

**THE KWAZULU-NATAL CHRISTIAN COUNCIL (KZNCC)'S WORK WITH MEN ON  
HIV AND AIDS: A CRITICAL ANALYSIS**

**BY**

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# **Chapter 1: General introduction to the research**

## **1.1 Introduction**

This chapter introduces the definition and background of the study. It also makes a brief presentation of KwaZulu-Natal Christian Council (KZNCC) and the male care-giving project within it. This project will be defined in chapter four of this dissertation. The chapter defines the research problem, the motivation, objectives, research questions of the study, the theoretical framework, the methodology, and ends with the structure of the dissertation.

This study investigates the KZNCC's work with men on the HIV and AIDS epidemic in KwaZulu-Natal (KZN) province. In this, the study researches the relevance and effectiveness of KZNCC's male care-giving project responding to HIV and AIDS. The study takes in account the socio-cultural, religious and economic context of KZN. It explores and analyses the vision, aims, and objectives of the programme of men and HIV set by KZNCC and its partners<sup>1</sup> focusing on male care giving as one of the responses to the HIV and AIDS epidemic in KZN. It also seeks to explore KZNCC's strategies of recruiting the men involved in the program, investigates and analyses the socio-cultural and religious dynamics that motivate these men to participate in the programme of male care-giving. It attempts to answer the questions of how and why this programme has been implemented, how it is received and how it is impacting on the people's life within the KZN community. The male caring-project's challenges and strengths are discussed as well through the study. The study concludes with highlighting the uniqueness of this male care-giving project by what I would have learned from all stakeholders. This might point to the success and the extent to which this KZNCC's male care-giving initiative is comprehensive in its attempt to address the HIV and AIDS epidemic in KZN province with the involvement of men as care-givers.

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<sup>1</sup> Namely KwaZulu Regional Christian Council (KRCC), Thukela Amajuba-Mzinyathi Regional Christian Council (TAMCC), Southern KwaZulu-Natal Christian Council (SKZNCC) and local churches.

## 1.2 Background to the study

### 1.2.1 HIV and AIDS prevalence

The HIV and AIDS epidemic poses a great concern for people today, especially in sub-Saharan Africa which “remains the global epicenter of the epidemic”.<sup>2</sup> It is attested that almost one in three people (32%) infected with HIV globally live in Southern Africa and 34% of all deaths due to AIDS in 2006 occurred in this region.<sup>3</sup> It is also pointed out that South Africa is a country with the largest number of HIV rates of infection in the world.<sup>4</sup> According to UNAIDS’ declaration in 2006, South Africa’s AIDS epidemic, which is one of the worst in the world, is not visibly declining. Instead, it is stated that, nationally, there is a continuing increase in HIV infection levels among pregnant women attending public antenatal clinics.<sup>5</sup> From this, one might wonder about those women who for various reasons are not attending clinics or other health care centers. What is their status? One might assume that there are many cases of infected women and therefore infected men and children. What is certain is, as pointed out by the Health-Minister: “a total of 35% child mortality and 43 of maternal mortality are attributable to HIV and AIDS. One in every three pregnant women presenting at our antenatal clinics is HIV positive”.<sup>6</sup> One might become alarmed and forced to think carefully about the HIV and AIDS epidemic when hearing that “South Africa counts more than one thousand new infections a day”.<sup>7</sup> Emerging from this, one concludes that there are many people in South Africa - widows, orphans due to AIDS and families with HIV infected members who suffer as a result of this pandemic.

Referring to the KZN province, targeted by this research, it is shown by Gedy in Ndinga-Muvumba and Pharaoh that this province has “the highest HIV and AIDS prevalence in South Africa”<sup>8</sup> and ‘is its worst afflicted province’.<sup>9</sup> South African National AIDS Council

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<sup>2</sup> Alta Van Dyk. 2008. HIV/AIDS Care & Counseling: A Multidisciplinary Approach, Fourth Edition. Cape town: Pearson Education, p 8.

<sup>3</sup> Van Dyk, A. 2008, p 8. At present there are 33 million in the world who are HIV+ and 22 million live in Africa, with South Africa having more than two thirds of those infected (Radio SAFM 20 – 07 – 2011).

<sup>4</sup> Adamson Muula. 2008. South Africa’s National Response to HIV and AIDS Treatment: Popular Media’s Perspective. *The Croation Medical Journal*. 49 (1): 114.

<sup>5</sup> Van Dyk, A. 2008, p 8.

<sup>6</sup>This information is from Aaron Motsoaledi presenting the National Department of Health’s policy priorities and budget for the financial year 2011/12 on May 31 2011. <http://www.politicsweb.co.za/politicsweb/view/politicsweb/en/page7165?oid=238984&sn=Detail&pid=71616>. Accessed on 01/06/2011.

<sup>7</sup> HIV and AIDS: The Issues for Africa. 2008. <http://www.uneca.org/chga/Report/chap1.pdf>. Accessed on 16/11/2010.

<sup>8</sup> Angela Ndinga-Muvumba and Robyn Pharaoh. 2008. HIV and AIDS and Society in South Africa. Scottsville:University of KwaZulu-Natal Press, p 3; Bodibe, Khopotso. 2010. South Africa: HIV Prevalence going Nowhere. Health. Cape Town. <http://allafrica.com/stories/201011151230.html>. Accessed on 16/11/2010.

(SANAC) (2008) also reported that KZN has the highest rate of infection with 15.8% of the population being infected and there are even some of its districts with prevalence rates of over 40%.<sup>10</sup> Hunter points out that according to data from the Department of Health (in 2002) KZN is the South African province with one in three people who are thought to be HIV positive.<sup>11</sup> Why such a situation in KZN province? There could be various causes.

Human Sciences Research Council (HSRC)<sup>12</sup> for example states that KZN province is the most populous and has, in comparison with other South African's provinces, the biggest poverty gap with 61% of the population living below the breadline. UMzinyathi and uMhlathuze, two of its districts are faced with widespread poverty and high levels of unemployment in the rural areas. One of the factors exacerbating the situation is the impact of HIV and AIDS whose effects are being felt dramatically in the whole of the province.<sup>13</sup>

From an observation of *NMF/HSRC Survey 2005*<sup>14</sup>, it is noticeable that the HIV prevalence is gender-based since “the prevalence among females was 18.5% compared to 13.8% among males.”<sup>15</sup> In addition, recent estimates indicate that 26.4% of KZN's working age population is HIV positive, compared to 15.9% in the rest of the country. More than a third of KZN's population live below the US\$2 a day poverty line and two-fifths of the workforce is unemployed.<sup>16</sup> Taken together with poverty and unemployment levels in KZN, the HIV epidemic has probably found a fertile breeding ground. In such a situation, looking at how to respond to the HIV and AIDS epidemic is not simply the concern of the individual: all people should be involved.

KZNCC is working in the context of a patriarchal and male dominated society in KZN, a situation that has a bearing on interpersonal behaviour, power relations between men and

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<sup>9</sup> James Thurlow et al. 2009. “HIV/AIDS, Growth and Poverty in KwaZulu-Natal and South Africa: an integrated Survey, Demographic and Economy-wide Analysis”. *Journal of the International AIDS Society*. Doi 10.1186/1758-2652-12-18, p 1. <http://www.jiasociety.org/content/12/1/18>. Accessed on 06/11/2010.

<sup>10</sup> Department of Basic Education 2010. Draft Integrated Strategy on HIV and AIDS 2012-2016 Full Report. Pretoria: Department of Basic Education, pp 15, 16.

<sup>11</sup> Mark Hunter. 2005. “Cultural politics and masculinities: Multiple-Partners in Historical Perspective in KwaZulu-Natal”. In *Culture, Health and Sexuality*, Department of Geography, University of California at Berkeley, CA, USA: 7(4): p 390.

<sup>12</sup> Agnes Babugura et al. 2010. *Gender and Climate Change: South Africa Case Study*. Cape Town: Heinrich Böll Stiftung Southern Africa, p10.

<sup>13</sup> Babugura, A. et al. 2010, p 11.

<sup>14</sup> Babugura, A. et al. 2010, p 11.

<sup>15</sup> Office of the Premier- Province of KwaZulu-Natal. 2006. HIV and AIDS Strategy for the Province of KwaZulu-Natal 2006-2010. Pietermaritzburg, p 4.

<sup>16</sup> Thurlow, J. et al. 2009, p 2.

women, sexuality and HIV and AIDS.<sup>17</sup> As a consequence of this, the belief is that men think and behave differently as ‘many interventions fail because they do not take into account the socialisation of the men who interact with women and girls as partners, husbands, fathers, teachers and so forth albeit from a socially elevated position.’<sup>18</sup> Apparently, even though KZNCC is actively seeking to change men’s attitudes towards care-giving, my observations lead me to conclude that many Faith Based Organizations (FBOs) and institutions have a long way to go in changing stereotypes about masculinity and manhood. It is also apparent that in rural KZN, usually considered as a bastion of patriarchal attitudes and practices, some men were indeed involved in caring for their families but that this often went unacknowledged.<sup>19</sup> It is attested that “men and boys who provide care may be invisible and under reported because it is socially unacceptable for them to be caregivers.”<sup>20</sup>

In the matter of demographic impact of HIV and AIDS, Thurlow et al.<sup>21</sup> point out that HIV prevalence is concentrated among working age Africans, especially younger females (20 to 34 years) and slightly older males (35 to 49 years). By contrast, prevalence for the other racial groups is considerably lower for all age cohorts. Moreover, prevalence among Africans is heavily concentrated within KZN - a pattern that does not exist for other races. Given the predominantly Zulu population, it is clear that this province and population group form the epicentre of South Africa's HIV pandemic.<sup>22</sup> Summarizing the problems of HIV and AIDS and TB in South Africa, the Health Minister indicated that though South Africa has 0.7 per cent of the world population, it is carrying 17 per cent of the HIV and AIDS burden on the world.<sup>23</sup> In addition, although it is stated that “the epidemic is expected to peak around 2010 and 2011 and that HIV prevalence rates are beginning to fall and AIDS-related sickness and

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<sup>17</sup> Male Caregivers Project KwaZulu-Natal 2009 Report, p 4.

<sup>18</sup> The Communication Initiative Network. “Men, HIV and AIDS”: regional conference 2003 report (March 1, 2003). <http://www.communit.com/en/node/210874/2781>. Accessed on 30/11/2010.

<sup>19</sup> Dean Peacock and Mark West. 2008. “Men and Care in the Context of HIV and AIDS: Structure, Political Will and Greater Male Involvement”. In *Expert Group Meeting on “Equal Sharing of Responsibilities between Women and Men, Including Care-giving in the Context of HIV/AIDS”*. United Nations Office at Geneva 6-9 October, 2008, p 11.

<sup>20</sup> Save the Children cited in EGM/ESOR 2008, p 5.

<sup>21</sup> Thurlow, J. et al. 2009, p 2.

<sup>22</sup> Thurlow, J. et al. 2009, p 2.

