been associated with health promotion and disease prevention practices. For the Methodists, Wesley preached that we needed to be involved in "social holiness." He believed we could only grow as Christians in a community, surrounded by people of similar faith and conviction. In his preface to the 1739 hymnal, he was insistent that "the gospel of Christ knows of no religion but social; no holiness but social holiness." Wesley was deeply convinced that God is concerned about our earthly life as well as our heavenly one. To that end, he wrote a medical text for the everyday person

entitled *Primitive physic*. “The book discussed the contemporary knowledge about home health remedies and went through 32 editions, making it one of the most widely read books in England. Many of Wesley’s suggestions for healthy living remain commonly confirmed. While some of his recommendations were hopeful thinking, the most significant portion of his philosophy was his conviction on continual observation to support hypotheses. Wesley bravely questioned modern doctors about how they sometimes treated humans like machines and that much of their “medicine” lacked merit and evidence to support its effectiveness” (Wesley, 1792). Health has thus been deeply part of Methodism but there is still a lack in its implementation. In other words, religion can be applied in a transformative manner in reconstructing masculinity in a religious space, like teaching about health issues that affect men which then will contribute to SRH rights. Health issues should not be neglected, they are to be addressed holistically in the *Amadodana* prayer meetings.

#### **4.3 Meaning of manhood in religious spaces and the *Amadodana***

Many men and women in Southern Africa say nothing is wrong with the way the world is. According to them, it is natural that men are heads of households, senior politicians and business leaders. In their view, the Bible says so, and our cultures are built around this order of things. Nzama (2013) is of the view that “Manhood is associated with the ability of one to solve their own problems and being able to provide solutions for any challenges which one encounters, whether health-related or in their social environment.” According to the *Amadodana* constitution, “its main activities shall always be evangelistic, devotional, educational, social and developmental” (Methodist Church of Southern Africa, 2010). Barker and Ricardo (2005) support the idea that playing the provider role for the family by being financially independent and employed are significant signs of masculinity. Manhood is understood as the ability to provide rather than being provided for. The *Amadodana* are a missional group which is to provide for the community and this is how their masculinity is constructed. The *Amadodana* are seen as being able to change social and economic conditions. Their main activities clearly show that, as men, they have a responsibility to provide and change conditions as they educate and evangelise. They would, therefore, agree with Connell’s assertion that “masculinity is connected to the role and status of a man in society” (Connell 1995).



African masculinities are a complex matrix of relations of power. In this regard, Moolman (2013) states that “power, privilege, and protection as constitutive of hegemonic masculinity are achieved through different vehicles and mechanisms, depending on race, class, age, geography, and context”. In Africa, the power and privilege of hegemonic masculinity are legitimised through the simultaneous existence of a dual ideological space, modernity and its binary, tradition, often coexist. Christian men, like the *Amadodana*, are also impacted by cultural issues and the complexities of power relations.

It is evident that the *Amadodana* are sustaining the ideas of gender inequality and that men should provide for families or communities. As van Klinken (2013) has highlighted with particular reference to African Christianity, there is a growing realisation of the need to establish the impact of religious teachings on the beliefs, attitudes and behaviours of men. The connection between religion and masculinity can be seen clearly in the fact that religion plays a major role in defining the roles and responsibilities of men (and women). In many instances, it is religion that shapes the names given to men and women at birth (Van Klinken, 2013). Also, in many African contexts, it is religion that outlines what a “real man” is supposed to be, spells out his qualities and outlines his roles in the home, in the community, in the religion and in the nation. Religion plays a major role in shaping the roles of men and women in society. Hence the church has to be part of the redemption of such masculinities.