<sup>23</sup> South African Government News Service reporting on “Over 11 million people tested for HIV” on 01/06/2011. [http://7thspace.com/headlines/384703/south\\_africa\\_date\\_01062011.html](http://7thspace.com/headlines/384703/south_africa_date_01062011.html). Accessed on 11/07/2011.

death declining after 2020, the same statement is for the prediction of a staggering loss of life in KZN with two-fifths of the adult population having died from HIV/AIDS by 2025.”<sup>24</sup>

In regard to this situation, there is no doubt that socio-economic consequences impact upon people’s life in KZN province. This could be explained through the fact that beyond the impact of HIV, this province is in a critical situation if one considers the socio-economic and cultural context. Thurlow argues that 26.4 percent of KZN’s working-age population is HIV-positive, compared to 15.9 percent in the rest of the country”<sup>25</sup> and “an estimated 281 400 AIDS related deaths, and 410 000 new HIV infections occurred in 2010.”<sup>26</sup>

In short it is tragic that, essentially, the virus is killing off productive, working age adults and fundamentally altering the country’s demographics and work force.<sup>27</sup> The loss of large numbers of current and future soldiers, farmers, teachers, doctors, nurses and other necessary workers poses unique challenges to countries that desperately need human resources to fuel economic growth, contribute to political transformation and transmit knowledge and expertise to the next generation.<sup>28</sup> Regarding the epidemic’s negative affect, one could ask what ways, attitudes and actions can be used to respond to the situation? Various organizations and communities have tried to find and implement ways of HIV prevention and caring for people affected/infected by the epidemic. Some churches- Pentecostals or Charismatic Christian Movements, the African Independent Churches- for example have resorted to faith, prayer and spiritual healing ministries as a solution. Traditional healers have resorted to solutions based on ancestral practices such as natural remedies and African traditional spirituality.<sup>29</sup> The government and some communities indicate that there are findings in medical and social research that state that male circumcision could reduce the

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<sup>24</sup> Thurlow, J et al. 2009. “HIV/AIDS, Growth and Poverty in KwaZulu-Natal and South Africa: an Integrated Survey, Demographic and Economy-wide Analysis”. *Journal of the International AIDS Society*. Doi. 10.1186/1758-2652-12-18.<http://www.ijiasociety.org/content/12/1/18>. Accessed on 06/11/2010.

<sup>25</sup> Thurlow, J. et al. 2009, p 7.

<sup>26</sup> “Statistics South Africa. SA Mid-Year population Estimates, 2010. Statistical release P O 302. Pretoria: Statistics; 2010” in Padayatchi, Nesri et al. 2010. A Review of Progress on HIV, AIDS and Tuberculosis. SAHR, p 89.

<sup>27</sup> Ndinga-Muvumba, A and Pharoah, R (Eds). 2008. *HIV and AIDS and Society in South Africa*. Scottsville: University of KwaZulu-Natal Press, p10.

<sup>28</sup> Ndinga-Muvumba, A and Pharoah, R. 2008, p10.

<sup>29</sup> Othusite Morekwa. 2004. The Interchange, Exchange and Appropriation of Traditional Healing, Modern Medicine and Christian Healing in Africa Today. Masters Dissertation in Systematic Theology. Unpublished. University of South Africa, pp 36-37.

HIV infection rate by 50 percent.<sup>30</sup> The World Health Organization (WHO) and United Nations against AIDS (UNAIDS) have recommended and emphasized that male circumcision should be considered as an efficacious intervention for HIV in countries and regions with heterosexual epidemics, high HIV and low male circumcision prevalence.<sup>31</sup> Acting on these statements and recommendations, countries including South Africa are responding to the call for male circumcision in HIV prevention. South African authorities have already begun male circumcision programs to combat HIV and AIDS epidemic. In April 2007, the South African government put forward a new national strategic plan for HIV and AIDS which, among other things, proposed to 'reduce the impact of HIV and AIDS on individuals, families, communities and societies by expanding access to appropriate treatment, care and support to 80 per cent of all HIV positive people and their families by 2011.'<sup>32</sup>

It has been demonstrated by research that male circumcision is efficacious in HIV prevention. Nevertheless, one of the concerns about male circumcision is that behavioural changes might occur and that men who are circumcised may stop using condoms.<sup>33</sup> The findings from a study done in KZN are encouraging as the majority of participants indicated that men who are circumcised still need to use condoms.<sup>34</sup> In addition asked if a circumcised man cannot contract HIV<sup>35</sup>, whereas some of the respondents agree with the statement, others disagree. There are even those who strongly disagree or are undecided.<sup>36</sup> From this one can say that though we cannot generalize as this is not a quantitative study, there are respondents who doubt of the sure effectiveness of circumcision in HIV prevention. Indeed if a man wants to be sure of protection from HIV infection, he must, even if circumcised, use a condom while

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<sup>30</sup> Bertran Auvet et al. 2007. Cost- effectiveness of Male Circumcision for HIV Prevention in South Africa Setting. *PLoS Medicine*. 4(3): e 138; WHO/UNAIDS. 2009. Male Circumcision for HIV Prevention. <http://www.who.int/hiv/topics/malecircumcision/en/index.html>. Accessed on 08/11/2010;

Lawrence O. Gostin et al. 2008. Male Circumcision as an HIV Prevention Strategy in Sub-Saharan Africa. Sociological Barriers. In: *Jama*, Volume 300, No. 21, p 2539. Accessed on 08/11/2010; Williams, B G et al. 2006. The potential impact of male circumcision on HIV in Sub-Saharan Africa, *PLoS Med* 3(7): e 262. Accessed on 08/10/2010. Jeremy Laurence. 2006. Male Circumcision 'Lowers Risk of HIV Infection by 60%'. In: *The Independent – health & families*. <http://www.indepent.co.uk/life-style/health-and-families/health-news/male-circumcision-lowers-risk-of-hiv-infection-by-60-41113.html> ? Accessed on 17/11/2010.

<sup>31</sup> WHO. 2009. 'Male Circumcision for HIV Prevention'. <http://www.who.int/hiv/topics/malecircumcision/en/index.html>. Accessed 08/09/2010.

<sup>32</sup> South African national AIDS Council 2007 b in Angela Ndinga-Muvumba, 2008, p 5.

<sup>33</sup> Johnson, S et al. 2009. Second National HIV Communication Survey, p 7. [http://www.jhhesa.org/docs/kwazulu\\_Natal.pdf](http://www.jhhesa.org/docs/kwazulu_Natal.pdf). Accessed on 19/07/2011.

<sup>34</sup> Johnson, S et al. 2009, p 7.

<sup>35</sup> See appendix 2: question 18 and appendix 3: question 4 about the belief about HIV and AIDS

<sup>36</sup> Among the male care givers, whereas Zulu, Ngema, Linda agree, Mtshali, Maluleka, Shezi, disagree and Mavuso and Khwela even strongly disagree. Among beneficiaries one sees that whereas Ndaba, Silver, Mbali, Shabalala strongly agree with the statement, Virginia, Ntuli, Zulu, and Mkhize strongly disagree and Ntanzi, Makhosazana, and Makhanya are undecided.

having sex. HAST Unit<sup>37</sup> concurs with this, stating that it is not safe at all to have unprotected sex because male circumcision does not provide complete protection against HIV infection. However, when male circumcision is combined with other methods of safer sex such as use of condoms and the reduction of sexual partners the risk is reduced. One might well be excused for expressing personal doubts about this. Despite the doubt that might be, South Africa is currently implementing male circumcision as an add-on strategy for HIV prevention and “the goal of National HIV strategy is to reduce new HIV infections by 50 per cent by 2011.”<sup>38</sup> If male circumcision were an effective strategy for HIV prevention, I think it would be very welcome in South African regions, especially where HIV and AIDS epidemic is decimating people.

Scott points out that ‘findings with regards to the feasibility of promoting male circumcision in rural KZN are promising’<sup>39</sup>. And “by 2015, around 2.5 million male circumcisions will be conducted and the health minister himself pledged to perform 1,000 of them.”<sup>40</sup> One cannot only rely on the prospects of male circumcision. There are even some FBOs referring to prayer, faith and healing ministries as means to respond to HIV and AIDS and concede that people in KZN are responding to HIV. To effectively respond to the epidemic one should with the male circumcision and other ways of prevention, continue to put into practice the use of condom and the reduction of sexual partners. In other words though male circumcision could be a particular response, one would think that its combination with other ways should efficiently respond to HIV. Besides the different ways of HIV prevention, one should look for helping those people affected/infected by the epidemic. That is why KZNCC has engaged in this process of responding to the epidemic through men’s caring. The extent of HIV and AIDS in KZN province requires seeking other ways to respond to HIV in addition to male circumcision.

It is also understandable that the government alone cannot afford the impact of HIV and AIDS. Other institutions and organizations within South Africa have augmented the

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<sup>37</sup> “All you need to know about Medical Male Circumcision” issued by HAST Unit, Department of Health KwaZulu-Natal, p 2.

<sup>38</sup> Report of meeting held on 2-3 December 2008 in Senegal, Dakar on “Using decision-makers’ Programme planning Tool for Male Circumcision Service Scale-Up, p 11.

<sup>39</sup> Scott B et al. 2005. The Acceptability of Male Circumcision as an HIV Intervention Among a Rural Zulu Population, KwaZulu-Natal, South Africa. *AIDS Care*. 17 ( 3 ), p 312.

<sup>40</sup> Sify news. <http://sify.com/news/south-africa-to-launch-massive-hiv-aids-campaign-news-international-kd5i4bebcea.htm>. Accessed 20/05/2010.



government's effort and joined the government in the response to HIV and AIDS. One of these institutions/organizations is KZNCC with its "male care giving program."

### **1.2.2 What is KZNCC?**

KZNCC is a fellowship of churches and FBOs in the KZN province and was established in 1996 as an autonomous organisation affiliated to the South African Council of Churches (SACC).<sup>41</sup> The vision and mission of KZNCC, its members, and partners are to express the Christian faith, identify and respond to the challenges in the province, and to play provincial coordinating, supporting, facilitating and networking roles.<sup>42</sup> In this, they seek to encourage ecumenism and to focus on issues of justice, reconciliation, moral reconstruction, democracy, and health, integrity of creation and eradication of poverty and contribute towards the empowerment of all who are spiritually, socially and economically marginalised.<sup>43</sup> In other words KZNCC plays the role of facilitating joint and collective prophetic and pastoral action of churches on contextual, topical, relevant and most pressing issues from an ecumenical theological perspective. KZNCC's members and partners' work is based on values such as integrity, honesty, ecumenical Christian approach, respect of all faiths and creeds, love and compassion, simplicity, open and transparent communication.<sup>44</sup>

Though KZNCC has initiated various programs/projects related to HIV and AIDS in the KZN Province<sup>45</sup> in attempting to rescue affected/infected people, the focus of this study is on the male care-giving project.

### **1.2.3 Brief presentation of the KZNCC's male care-giving project**

The KZNCC male care-giving project was commenced in 2006 with research on the attitudes and behaviour of men in a context of HIV and AIDS and worked on issues of transformation of men in leadership positions.<sup>46</sup> Currently, KZNCC supports 45 male ministers who do home-based-care, basic counselling, offer psycho social and emotional support, education and capacity building for communities and affected people, in their communities, clinics and

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<sup>41</sup> KZNCC's Annual Report. 2008-2009, p 6; Information gathered from Pamphlets in KZNCC.

<sup>42</sup> Information gathered during discussions with the KZNCC Program Director on 13/12/ 2010.

<sup>43</sup> KZNCC's Annual Report. 2005/2006, pp 1-2

<sup>44</sup> KZNCC's Annual Report. 2008/2009, pp 2-4, 12-16; 2005/2006, pp 1-2.

<sup>45</sup> KZNCC's Annual Reports: 2005/2006, pp 6-15; 2008-2009, pp 11-14. There are programmes such as: 'Lobbying and advocacy building programme: research and capacity building'; 'KwaZulu-Natal Church Aids Network (KZNCAN): Facilitating cooperation and networking of churches and ecumenical structures to mitigate the impact of HIV and AIDS'; 'Healing of memories programme towards wholeness: Journeys of healing and reconciliation programme'; 'Men, gender and masculinity in an HIV and AIDS context'.

<sup>46</sup> Male Care-givers Project KwaZulu-Natal 2009 Report, p 4.

hospitals.<sup>47</sup> KZNCC's project also focuses on masculinity, gender and AIDS. This new initiative deals with various advocacy issues needing to change attitudes and behaviour of men to reduce the spread of HIV and to mitigate the impact of AIDS in KZN province. The initiative works on issues of transformation of certain identified communities. The focus is on men and socialization into gender roles, and gender justice in a specific environment of the HIV and AIDS epidemic. The work includes mainstreaming gender questions into care-giving activities, the HIV and AIDS campaigns, the theology of care in churches and society, and challenges of African traditional structures. Through this initiative of the KZNCC male care-giving project, one is led to believe that the Church and FBOs have understood the necessity to face the menace of HIV and AIDS through working with churches and church leaders, such as by appealing to the theological foundations guiding the church communities who form the majority in the province.

### **1.3 Identification of research problem**

Peacock (2003) in Esplen (2009) points out that “men’s resistance to more active involvement in care and domestic tasks is driven by deeply held gender norms which create social barriers to men assuring care-giving roles.”<sup>48</sup> The rationale which KZNCC gives for having initiated the ‘male care-giving project’ is that traditionally, it has always been women who were seen and socially tasked as care-givers and that now is the time for men to be care-givers, given the challenges posed by the HIV epidemic.

In the KZN socio-cultural context one might see various types of men.<sup>49</sup> For example; an ‘*indlavini*’ who dominates women and believes that the woman’s roles are to provide sexual pleasure and cook for men, take care of children and sick elders. He does not care for orphans and vulnerable children (OVCs). An ‘*Isoka*’ will not afford emotional support to his sexual girl partners and his vulnerable children, or ensure their protection against the HIV epidemic whilst an ‘*Umadlisa*’ and an ‘*Umahlalela*’ regard care for OVCs as a chore for women. While men such as the aforementioned categories negative behaviours that “should be discouraged”<sup>50</sup> the KZNCC’s male care-givers take a stand to make a difference.

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<sup>47</sup> Male Care-givers Project KwaZulu-Natal 2009 Report, p 9.

<sup>48</sup> Emily Esplen. 2009. *Gender and Care: Overview Report*. Bridge: U K, p 33.

<sup>49</sup> KwaZulu-Natal Christian Council (KZNCC) – 2007 Funding proposal for “Men, Gender and AIDS: Focusing on men for Transformation of behaviour and Attitudes in an HIV/AIDS Context”, p 3.

<sup>50</sup> KwaZulu-Natal Christian Council (KZNCC) -2007 Funding Proposal for Men, Gender and AIDS: Focussing on Men for Transformation of Behaviour and Attitudes in an HIV/AIDS Context, p 6.

Emerging from the above, I have been in a dilemma regarding the performance of the KZNCC male care-givers within the context of KZN. What kind of difference have KZNCC male-care givers made in an HIV and AIDS context in KZN? In addition, for a long time men have been seen to care for people in medical health centres for example where male doctors and nurses might care for sick people; in churches where male pastors care for their church members through pastoral care and counseling. I was informed about the caring performed by the males through the KZNCC male care-giving project when Port Shepstone and Eshowe in November 2010. Comparing the caring given by male doctors and nurses in health centres or from male pastors in churches I have concluded that the KZNCC male care-givers may perform beyond the others male care-givers. Nevertheless there are socio-cultural challenges these KZNCC male care-givers face. The question then is to know how they deal with these challenges since some community's members regard the *Indlavini*, *Isoka*, *Umadlisa*, and *Umahlalela* as heroes and young people see them as role models.<sup>51</sup>

This study does not concern itself with the structure of the KZNCC's and all its activities. Rather the study focuses on the KZNCC's male care-giving project in the HIV and AIDS context of KZN. What is its vision and understanding of the male care giving? Why was the male caring project inaugurated by KZNCC? What are the unique activities performed by these men while caring and how this is impacting on people's life in KZN community?

#### **1.4 Motivation for the study**

Through discussions in the coursework class at the University of KwaZulu-Natal (UKZN) during the first semester of the 2010 academic year while presenting the research topic, I was informed of the process of KZNCC's work with men on HIV and AIDS.<sup>52</sup> This made me curious about the impact and relevance that the KZNCC's work with men might have in response to HIV and AIDS in KZN province with its socio-cultural, economic and religious context and the extent of HIV and AIDS within it.<sup>53</sup> Since KZNCC has targeted working with men in the HIV and AIDS context, I was inspired to assess this intervention and to determine

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<sup>51</sup> KZNCC. 2007. Funding proposal for "Men, Gender and AIDS: Focusing on men for transformation of behaviour and Attitudes in an HIV/AIDS Context", p 3.

<sup>52</sup> This information was given by Rev Phumzile Mabizela Zondi the KZNCC's Chief Executive Officer on 7/02/2011 in Pietermaritzburg.

<sup>53</sup> Dugger, Celia W. (July 19, 2009). "South Africa is seen to lag in H.I.V. Fight". New York Times. Retrieved 10-7-2009, Hadebe Lindani.2010. Zulu Masculinity: Culture, Faith and the Constitution in the South Africa Context. Masters Dissertation (Theology and Development) in the Faculty of Human and Management Sciences, Unpublished, UKZN, pp 41-42.

whether the programme needs to be holistic for an effective involvement of men in response to the HIV and AIDS epidemic. A further motivation is that no other research has been done on this KZNCC male care-giving project.<sup>54</sup>

As a man and coming from a background of a patriarchal society and of male domination over women, I wish to explore how these men in KZNCC's male caring project are performing the role of care-giving. In addition, in Burundi, my home country, the experience is that of the involvement of many FBOs which, in response to HIV and AIDS do not really involve men. If KZNCC succeeds in this project of working with men in HIV and AIDS care, this could be a model to take to other regions/countries where the Church is also involved in dealing with the HIV and AIDS epidemic. In trying to appropriate the context which is the KZNCC's work with men on HIV and AIDS and by analysing how this work has an impact and is relevant as a response to the HIV and AIDS epidemic in KZN, I believe that the outcome of the study would enrich the KZNCC's program on HIV and AIDS, as well as the broader response to HIV and AIDS by other role players in the KZN province.

### **1.5 Objectives of the study**

This study seeks to:

- 1) Define the socio-economic, cultural, and health context within which the KZNCC's male care-givers are performing in response to HIV and AIDS in KZN.
- 2) Survey the KZNCC's male care-giving project in KZN communities.
- 3) Critically analyse the socio-cultural dynamics in involving men in caring for HIV AIDS affected/infected people in KZN and how the KZNCC's male care-giving is received within KZN communities.
- 4) Define the strengths and challenges of the KZNCC's male care-giving project and suggest ways forward to improve the KZNCC's male care-giving.

### **1.6 Research questions**

The research question for this study is "What are the effectiveness, relevance and impact of KZNCC's work with men on HIV and AIDS in KZN"?

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<sup>54</sup> Information got from Douglas Dziva the KZNCC Program Manager on 17/02/2011 in Pietermaritzburg

To respond to this main question, there are sub questions that are as following:

- 1) Within which socio-cultural and health context are the KZNCC male care-givers working?
- 2) What is the KZNCC male care-giving project, who are its players and what are their specific activities in response to the HIV and AIDS epidemic in KZN community?
- 3) What are the socio- cultural and religious dynamics of male involvement in care-giving, the responses/feelings towards the KZNCC's male care-giving project within the communities?
- 4) What are the strengths of the KZNCC male care-giving project, the challenges/risks faced by the male care-givers while performing their caring roles, and how do they overcome challenges/risks raised, and how could KZNCC's male care-giving project improve the welfare of community life in KZN?

## **1.7 Theoretical framework and Methodology**

### **1.7.1 Theoretical framework**

The theoretical framework that is used in this study is of the “Effective AIDS prevention education.” In their article “Strategies for AIDS Education and Prevention” in Eleanor D. Macklin (1989), Jeri Hepworth and Michael Shernoff state the indubitable significance and role of education in AIDS prevention.<sup>55</sup> With no vaccine or cure for the HIV in the foreseeable future, education should be the most viable strategy to prevent the continued spread of the epidemic.<sup>56</sup> To be affective, education must motivate people to recognize personal risk and to take action to change behaviours that put them at risk.<sup>57</sup> And the educational efforts must take into consideration the intense feelings surrounding the topic of AIDS while seeking to motivate people to change their personal behaviours.<sup>58</sup> In Macklin's view “effective AIDS prevention education results in behaviour change.”<sup>59</sup> As the study is targeting men being more specifically involved in caring within an HIV and AIDS context, this theoretical framework should be relevant for this study since the KZN community and especially men should change their cultural belief and view on male caring.

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<sup>55</sup> Jeri, Hepworth and Michael, Shernoff. 1989. “Strategies for AIDS Education and Prevention” in Eleanor D. Macklin (ed). *AIDS and Families- Report of the AIDS Task Force Groves Conferences on Marriage and the Family*. New York/London: The Haworth Press, p 39.

<sup>56</sup> Jeri, Hepworth and Michael, Shernoff. 1989, p 39.

<sup>57</sup> Jeri, Hepworth and Michael, Shernoff. 1989, p 39.

<sup>58</sup> Jeri, Hepworth and Michael, Shernoff. 1989, p 40.

<sup>59</sup> Eleanor D. Macklin, E D. 1989. *AIDS and Families, Report of the AIDS Task Force Groves Conference on Marriage and Family*. New York/London: The Haworth Press , p 56.