#### **4.4 *Amadodana*: the godly man**

Masculinity is a structure of practices that provide processes for constructing identity (Whitehead et al, 2001:18). Therefore, men’s masculinity has to be performed through the role of headship projected in the male as a leader of, and provider in, the household and the public sphere (such as the church or other religious space). The idea of recreating Christian masculinity by promoting, encouraging and developing men to engage in the holistic mission of the church and to return to responsible, godly manhood necessitates establishing the leadership and position of authority that the male has as husband and/or father in his home. (Owino, 2014) The *Amadodana* use the Bible as their main resource for their faith which then informs them about the ideal man they need to be. This masculinity of the *Amadodana* is demonstrated through engaging in the holistic mission of the church. Whitehead et al, 2001) further confirm the argument that masculinity is something that one “does” rather than

something that one “has”. In the religious space, which is the organisation, masculinity is being performed.

#### **4.5 Transformative masculinity**

Central to the concept of transformative masculinity is the task of encouraging men and boys to embrace ways of being a man that are harmonious and tolerant while at the same time challenging the notions of manhood that are harmful (Chitando, 2013:8). Masculinity is, therefore, a process through which men deconstruct hegemonic ideas of manhood, redefine and recreate alternative ideas of manhood that are not harmful to men or women, as well as promote gender equality and justice among human beings. It is an evidence-based approach to promoting gender equality and positive masculinity within faith communities. It is based upon the understanding that spiritual beliefs and faith leaders are part of the structure that shape social and gender norms, and focuses on the need to respond to, and prevent, sexual and gender-based violence. The contextualised transformative masculinity approach focuses on the cultural norms, theology and beliefs that promote harmful gender norms and concepts of masculinities, and perpetuate gender inequality within our communities and in public and religious spaces. Therefore, transformational change takes place when one re-evaluates oneself and one’s relationships with others, particularly in light of oppressive attitudes and power structures, thereby opening oneself to new ways of being which will not be harmful to others.

#### **4.6 Recommendations**

Gender roles influence men’s attitudes towards SRH, and society might assume that SRH issues such as fertility and family planning are women’s responsibilities (Rasesemola et al, 2017:1). Therefore, the study asserts that men and the *Amadodana* have not been part of SRH rights. We notice that across the world, rigid gender norms and harmful perceptions of what it means to be a man have far-reaching consequences on health and well-being. These norms lead to gender inequalities that dramatically impact the lives and choices and act as barriers to optimal health for women and men, adolescents, girls and boys. In many contexts, women do not control decision making, including SRH choices, yet they bear a significant burden of contraceptive use and childbearing.

#### **4.6.1 Deconstruction of patriarchy**

Patriarchy has played a significant role in preventing men from accessing their SRH rights. The study has shown that Christianity has perpetuated and sustained a particular form of masculinity. Traditionally, Christianity has been understood as a religion that condones the oppression of women by prioritising the voice and position of men in the church. Chitando (2007b:51) notes that “Christianity, like all other religions, is patriarchal.” Since women occupy a weak position in the church, which as an organisation is a reflection of society, it seems appropriate to suggest that the role of religions in general, and the Christian religion in particular, should use their liturgy or Scripture during homilies or sermons to denounce gender-based violence by educating and informing men that “women have absolutely the same dignity and rights as men” (Zimmerman, 2004:255-269). Therefore, the starting point for Christianity is teaching shared values which are an essential part of Christianity. As Chitando (2007b:47) asserts, “The pulpit should also be appropriated in the struggle to transform masculinities. Sermons that challenge men to embrace gender justice must be preached with clarity and compassion.”

The leaders of the *Amadodana* need to emphasise and encourage an ethic of responsibility by pointing to what Jesus Christ stood for and to remind men of the value of life, especially as it relates to the promotion of life. In this way, by enabling key institutions and organisations such as the church and the *Amadodana* to equal access to resources, the transformation of patriarchal and gendered power relations within these organisations and institutions is possible.