This theoretical framework is also in line with ‘the HIV and AIDS and Sexually Transmitted Infections (STI) Strategic Plan for South Africa 2007-2011.’<sup>60</sup> It flows from the National Strategic Plan (NSP) of 2000-2005 as well as the operational Plan for Comprehensive HIV and AIDS Care, management and Treatment.<sup>61</sup> This NSP seeks to provide continued guidance to all Government departments and sectors of civil society, building on work done in the past decade.<sup>62</sup> In planning to address HIV and AIDS the NSP<sup>63</sup> set up priorities that are defined in terms of priority areas. These areas are Prevention; Treatment, Care and Support; Research, Monitoring and Surveillance; Human Rights and Access to Justice. On the other side the ‘Effective AIDS Prevention Education’ is in line with the objective of ‘the Program: Men, Gender and HIV and AIDS’ by KwaZulu-Natal Christian Council (KZNCC). The objective of this programme, in addition to the development of a model for ‘caring community’ is to raise the level of awareness and mobilise men to mitigate the spread of HIV and AIDS and to contribute in offering ‘psycho-social and spiritual support to men in transforming’ society.<sup>64</sup> Achieving people’s behaviour change, effective AIDS prevention should be based on other principles such as getting people to recognise that AIDS can be a direct threat to them. People should also learn that AIDS is preventable and that they can act to protect themselves and their sexual partners from infection.<sup>65</sup>

Emerging from the above, one understands that the priority areas defined by NSP and the principles of the ‘Effective AIDS Prevention Education’ are interrelated. Indeed, it is in recognizing the direct threat from AIDS, learning about prevention and acting for protection of oneself and others as well as changing lifestyles that people would be preventing the epidemic as well as researching and monitoring people for their human rights and justice in the context of HIV and AIDS.

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<sup>60</sup> Department Health Republic of South Africa. 2006. Broad Framework for HIV and AIDS and STI Strategic Plan for South Africa 2007-2011, p 2. <http://www.info.gov.za/issues/hiv/framework.pdf>. Accessed on 28/10/2010.

<sup>61</sup> Department Health Republic of South Africa. 2006, p 2.

<sup>62</sup> Department Health Republic of South Africa. 2006, p 2.

<sup>63</sup> SANAC: HIV and AIDS and STI Strategic Plan for South Africa (NSP)- Pocket Version 2007 – 2011, pp 9-34.

<sup>64</sup> KZNCC Training Manual: Focusing Men for Change. A KZNCC Program on Men, Masculinity and Change of Behaviour in an HIV and AIDS Context, p 3.

<sup>65</sup> Jeri, Hepworth and Michael, Shernoff. 1989, p 56.

There are some key terms that are used regularly in this thesis and are defined in the next sub-section below.

## **1.7.2 Definition of some key terms**

Need is of defining some of the key terms such as man, gender, patriarchy, manhood/fatherhood, masculinity, caring that this study uses.

### **1.7.2.1 Man**

In South Africa, as in other African countries governed by patriarchal systems, the notion of man is understood in different ways according to the contexts. This concept of man is also related to other concepts such as gender, masculinity, and father. Terms like care/ caring need also to be clarified in the context of this study. For example Morrell<sup>66</sup> points out that in the western world, it is widely understood that a man becomes a father when he impregnates a woman. This view is shared by some African men though “artificial insemination and a range of other technologically advanced procedures now make it possible to create human life without direct impregnation.”<sup>67</sup> There is also the phenomenon of adoption where a man adopting a child is considered as a father as well. It is clarified that the law recognizes that in some instances when a man’s sperm fertilizes an ovum, he is not the father. This is the case, for example, when sperm is donated to a sperm bank.<sup>68</sup> I think that without understanding what is related to making someone pregnant or adopting a child being a man goes beyond that. In my view, impregnating a woman is not sufficient reason for considering a male as a father, there is also the idea of taking responsibility for the wellbeing of the child and his/her mother. The man takes in account the socio-cultural, economic and religious context of his milieu and challenges all that hinder the wellbeing of people within it. And a meaning given to terms, in conjunction with the term “man” should help in the understanding of what man is. Therefore, in addition to the term “man” there are terms that will be used in this study and that need to be clarified.

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<sup>66</sup> Linda Richter and Robert Morrell (eds). 2006. *Baba Men and Fatherhood in South Africa*. Cape Town: Human Sciences Research Council (HSRC) Press, p 13.

<sup>67</sup> Linda Richter and Robert Morrell (eds). 2006, p 13.

<sup>68</sup> Linda Richter and Robert Morrell (eds). 2006, p 13.

### 1.7.2.2 Gender

In his book, *Gender and Power*, Connell<sup>69</sup> demonstrates how gender is a concept of power. He shows how individual men each enjoy the ‘patriarchal dividend’, the advantage men in general gain from the overall subordination of women. In Morrell Robert, Connell points out that being a man confers power. But not all men share this power equally and not all are individually exploitive.<sup>70</sup> In his second book in 1995, *Masculinities*, Connell develops the theme of different masculinities. He shows that while men oppress women, some men also dominate and subordinate other men. There is a masculinity that is hegemonic – one that dominates other masculinities and which succeeds in creating prescriptions of masculinities and which are binding (or at least partially so), and which creates cultural images of what it means to be a man.

### 1.7.2.3 Patriarchy

Iyakaremye<sup>71</sup> in his thesis gives an explanation of patriarchy, its definition and the situation in a patriarchal system where he literally defines patriarchy as the rule of a father or fathers. And that in a patriarchal system, women and girls are considered as inferior in all aspects to men and boys. From this view there are consequences since men intend to dominate over women and therefore can even violate them. Kambarami<sup>72</sup> concurs when stating that the patriarchal nature of our society has shaped and perpetuated gender inequality to the extent of allowing male domination and female subordination. In a context of HIV and AIDS, it is understandable that this would have negative consequences for women have no power in decision making. Therefore, they could be easily and unhappily HIV infected. In caring for people, I think that to involve men to challenge this system would be at the forefront of the male care-giving program/project. And, at the same time, women and children would be liberated from the oppression HIV and AIDS related.

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<sup>69</sup>Robert W. Connell. 1995. *Masculinities*. Cambridge: Polity, p 79.

<sup>70</sup>Robert Morrell. 2001. *Changing Men in South Africa*. Scottsville: University of Natal Press, p 7.

<sup>71</sup>Innocent Iyakaremye, . 2010. The Mission of the church as *Missio Dei*: An Assessment of the response of Ubunye Free Methodist Church to Domestic Violence. Masters Thesis of Theology (Theology and Development)in the School of Religion and Theology of the University of KwaZulu-Natal. Unpublished. Pietermaritzburg. UKZN, p 25.

<sup>72</sup> Maureen Kambarami. 2006. Understanding Human Sexuality; Seminar series, “ Culture, Femininity and Sexuality:” Femininity, Sexuality and Culture: Patriarchy and Female Subordination in Zimbabwe. ARSRC: University of Fort Hare, South Africa, p 9.



#### **1.7.2.4 Masculinity**

Morrell<sup>73</sup> points out that masculinity is also a term that refers to a specific gender identity, belonging to a specific male person. While this gender identity is acquired in social contexts and circumstances, it is ‘owned’ by an individual. It bears the marks and characteristics of the history which formed it- frequently with salient childhood experiences imparting a particular set of prejudices and preferences, joys and terrors.<sup>74</sup> Furthermore, masculinity is not inherited nor is it acquired in a one-off way. It is constructed in the context of class, race and other factors which are interpreted through the prism of age. Boys develop a masculine gender identity which is deficient relative to the adult masculinity of men.<sup>75</sup> While masculinity is not automatically acquired, it is also true that boys and men are not entirely free to choose those images which please them. Their tastes and their bodies are influenced; some would say shaped, by discourses of gender which they encounter from birth.<sup>76</sup> Morrell<sup>77</sup> goes on to make an interesting distinction that while the majority of men mostly perpetuate and reproduce dominant gender relations and forms of masculinity, there are some men who either consciously or unconsciously oppose the hegemonic prescriptions of ‘exemplary’ masculinity. What is the case in KZN?

#### **1.7.2.5 Masculinity in ‘Zulu Nation’**

The most powerful Black-South African political force in KZN in early 2004, Inkatha, used its position as the controlling force of the political Zulu nation to dictate terms of Zulu masculinity to its followers.<sup>78</sup> Inkatha developed two strands of ‘Zulu masculinity’; one which stressed the difference between the present times of ill treatment and subjugation (within the apartheid system) and historic past. This past was looked back on as a golden age for Zulu men where they conquered all other ‘masculine’ resistance and were the heads of their households and families.

The second strand of ‘Zulu masculinity’ was a Zulu worker identity. Zulu workers were portrayed as hard, tough men who battled in tough working conditions to support their

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<sup>73</sup> Robert Morrell. 2001, p 7.

<sup>74</sup> Robert Morrell. 2001, p 8.

<sup>75</sup> Robert Morrell. 2001, p 8.

<sup>76</sup> Robert Morrell. 2001, p 8.

<sup>77</sup> Robert Morrell. 2001, p 9.

<sup>78</sup> Mowart, R. 2005. Popular Performance: Youth, Identity and Tradition in KwaZulu-Natal: The work of a selection of Isicathamisa choirs in Emkhambathini. Masters Thesis, Unpublished. Arts in English, University of KwaZulu-Natal, Pietermaritzburg, p 52.

families. Zulu workers were seen to be fulfilling their role as masculine figures by rising above the harsh conditions of apartheid wage labour in order to clothe and feed their families.<sup>79</sup> It would be very useful if this view were used in response to HIV and AIDS and not in dominating over women.

### 1.7.2.6 Manhood/Fatherhood

The concept of a father as the one with ultimate authority and responsibility was central to the determination of the role of men in the family and society. Desmond Lesejane<sup>80</sup> clarifies this notion of fatherhood in the Southern African context within which “the father sat at the pinnacle of the pecking order followed by the eldest son, other male relatives, with women and children coming in last”. He goes on by defining the images of a father in African culture, the status and position of the father which are determined especially by the relationships between father and children, being the heads of their families and, often, this would include being head of the extended family.<sup>81</sup> Moreover, Lesejane<sup>82</sup> explaining the role of a father and support systems for the father indicates that “fathers had to be available, responsible, to interact with their families.”

Emerging from the above spectrum of what it meant to be a man/father one might expect changes through the ages. Richter and Morrell<sup>83</sup> point out that over the years, socio-cultural and, later, political changes have undermined the authority of African men and their status within the family. This change has, in recent times, posited different perceptions of what it means to be a father, resulting in increased conflicts between men and women, older and younger men, rural and urban authority system, and between children and their fathers. The historical analysis of Morrell and Richter of the concept “fatherhood” suggests caution in the KZN region and regarding the work with men in an HIV and AIDS context since these same men engage in being care-givers. They state that the notion of ‘fatherhood’ in the Southern African context has been undergoing fundamental change over the years.<sup>84</sup> In fact, fathers were providers and protectors in pre-colonial times.

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<sup>79</sup>Mowart, R. 2005, p 53.

<sup>80</sup>Desmond Lesejane. 2006. “Fatherhood from an African cultural perspective” in Linda Richter & Robert Morrell (eds). *Baba: men and Fatherhood in South Africa*. Cape Town: Human Sciences Research Council, p 173.

<sup>81</sup>Desmond Lesejane. 2006, p 175.

<sup>82</sup>Desmond Lesejane. 2006, p 176.

<sup>83</sup>Linda Richter and Robert Morrell. 2006. *Men and Fatherhood in South Africa*. Cape Town: Human Sciences Research Council (HSRC) Press, p 173.

<sup>84</sup>Linda Richter and Robert Morrell. 2006, p 173.

In the context of HIV and AIDS, it is desirable that this view of man or father changes for the good of the society. Unfortunately, the changes that have occurred were not instigated by men but by the circumstances that reveal this father and man in a negative way. Richter and Morrell<sup>85</sup> give a regrettable image when pointing out that the respected father, the patriarch, is an image that no longer has national resonance. Once respected in African culture(s) as a man of wisdom, good judgement, care and consideration, the father today is an object of suspicion. Indicted in cases of violence and sexual abuse of women and young children, man's reputation is now devalued. And with the disruption of the family, both nuclear and extended, his authority has also declined. This could even undermine the effectiveness of male caring. Indeed as it will be explained further, caring is a demanding task and requires being performed in the respect of care and consideration of the other disregarding his/her gender. Therefore an understanding of the notion of caring is also useful after this look at the notions of masculinity, gender, and manhood/fatherhood.

### **1.7.2.7 Caring**

As defined by Doornbos care connotes concern for the well-being and flourishing of someone or something.<sup>86</sup> Carse and Noddings in Doornbos<sup>87</sup> go on to state that the basic sense of care involves an active concern for preservation and where possible the growth or development of someone or something. According to Boff<sup>88</sup> 'caring' is "the opposite of neglect and careless". He goes further explaining that to care is more than a mere act; it is rather an attitude. It represents an attitude of activity, of concern, of responsibility and of an affective involvement with the other.<sup>89</sup> According to Heidish,<sup>90</sup> as our earliest models of caring come from our families, one could learn both negative and positive roles from the family sphere. Emerging from these two writers, it is clear that caring is complex and demanding as long as "the attitude of taking care is a fundamental mode-of- being, which is always present and which cannot be removed from reality."<sup>91</sup> To care is part of the human being and without this aspect the being ceases to be human.<sup>92</sup> The complexity of caring and its sense of being demanding is

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<sup>85</sup>Linda Richter and Robert Morrell. 2006, p 173.

<sup>86</sup> Mary Molewyk Doornbos et al. 2005. *Transforming Care: A Christian Vision of Nursing Practice*. Cambridge: Wm.B.Eerdmans Publishing Co., p 97.

<sup>87</sup> Mary Molewyk Doornbos et al. 2005, p 97.

<sup>88</sup> Leonardo Boff. 2008. *Essential care: an ethics of human nature*. Waco: Baylor University Press, p 14.

<sup>89</sup> Leonardo Boff. 2008, p 14.

<sup>90</sup> Marcy Heidish. 1997. *Who cares? Simple ways you can reach out*. Notre Dame, Indiana: Ave Maria Press, pp 23-24.

<sup>91</sup> Leonardo Boff. 2008, p 15.

<sup>92</sup> Leonardo Boff. 2008, p 15.

understood when what Boff states that: “if the human being is not cared for from cradle to grave, the human being becomes unstructured, wastes away, loses its bearings in life and dies.”<sup>93</sup> In addition, with caring, the complexity is that “you don’t end up where you start out.”<sup>94</sup> Indeed, “care also necessarily involves both attitudes and actions.”<sup>95</sup> To be concerned about caring for something or someone is not enough rather “concern must be active.”<sup>96</sup> Furthermore, besides focusing on care that is central and important, one should not only focus on care but rather see the needs and vulnerabilities that people have, why and how they arose.<sup>97</sup> In our context of male care giving in KZNCC, one is interested to discover how and why these needs and vulnerabilities are rising in the KZN community. There should be a socio-cultural context that has been at their origin. This will be the concern of chapter three where the study exposes the socio-cultural and health context within which the KZNCC’s male caregivers are performing their caring role.

### **1.7.3 Research design and methodology**

This section deals with methods, techniques, and approaches used in this study whose field of investigation is whether KZNCC’s work with men has a significant impact on HIV and AIDS in the KZN community. It also defines some key concepts that are used in this study.

#### **1.7.3.1 Definition of the research design**

A research design is the first stage of the work and is defined as ‘a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research.’<sup>98</sup> There should be a difference between “methodology” and “method”. According to O’Leary, methodologies provide both the strategies and grounding for the conduct of the study while methods are the actual micro-level techniques used to collect and analyse data.<sup>99</sup>

This research is qualitative rather than quantitative. According to Martin Terre Blanche and Kevin Durrheim “qualitative researchers collect data in the form of written or spoken

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<sup>93</sup> Leonardo Boff. 2008, p 15.

<sup>94</sup> Marcy Heidish. 1997, p 11.

<sup>95</sup> Doornbos et al. 2005. *Transforming Care: A Christian Vision of Nursing Practice*. Cambridge: Wm.B.Eerdmans Publishing Co., p 102

<sup>96</sup> Doornbos et al. 2005, p 98.

<sup>97</sup> Doornbos et al. 2005, p 102.

<sup>98</sup> Martin Terre Blanche and Kevin Durrheim, (Eds). 1999. *Research in Practice: Applied Methods for Social Sciences*. Cape Town: University of Cape Town Press, p 29.

<sup>99</sup> O’ Leary Zina. 2010. *The Essential Guide to Doing your Research Project*. London: SAGE Publications.

language, or in the form of observations that are recorded in language, and analyze the data by identifying and categorizing themes.”<sup>100</sup> The intention of this qualitative research is to collect a wide-range of information as to how men, through the initiative of KZNCC’s male care giving project are, with other activists like women, responding to the HIV and AIDS epidemic in KZN community. How then were data collected for this study?

### **1.7.3.2 Methodology**

The study is empirical with use of unstructured interviews and literature sources to respond to the research questions. Before I conducted the interviews, I had taken into consideration ethical issues. I had got permission to conduct this research. This consisted of approval of the School of Religion and Theology at the UKZN<sup>101</sup> and a letter of permission<sup>102</sup> from the KZNCC leadership to use KZNCC’s books, training manuals, and Executive and program meetings minutes in one of the spare offices when I went to the Christian Council for my research. I had also sent a letter of consent to any respondent who had to read it and understand its content and the aim of the research.<sup>103</sup> It was by signing that letter or responding orally that I was able to know who agreed to contribute to the study. Respondents also had the right to refuse to participate in or to withdraw before the end of the interview without any penalty. To make all the interviewees more comfortable, the questionnaires were drafted into two languages – English and IsiZulu so that the interviewees were free to respond in the language they preferred. This was interesting especially for the beneficiaries who did like to respond in IsiZulu. Apart from only two respondents who demanded that when recording, analyzing and publishing data they should be designated by pseudonyms all the others readily agreed to the use of their names.

Various forms of collecting information were used that included conducting face to face field individual and informal discussions with Zulu people. This facilitated a more natural form of interacting with people than solely making them fill out a questionnaire. This approach allowed me to get “to know people quite intimately, understanding how they think and feel.”<sup>104</sup> With the permission of interviewees, a tape-recording was also used “to ensure that a

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<sup>100</sup> Martin Terre Blanche and Kevin Durrheim, (Eds). 1999, p 42.

<sup>101</sup> See appendix

<sup>102</sup> See appendix

<sup>103</sup> See appendix 4: letter of consent.

<sup>104</sup> Terre Blanche, Martin and Kelly, Kevin. 1999. “Interpretive methods” in Terre Blanche, Martin and Durrheim, Kevin(eds). *Research in Practice: Applied methods for the social sciences*. Cape Town: University of Cape Town Press, p 128.

full record of the interview was kept.”<sup>105</sup>The responses were transcribed during the interview and after, and where the responses were in IsiZulu, the translation was done by a translator and transcriber hired to help me during the entire field work interview, especially in cases where the beneficiaries spoke IsiZulu.

In the first stage of collecting data, I gathered secondary data from different documents relating to the extent of the HIV and AIDS epidemic in South Africa and particularly in KZN, and from men’s work on HIV and AIDS. The documents consulted were KZNCC’s annual reports, booklets, notebooks and pamphlets.<sup>106</sup> There were also books, theses, and journal articles from the library, articles and other information from the internet. These data were used to define the socio-cultural, economic and health of the KZN community within which the KZNCC’s male care-givers are performing their caring task. They also helped in exploring who KZNCC male care-giving project and KZNCC male care givers are and, further, for the structure of the study and the clarification of the results during the analysis of the field work data.

The second stage of the study was about conducting interviews. Key respondents were identified for participation in this study. These included implementers, coordinators and monitors of the ‘male care-giving project’ in KZNCC, male care-givers working with the project, and beneficiaries of the project. Individual interviews were conducted with implementers and monitors – the Chief Executive Officer (CEO) Rev Phumzile Mabizela Zondi, the Program Manager in KZNCC Douglas Dziva, and the KZNCC Head of Advocacy Lucas M. Ngoetjana. All of them have at least a tertiary level of education. While each of them has a distinct responsibility in the project, they work together to develop the vision and to support the success of the project. Comments during the interviews show that all see the project as a life changing one for communities in as much as it seeks to change the attitudes of men on the concept of care-giving. The regional field coordinators consisted of one woman and two men; Ms Sibiyana (KRCC), Reverend Shezi (SKZNCC), and Reverend Ngema (TAMCC). They were born and grew up in this socio-cultural and economic context of KZN hence they have a full grasp of the intricacies of the patriarchal systems and structures and the protocol needed to ensure a successful project.

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<sup>105</sup> Terre Blanche, Martin and Kelly, Kevin (eds). 1999, p 129.

<sup>106</sup> KZNCC Annual Reports: 2005/2006. pp. 8-9, 14-15; 2008-2009, pp. 13-14; 2009, pp. 3-8, 14-23.

The interview was also conducted with 10 male care-givers as the first witnesses of the impact of this KZNCC's male work and the response of the community to this project. These consisted of five respondents from KRCC and five from SKZNCC. Unfortunately, I did not get feed-back on the invitation to male care-givers in TAMCC to participate in the interview. Most of them are pastors, aged between 34 and 59 years with at least a secondary level formal education. They are from different denominational backgrounds.<sup>107</sup> They agreed to respond to questions regarding gender injustices and the impact of HIV in their local communities. Dziva states that since these pastors are in influential positions of power, the clergy involved in the project use their influence to promote change in the communities' deep seated patriarchal systems and structural operations so that men might be open to mitigating the spread and impact of HIV and AIDS.<sup>108</sup>

The community representatives of the project's beneficiaries interviewed consisted of 12 beneficiaries (five from TAMCC, 5 from SKZNCC, and 3 From KRCC) aged between 24 and 67. Whereas some among them have a secondary level of formal education, some ended their schooling at primary level, and others never had an opportunity to go to school. Regarding the people who were available for the interview, one might wonder why there are no males who benefit from this project since only one man was among the beneficiaries. In Eshowe there were two men who would have been interviewed as beneficiaries but did not come for the interview. They might have been dissuaded by one local traditional leader according to Sibiya.<sup>109</sup> Sibiya's interpretation of this was that the work of the KZNCC might be not widely known in the area from which these two men come.