#### **4.6.2 Lack of education**

The study has shown that men’s inability to access SRH rights also stems from a lack of education. The MCSA Yearbook presents us with five imperatives of mission, one of them being education and Christian formation. Methodists are encouraged to learn to equip themselves for situations and problems one of them being the elimination of the problem of illiteracy (Methodist Church of Southern Africa Yearbook, 2018), The *Amadodana* can be empowered and encouraged to discuss during their meeting sessions and to add on to their programmes, issues that affect men directly and indirectly. They need to work against hegemonic masculinity that always manifests among themselves with organisations like Sonke

Gender Justice. In addition, they need to work closely with professional organisations such as Men's Clinic International to help men who are experiencing SRH problems.

Also, the pulpit in the Methodist of Southern Africa has been used to preach the gospel of healing and transformation. It is time that is used not only to redeem the soul but the physical, emotional person. On the pulpit, the preacher should dedicate some of the Sundays in talking about SRH issues in the church.

#### **4.7 Summary of the study**

In the first chapter, I introduced the study. The chapter included the following: the background to the *Amadodana*, the motivation for the study, the research problem, the study's key research questions and objectives, the theoretical framework underpinning the study, the research design and the procedure and methodologies that were used to achieve the objectives. The limitations and structure of the study were also discussed and outlined. The study interrogated the *Amadodana's* understanding of masculinity and critically explored ways which masculinity is constructed by the *Amadodana* in their religious space. .

The second chapter discussed the history of Methodism and of the *Amadodana*. The aim of this chapter was "how *Amadodana's* understanding of masculinity influence their thoughts on SRH rights". The chapter looked at the contributions of missionary teaching regarding the resistance of men to SRH rights. It was shown how missionary teachings limited men in terms of their understanding of masculinity. They were only provided with the Christian conception of masculinity which committed them to work with what they had and confined them to a masculine responsibility which denied them the right to live a quality and good life. It was shown that the *Amadodana* were (and are) a trusted missional group which is able to bring about transformation and healing.

In Chapter three, examined the *Amadodana's* understanding of how faith and masculinity inform their choices. I critically explored the way in which masculinity is constructed by the *Amadodana*. The demonstration and construction of masculinity among the *Amadodana* must be situated within the continuing and constant debates on men and masculinity studies in the South African context. This is due to their being significant socio-cultural, political, economic and religious histories that shape and continue to shape changes which inform the

demonstration of masculinity in South Africa and the Methodist Church (given that the latter is affected by the societal issues).

The fourth (and final) chapter dealt with themes identified as implicating gender and church teachings. Most of these themes were interrelated. This chapter explored ways in which *Amadodana* can contribute to redemptive forms of masculinity in the context of SRH rights. The chapter demonstrated how faith inform perceptions regarding communicating the *Amadodana's* thoughts of SRH rights. This chapter further provided possible strategies for the *Amadodana* to achieve SRH rights. The chapter ended with a summary of the study and a conclusion.

#### **4.8 Conclusion of the chapter**

This chapter dealt with themes identified as underpinning gender and church teachings. These themes including Jesus, the role model, were found to be interrelated and need further research. The chapter demonstrated how faith discourses inform perceptions regarding communicating thoughts about SRH rights. The *Amadodana*, as a very active missional group, have to consider workshops on topics such as SRH rights and contribute to them in terms of their readings on, and understanding of, masculinity in the context of these rights. They need to teach the church and continue to involve the community in their programmes. As some of the *Amadodana* members are local preachers, they need to deliver sermons that address humanity, equality, gender justice for all, including children, and that all are created in God's image. This chapter has emphasised the ability of the *Amadodana* to achieve a healthy, good quality lifestyle as created and designed by God.

This chapter also provided a summary of the study and made recommendations that could be considered in order to improve men's access to SRH. It suggested that men can utilise prayer to deal with health issues and also add these to their programmes dealing with men's issues. As a Christian group, the *Amadodana* should conduct Bible study which addresses the issues of redemptive masculinity and affirmation of life. Finally, this chapter has suggested ways in which the *Amadodana* can contribute to the policies of the church for the betterment of men's SRH rights. A holistic engagement in Christ's mission means looking at life inwardly and outwardly, in a more balanced way.

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