Twenty nine respondents comprising the implementers/monitors, the coordinators at regional level, the male care-givers as actors in the project, and the beneficiaries of the KZNCC's male care-giving project were involved in this study through interviews. In addition, the interviews were conducted either in English or in IsiZulu. This had the advantage of ensuring that respondents were comfortable and able to express themselves fully and especially for the

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<sup>107</sup> They are from the Presbyterian Church, the African Congregational Church, African Apostolic Mission Church, Evangelical Lutheran Church, and Christian Assemblies of God.

<sup>108</sup> Discussion with Dziva in Pietermaritzburg in November 2010.

<sup>109</sup> Sibiya got this information from the male care-giver of the beneficiaries who would have been interviewed. The ones who did not come were two young men for whom KZNCC had built a house. According to the information, one traditional leader told these young men that if they came for interview, they would run the risk of being imprisoned and even having their benefits from KZNCC taken away. So they avoided the interview. The coordinator thought that this was just to undermine the KZNCC's good reputation and actions.

beneficiaries who preferred expressing themselves in IsiZulu language rather than in English. This necessitated the hiring of the services of an IsiZulu speaker research assistant to translate all the communication in cases where interviewees were unable or uncomfortable about speaking in English. It is understandable that this, in some cases, might have led me to lose some nuances or feelings which the research assistant took for granted that I had picked-up. Nevertheless, I followed up on these issues with the assistant and the KZNCC Program Manager of the male project in KZNCC helped me to get the most important information about the work while discussing this in his office. For recording, all the information was written by hand during each interview and a tape recorder was also used so that all the responses were registered. This helped in the transcription of the full information after the interview. The interviewees were very comfortable with all the tools used during the interviews namely the tape recorder and a camera to take photos. The KZNCC Program Manager of the project agreed to make a plan where and when I was to meet these people for interview. Sometimes the appointments were canceled and rescheduled or delayed because the place of interview changed. In this one can recognize the strains made on both time and finances for the research. In summary, the study comprised a combination of literature study and field work-based methodology.<sup>110</sup>

According to Terre Blanche and Kelly<sup>111</sup> “interpretative research tries to describe what it sees in rich detail and presents its ‘findings’ in engaging and sometimes evocative language”. Clifford Geertz in Terre Blanche, Durrheim and Kelly<sup>112</sup> points out that the purpose of interpretive analysis is to provide ‘thick description’, which means a thorough description of characteristics, processes, transactions, and contexts that constitute the phenomenon being studied. Therefore, from an ‘interpretive perspective’ and through a narrative analysis the collected information is sorted, systematized and analyzed according to the content analysis approach which could enable me to describe the involvement of the implementers/monitors, and the coordinators of the ‘male care-giving project’ in KZNCC, the male care-givers and the beneficiaries of the project in responding to the HIV and AIDS epidemic in KZN.

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<sup>110</sup> Chris Hart. 2005. *Doing your Masters Dissertation*. London: SAGE Publications, p 118.

<sup>111</sup> Terre Blanche Martin and Kelly Kevin. 2006. *Research in Practice. Applied Methods for the Social Sciences*. Cape Town: University of Cape Town Press, p 274.

<sup>112</sup> Martin Terre Blanche et al. 2006, p 321.



As there were three groups of interviewees, the analysis will endeavor “to move beyond summarizing content.”<sup>113</sup> For example, I described through the responses of the implementers, the coordinators, the male care-givers and the beneficiaries, the KZNCC’s work with men when these men are acting through the programs. This is defined in detail in chapter four dealing with the critical analysis and discussion of the KZNCC’s work with men in the HIV and AIDS context of the KZN community. In chapter five I also focus and base the study on the presentation and analysis of the fieldwork findings. I describe how the community has responded to the project and how the KZNCC’s male work continues. I also analyze the tensions and contradictions between male care-givers’ work and the vision and objectives of the project. Where issues are not clear, I went back to the interviewees and followed up for further clarification. Finally, recommendations and conclusions were documented and drawn up.

In brief, this study is a qualitative research. Most of the information has been obtained from secondary data, which are the work of various writers. Interviews and informal discussion have also been utilised for gathering primary data on how the work with men in KZNCC in the HIV and AIDS context is influencing the people’s lives in the KZN community. Three regions- KRCC, SKZNCC, and TAMCC where KZNCC has implemented this male caring project as already noted above - have been our target as well as the members of the leadership in KZNCC.

In responding to the research question and sub-questions in pursuing the objectives of the study, the dissertation is structured as outlined below.

## **1.8 Structure of the dissertation**

### **Chapter One: Introduction**

This introductory chapter presents the background to the research, a brief identification of KZNCC and the KZNCC’s Male care-giving project, the research problem, the motivation, the aim and objectives, the research questions of the study. It also defines the theoretical framework of the study, the methods, techniques, and approaches which are used in this study while investigating the KZNCC’s work with men in the HIV and AIDS context in KZN

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<sup>113</sup> Martin Terre Blanche et al. 2006, p 323.

province. Before ending the chapter with the structure of the dissertation, some key terms that are used in the dissertation are also defined.

## **Chapter Two: Literature review**

This chapter gives the main sources used for the analysis of the topic.

## **Chapter Three: The HIV and AIDS epidemic within the socio-cultural and economic Context of KZN Province and factors fuelling its spread**

The chapter defines the socio-cultural, economic, and health context of KZN. It discusses the extent of the HIV and AIDS prevalence rate in KZN province. It focuses on gender issues, the socio-cultural and economic factors that are fuelling the epidemic rate in this province. This will therefore point to the impact of HIV and AIDS in people's life in KZN province.

## **Chapter Four: Critical analysis and discussion of KZNCC's work with men in HIV and AIDS context**

This chapter explores the KZNCC's work of care-giving by men in the HIV and AIDS context focusing on the relevance and impact of the KZNCC's work with men in response to the HIV and AIDS epidemic. It attempts to answer questions such as: who are the KZNCC's male care-givers? What are the vision/objectives, motivation, specific activities of the KZNCC male care-giving project? What socio-cultural and theological principles are these programmes based on? What are the responses/feelings towards the KZNCC's male care giving within the communities?

## **Chapter Five: Towards an improvement of the KZNCC male care-giving in an HIV and AIDS context in KZN**

This chapter examines how, through research findings, the KZNCC's male's care-giving should be improved for effective and relevant care-giving within the HIV and AIDS context in the KZN's socio-cultural, health and economic environment. This is helped by the definition of the challenges and strengths of the KZNCC's male care-giving project and the challenges faced and how the male care-givers overcome them.

## **Chapter Six: Summary and conclusion**

The final chapter will present the summary, lessons learnt and conclusion of the whole dissertation. Appendices are located after the list of various sources used in the study.

## **Chapter 2: Literature review**

### **2.1 Introduction**

This section deals with the literature review, theoretical framework, research methods and approaches to be used in this study. The preliminary literature that is presented in this section discusses briefly the socio-cultural and health environment of HIV in an African community where KZNCC's male care-givers are performing their caring role. It also speaks about the KZNCC male care-giving project and eventual other sources dealing with the male caring in an HIV and AIDS context since the concern of this study is to assess whether the KZNCC's male care-giving project is efficient and relevant in the context of HIV in KZN. The chapter ends with the definition of some key terms that this study uses such as gender, patriarchy, manhood, masculinity, caring. Other literature and sources on the male care-giving are detailed in later chapters, especially the one on the theoretical social and theological analysis of the KZNCC's work with men in the context of HIV and AIDS.

### **2.2 Literature review**

The preliminary literature review that will be used in this study deals with i) the definition of the socio-cultural and health context of KZN within which KZNCC male care-givers are performing their caring role, ii) the analysis and discussion of the KZNCC's male care-giving iii) ways of improving the KZNCC's male care-giving for it to be effective and efficient in KZN. Whereas the literature on the HIV and AIDS socio-cultural and health context of KZN is provided to some extent in chapter three, there is also a need to mention here some of the studies already done on HIV and AIDS in Africa.

#### **2.2.1 Definition of HIV and AIDS in socio-cultural and health context of KZN**

There are various studies dealing with the HIV and AIDS epidemic in Africa and the involvement of people in addressing this epidemic. These studies have stated that Sub-Saharan Africa is the most affected region in the world. They underline that gender inequalities, sexual abuse, domestic violence, legal and economic disadvantages, limited autonomy in making decisions about sex, socio-cultural and religious beliefs and practices have made women more vulnerable to contracting the virus than men.<sup>114</sup>

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<sup>114</sup> ICASO (2007:8-13), Hazel Ayanga (2008:34-48), Njeri Philomena Mwaura (2008:126-143), Iyakaremye 2010.

Ayanga, for example, in her writing: *Religio-Cultural Challenges in Women's Fight against HIV/AIDS in Africa*<sup>115</sup> speaks about the negative cultural structures existing in our communities and the form of church theology which hinder women from talking about their situation. Some of these cultural structures that this author highlights are, amongst other things, ignorance, poverty and lack of education. There is also the patriarchal system that makes it difficult for women to access adequate standards of education and thus exposes them to situations of lethal ignorance and economic dependency. The culture of silence regarding women's sexuality and reproductive health needs and other factors such as poverty, unemployment which are observed in most African countries can also be found in South Africa, particularly in KZN. Whereas there is silence on HIV and related issues within the church there is also silence on sexuality within families and this is fuelling the spread of HIV and AIDS. Other women theologians have contributed articles in the book "Women, Religion and HIV/AIDS in Africa: Responding to Ethical and Theological Challenges", through which they have contributed to awareness of the epidemic's crisis and its impact on African women. Besides the socio-cultural beliefs and practices, the unfair economic conditions within which African people, especially women are living, the stigma and discrimination related to HIV are also highlighted by these authors. Mwamura, for example, concurs with Ayanga when pointing out reasons why younger women are more susceptible to HIV and AIDS and other Sexual Transmitted Illnesses (STIs). One of these reasons is patriarchy which engenders a culture of male domination and female subordination. Another concerns "beliefs about masculinity and femininity [which] often encourage men to have multiple sex partners and thus women are reduced to being passive agents, ignorant about matters of sexuality and reproduction."<sup>116</sup> The author also defines the church's response to HIV and AIDS that is one of teaching and empowering people so that they can face the epidemic. In the light of this, this study will see how the KZNCC's male care-giving project could propose theological and practical ways to deal with such issues which fuel the spread of HIV and AIDS in KZN.

There are also studies which have looked at the responses to the HIV and AIDS epidemic. Whereas some of them have looked at the role played by home-based caring in an HIV and

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<sup>115</sup> Hazel Ayanga. 2008. *Religio-Cultural Challenges in Women's Fight against HIV/AIDS in Africa*. T.M. Hinga et al. *Women, Religion and HIV/AIDS in Africa: Responding to Ethical and Theological Challenges*. Pietermaritzburg: Cluster Publications, pp 34-47.

<sup>116</sup> Philomena Njeri Mwaura. 2008. "Violation of Human Rights of Kenyan Women with HIV/AIDS through Stigma and Discrimination" in Teresia M Hinga et al.(eds). *Women, Religion and HIV/AIDS in Africa: Responding to Ethical and Theological Challenges*. Pietermaritzburg: Cluster Publications, p 128.

AIDS context focussing on care-giver burdens, others have attempted to look at men and encourage the elimination of violence against women and children, thereby preventing the spread of HIV and AIDS and promoting gender equality.<sup>117</sup> Though these studies have specifically targeted the caring of the male in an HIV and AIDS context, the current study is unique as it looks at the specificity or uniqueness of the KZNCC's male caring within the KZN community. By targeting KZNCC men's work of care-giving, this study will stand as a unique contribution as it will find and fill the gap to the existing body of knowledge available.

### **2.2.2 Literature on the HIV and AIDS caring responsibilities**

The literature review of this subdivision begins with the paper "*Towards equal sharing of AIDS caring responsibilities: Learning from Africa*" by Akintola Olakoge. The author discusses the role of home-based care in helping individuals/families or communities affected by the HIV epidemic and who are "coping with the provision of care for the ill."<sup>118</sup> This home-based care mitigates and exacerbates the unequal sharing of the additional responsibilities created by HIV and AIDS among men and women. Indeed, while home-based care volunteers come in to help family members care for their members affected by the epidemic they should take a big burden off the family, especially women who do most of the caring. In addition, "there is little value attached to caring responsibilities as opposed to productive work, men who participate in market work and who provide finances for caring sometimes fail to acknowledge the difficulties experienced by women as a consequence of the additional care burdens they have to carry."<sup>119</sup> Discussing the role of support in mitigating the burden of care and exploring possible ways of ensuring a more equitable sharing of caring responsibilities in the AIDS context, the author distinguishes activities that patients are unable to do because of their incapacity depending on the stage of illness and their needs which range from basic nursing to other forms of support.<sup>120</sup> With regard to these activities, this study seeks to assess if such activities are performed by the KZNCC's male care-givers and in what way the latter are different from other males in the Zulu culture.

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<sup>117</sup>These include EGM/ESOR (2008), Olakoge Akintola (2008), Jessica Ogden et al. (2004), Horizons (2005), Rick Homan et al (2005), Olakoge Akintola (2010), Emily Esplen (2009), Dean Peacock and Mark Weston (2008), Sonke Gender Justice Network (Progress Report 2007-2009), Bafana Khumalo (2009) just to name a few.

<sup>118</sup> Akintola. O. 2008, p 3.

<sup>119</sup> Akintola, O. 2004a and Orner, 2006 in Olakoge Akintola. 2008. *Towards equal sharing of AIDS caring responsibilities: Learning from Africa*-Prepared for the United Nations division for the Advancement of Women "Expert Meeting", Geneva, Switzerland, p 5.

<sup>120</sup> Akintola. O. 2008, p 3.

Emily Esplen in his report “Gender and Care – Overview Report”<sup>121</sup> shows the importance of caring. Responding to why care is important the author explains that providing care can be both a fulfillment and a burden. For example, socially prescribed roles can undermine women’s and girls’ rights and limit their opportunities, capabilities and choices. They cannot meaningfully participate in debating about social policy, standing as representatives for local, national and international decision making bodies, or in exercising the right to vote.<sup>122</sup> The author goes on by listing gender issues in caring since jobs which are highly female dominated and are notoriously low status and badly paid. This is the result of gender ideologies which portray care work as something requiring few skills that all women and girls are able to do.<sup>123</sup> There are suggestions for strategies to ‘de-feminise’ care-giving – challenging assumptions that care work is the domain of women and not men. This should help create the foundations for a more equal sharing of care responsibilities between women and men<sup>124</sup> even in the KZN context where similar assumptions on care work exist. In fact men who are caring for people affected by HIV and AIDS are seen as ‘deviants’ for doing ‘unmanly duties’.<sup>125</sup> In an informal discussion Cele states bearing in mind the reason why he should not perform domestic household tasks when his mother and sisters are there for this.<sup>126</sup> And there are some “other men looking at the KNZCC’s male care givers as fools”, “they think they have no brain doing female jobs.”<sup>127</sup> Emerging from all this, I think that caring for people should not be a duty for women only but for everyone. We need to care for each other for better life especially in a context of HIV and AIDS where no one is safe. If one is not infected, he/she might be affected by the epidemic.

Another document is the discussion paper of the Expert Group Meeting on the “Equal sharing of Responsibility between women and men, including care-giving in the context of HIV and AIDS”. This paper replicates Esplen’s report when presenting the burden of care on AIDS affected households and in particular on women and girls. The socio-cultural context within which KZNCC works is one of patriarchy, where female human beings are considered as inferior in all aspects of life and inherently of lesser value than the male. Consequently, the

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<sup>121</sup> Emily Esplen. 2009. Gender and Care-Overview Report. U.K: Bridge, p 1.

<sup>122</sup> Emily Esplen. 2009, p 1.

<sup>123</sup> Emily Esplen. 2009, p 1.

<sup>124</sup> Emily Esplen. 2009, p 2.

<sup>125</sup> Akintola in Emily Esplen 2009, p 33.

<sup>126</sup> Cele is a Zulu student in UKZN and was discussing with me issues of masculinity in Zulu culture in August 2011.

<sup>127</sup> Shoji interviewed by Astere Kwizera on 17/02/2011 in Port Shepstone and Makhanya interviewed by Astere Kwizera on 19/1/2011 in Eshowe.

control and domination of the male over the female and other family members is legitimated and mostly practiced violently.<sup>128</sup> Therefore, promoting the equal sharing of care-giving responsibilities between women and men could reduce the burden of care on women and girls. Even if men were to change their mind set of being superior to women, “redistribution of care between members of poor households would not sufficiently alleviate the often debilitating burden of care at household level.”<sup>129</sup> In describing care work in the context of HIV and AIDS, it is attested that AIDS related care is part of the wider and largely invisible care economy, including childcare, elder care, and care for the infirm. This care takes place largely in the homes, and extends to the provision of care in formal healthcare settings in low resource environments, where the provision of food, daily care and transport to the hospital is often required.<sup>130</sup> Where HIV and AIDS related care generally refers to care for people living with HIV and AIDS who fall ill, care should also be provided to children and /or families affected by HIV and AIDS.<sup>131</sup> The paper goes on to specify HIV and AIDS care related activities. This study is more interested in whom - the KZNCC’s men- are performing these activities and what specifically their caring is.

Karen Birdsall and Kevin Kelly. 2005. *Community Responses to HIV/AIDS in South Africa: Findings from a Multi-Community Survey*. In their paper the authors discuss the responses to HIV from different organisations that are either governmental institutions or departments, civil society organisations (CSOs), or FBOs. Findings of the survey to these responses have shown that some responsibilities can be predominantly performed by one organisation and not by the other- “government institutions dominate the provision of treatment, while CSOs and FBOs are more active in care and support activities.”<sup>132</sup> This may well be the case but one should understand that all the organisations do not have the same ways and means of performance. However, for good performance in responding to HIV it would be better for organisations to discuss and agree on what and where to care before the performance of responsibilities. This would prevent organisations/institutions from overlapping in

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<sup>128</sup> The United Church of Canada, *Gender Justice and Partnership Guideline*, 10. in Iyakaremye, Innocent 2010, p 25.

<sup>129</sup> Dean Peacock and Mark Weston. 2008. “Men and care in the context of HIV and AIDS: Structure, political will and greater male involvement.” *Expert Group Meeting on “Equal sharing of Responsibilities between women and men, including care-giving in the context of HIV/AIDS*. 6-9 October by United Nations Office at Geneva, p 2.

<sup>130</sup> Dean Peacock and Mark Weston. 2008, p 2.

<sup>131</sup> Dean Peacock and Mark Weston. 2008, p 3.

<sup>132</sup> Karen Birdsall and Kevin Kelly. 2005. *Community responses to HIV/AIDS in South Africa: Findings from a multi-community Survey*. Braamfontein/Johannesburg: CADRE, p 6.

performing responsibilities. They should rather engage in complementary ways of performance. In the area of care and support the survey has found that:

A significantly greater percentage of CSOs provide services such as nutrition support, home-based care and household assistance, when compared to government institutions. Community groups are also significantly more active in providing care to orphans and vulnerable children (OVC) than are government institutions.<sup>133</sup>

There are many other activities performed by these organizations caring for people. What is still questionable in the report is who is performing these HIV responses? This is not clarified in the report. Thus this study aims at showing that though the caring responsibilities are performed it is paramount for the good of the society that males are at the forefront of this performance. When talking of men providing care and supporting AIDS –affected household, it is stated that the majority of the burden of caring for those living with HIV and AIDS is carried by women and girls.<sup>134</sup> Men and boys who provide care may be invisible and under-reported because it is socially unacceptable for them to be caregivers.<sup>135</sup> This study on the male care giving in KZNCC aims at contributing to making visible this male role and therefore challenging gender discrimination related to caring within the socio-cultural context in KZN. This should also help in other regions and countries where gender related issues are hindering and undermining the male caring for people infected/affected by the HIV and AIDS epidemic.

In her thesis: “*An Evaluation of the Ministry of the Anglican Church in Pietermaritzburg to the aged especially in their loneliness*”, Gail Laban speaks of ‘caring for aged people’. Leonardo Boff in his book: “*Essential care, an Ethics of Human Nature*” also deals with caring. He goes beyond caring for people by underlining the care of the globalized society with symptoms of crisis.<sup>136</sup> Although this study deals with caring for people its uniqueness, in comparison with Laban’s study and Boff’s book, resides in the fact that the carers are men who are providing this service in an HIV and AIDS context.

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<sup>133</sup> Karen Birdsall and Kevin Kelly. 2005, p 7.

<sup>134</sup> Dean Peacock and Mark Weston. 2008, p 2; UNAIDS. 2008. “ Caregiving in the context of HIV/AIDS”. Expert Group Meeting on “Equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS”, 6-9 October, 2008 by United Nations Office at Geneva, p 7.

<sup>135</sup> VSO-RAISA 2007a cited in UNAIDS. 2008, p 5.

<sup>136</sup> Leonardo Boff. 2008. *Essential Care, an Ethics of Human Nature*. Waco: Baylor University Press, p 2.



### 2.2.3 Literature review on the analysis and discussion of the KZNCC's male care-giving

Different reports from KZNCC<sup>137</sup> have dealt with KZNCC's involvement in various projects for the development of KZN province.<sup>138</sup> As has been stressed, whereas most organizations' interventions on HIV and AIDS are dominated by women, men feature in a few cases even with insignificant or non-involving roles about taking executive decisions.<sup>139</sup> These reports have defined the objectives and aims of the male home based caregivers' project.<sup>140</sup> To name a few of those objectives: sensitising communities especially regarding their responsibility to care for the vulnerable; improving the visibility of the church in supporting the sick; ensuring that the church produces young men who influence other younger men with regard to caring; sensitising and mobilising other men to play their role in caring. Comments on the services and experiences of the male care-givers are highlighted as well.<sup>141</sup> In these reports the male care-givers attest to having cared for the sick, needy people, orphans, vulnerable children, the elderly and the poor, to doing counselling, to being involved in the issues of Pastoral care, Gender and HIV and AIDS, to being able to challenge other men to take responsibility for modelling care giving, to accepting supporting and caring for those HIV infected, and so on.<sup>142</sup> Emerging from these written reports stating various activities performed, this study aims at researching how these care-givers are doing their job and what specific activities are performed in caring. Besides being men, these male care-givers are also ministers and are within a cultural context where "the role of care-giving is generally viewed as a woman's responsibility."<sup>143</sup>

One of the objectives that are suggested in the project 'Men, Gender and Masculinity in an HIV and AIDS Context' is the transforming of the men's behaviour, attitudes and stereotypes about women and children. The initiative focuses on the equal dignity of women and men; the mobilization and supporting of men in leadership roles to influence other men in making

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<sup>137</sup> KZNCC's Reports such as Annual Reports: 2005/2006, pp 4-14; 2008-2009, pp 7-20; KZNCC's Report on Gender and AIDS Project Focusing on Men for a Change Towards Transformation of Behaviour and Attitudes in an HIV and AIDS Context. 2007, Male Caregivers Project Kwa-Zulu Natal 2009 Report.

<sup>138</sup> There are programmes such as "Democracy Deepening, peace building and responsible citizenship", "Lobbying and Advocacy- Research and Capacity Building"; "KwaZulu-Natal Church AIDS Network (KZNCAN): facilitating cooperation and networking of churches and ecumenical structures to mitigate the impact of HIV and AIDS"; "Economic Empowerment"; "Male caregivers"; "Healing of Memories"; "Men, Gender and Masculinity in an HIV and AIDS Context".

<sup>139</sup> KZNCC's Report. 2007. Gender and AIDS Project Focusing on Men for a Change Towards Transformation of Behaviour and Attitudes in an HIV/AIDS Context, p 4.

<sup>140</sup> Male Caregivers Project Kwa-Zulu Natal 2009 Report, pp 10, 13.

<sup>141</sup> KZNCC: Male Caregivers Project KwaZulu-Natal Report. 2009, pp 34-83.

<sup>142</sup> KZNCC.2009, pp 38, 40, 43, 52-54.

<sup>143</sup> KZNCC: Male Care Givers Project KwaZulu-Natal Report. 2009, p 9.

a difference to reduce HIV and AIDS.<sup>144</sup> This study then investigates how the community and men in particular see and respond to this KZNCC's males' caring. The question then will be: what are the caring activities of men involved so that they can be more clearly understood as chores that do not take away the role of women who are seen as the primary care-givers. And what is the impact of this work performed by men in the life of the community?

There is also literature<sup>145</sup> on programmes with men who are involved in community awareness and knowledge of sexual illnesses and prevention and minimization of STIs, exploration of "the ways in which transmission of HIV can be prevented." In this literature, groups vulnerable to HIV infection are identified and men are mobilised to participate in alleviating the spread of HIV and AIDS plus contributing offering 'psycho-social and spiritual support to men in transforming' society. I believe that even though this literature has defined all these elements of the programmes with men, there is a need to dig deeper in looking at how these male care givers deal with issues of masculinity/manhood, gender inequalities, and culture in order to effectively address the spread of the HIV and AIDS epidemic. Therefore, defining the terms gender, patriarchy, manhood, and caring would also be required in this study and is done further on in this chapter.

## **2.6 Conclusion**

This chapter attempted to define the preliminary literature, identify the methodology and theory used in this study while analyzing the impact of the KZNCC's work with men in an HIV and AIDS context in the KZN community. The preliminary literature study defined the HIV and AIDS socio-cultural and health context, the HIV and AIDS caring responsibilities, the analysis and discussion of the KZNCC's male caregiving, and ways of improving the KZNCC's male care-giving for effective and efficient male caring. The theoretical framework that was referred to in this study is the "Effective AIDS prevention education" of Macklin which is in line with 'the HIV and AIDS and STIs Strategic Plan for South Africa 2007-2011. The research design and methodology were defined as well. Studies of various writers, interviews made through three regions in KZN- KRCC, SKZNCC and TAMCC where the male care-giving project has been implemented and with people involved in the

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<sup>144</sup>KZNCC's Report on Gender and Aids Project Focusing on Men for a Change towards Transformation of Behaviour and Attitudes in an HIV/AIDS Context. January-December 2007, p 4.

<sup>145</sup>Some of this literature comprises : South African Council of Churches (SACC): HIV and AIDS Prevention Training Manual. 2009; KZNCC's Training Manual. Focusing Men for Change: a KZNCC Program on Men, Masculinity and Change of Behaviour in an HIV and AIDS Context; A Compilation of Essays by Men on Gender & Masculinity in an HIV/AIDS Context 2003-2004.

KZNCC male care-giving project were designed as means that have served in gathering data for the study.

To allow a further understanding of the discussion of this study, definitions of keys concepts such as gender, masculinity, manhood/fatherhood, and caring have been provided as well. This now enables us to move to the extent of the HIV and AIDS epidemic in KwaZulu-Natal and factors that fuel its spread in this province. This will entail setting parameters for the socio-cultural and health context within which the KZNCC's male caregivers are performing their caring job.

## **Chapter 3: The HIV and AIDS epidemic within the socio-cultural and economic context of KZN province and factors fuelling its spread**

### **3.1 Introduction**

This chapter defines the extent of the HIV and AIDS prevalence rate in KZN province since the three regions KRCC, TAMCC, and SKZNCC targeted in researching on the KZNCC's male care-giving project are located in KZN. The gender issues, the socio-cultural and economic factors that are fuelling the spread of HIV in this province will be discussed to explain this current extent of prevalence of HIV and AIDS, as well as the impact of HIV and AIDS in people's life in the KZN province. In responding to the first sub-question of the study- that is "within which socio-cultural and health context are the KZNCC male caregivers working", the current chapter serves as a means of achieving the first objective: defining the socio-economic, cultural, and health context within which the KZNCC male care-givers are performing. Through this definition, one should be able to realise the requirements for an adequate response to HIV and especially the involvement of men in caring for people in the context of HIV and AIDS in KZN.

### **3.2 The extent of HIV and AIDS in South Africa and in KZN**

It is not without fear that one learns that South Africa has more than 15 per cent of the population aged 15-49 living with HIV.<sup>146</sup> Nearly one in six people living with HIV in the world today lives in South Africa.<sup>147</sup> With the UNAIDS estimation, 5.7 million people are living with HIV in the country, and more than 3 million of these are women aged 15 and up whereas 280,000 are children aged 0-14.<sup>148</sup> Almost 2 million children have lost one or both parents to the epidemic.<sup>149</sup> Recent projections by UNAIDS agree that the HIV epidemic curve was nationally reaching a plateau with 29.3% of HIV cases found among antenatal women in 2008.<sup>150</sup> Regarding the modes of HIV transmission it is stated that HIV in South Africa is transmitted predominantly heterosexually between couples, with mother-to-child<sup>151</sup>, blood

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<sup>146</sup> Aaron Motsoaledi. 2010. Country Progress Report on the Declaration of Commitment on HIV/AIDS, p 20.

<sup>147</sup> OUTLOOK looks at HIV prevention and Treatment as it explores the state of the AIDS Response in 2010: "South Africa's Transformed AIDS Response", p 42. [http://data.unaids.org/pub/outlook/2010/20100713\\_outlook\\_Specialsection\\_en.pdf](http://data.unaids.org/pub/outlook/2010/20100713_outlook_Specialsection_en.pdf). Accessed on 19/07/2011.

<sup>148</sup> Aaron Motsoaledi. 2010, p 20.

<sup>149</sup> OUTLOOK, p 45.

<sup>150</sup> Aaron Motsoaledi. 2010, p 20.

<sup>151</sup> Aaron Motsoaledi. 2010, p 20. <http://www.unaids.org/en/dataanalysis/monitoringco...> Accessed on 13/07/2011.

transfusion. This latter mode could be relevant to intravenous drug users, haemophiliacs and recipients of blood transfusions and blood products sharing and reusing syringes contaminated with HIV-infected blood.<sup>152</sup> The main causes of the epidemic would seem to be intergenerational sex<sup>153</sup> - younger females having sex with older males, multiple concurrent partners, and low condom use, excessive use of alcohol and low rates of male circumcision.

The situation might be alarming if one considers these figures regarding the HIV prevalence rate in South Africa. But with strong involvement from the government together with all activists dealing with the HIV and AIDS epidemic and related issues one would hope that the situation will be managed. Different solutions such as increasing the involvement of other actors besides those who were already playing the role of mitigation of the epidemic should be welcome. One of these should be the involvement of KZNCC's male care giving project that is the concern of this study. Before examining this, let us ask what is the situation in KZN, the province targeted by our study?

As already mentioned, KZN is known as the province worst afflicted by the HIV and AIDS epidemic in South Africa. Recent studies indicate that 26.4% of KZN's working age population is HIV positive, compared to 15.9% in the rest of the country. And more than a third of KZN's population live below the US\$2 a day poverty line.<sup>154</sup> It is also stated that KZN is the province of South Africa with one in three people who is thought to be HIV positive (Department of Health 2002).<sup>155</sup> This province has the highest HIV prevalence<sup>156</sup> and there are even some of its districts like "uMgungundlovu recording an alarming 46%".<sup>157</sup> In addition, HIV and AIDS is more prevalent among female adults under the age of 40 in nearly

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<sup>152</sup> Siegfried John Ngubane. 2010. Gender roles in the African Culture: Implications for the Spread of HIV/AIDS. Masters Assignment of Philosophy in HIV/AIDS Management at the Stellenbosch University, p 12.

<sup>153</sup> S. Johnson et al. 2009, p 6.

<sup>154</sup> Siphewengesihle Mandisi Mabika. 2011. HIV and AIDS Knowledge, Attitudes and Practices of Construction Workers: A Comparative study of Rural and Urban based construction workers in KwaZulu-Natal. Assignment presented in partial fulfilment of the requirements for the degree of Master of Philosophy (HIV/AIDS Management) at the University of Stellenbosch. University of Stellenbosch, p 10.

<sup>155</sup> Mark Hunter. 2005. "Cultural Politics and Masculinities: Multiple-Partners in Historical Perspective in KwaZulu-Natal." In *Culture, Health and sexuality*, Department of Geography, University of California at Berkeley, CA, USA: 7 (4): p 390.

<sup>156</sup> Bodibe Khopotso. 2010. South Africa: HIV prevalence going nowhere. *Health-e*. Cape Town. <http://allafrica.com/stories/201011151230.html>. Accessed 16/11/2010.

<sup>157</sup> S. Johnson et al. 2009. Second National HIV Communication Survey 2009: Findings from KwaZulu-Natal, p 1. [http://www.jhhesa.org/docs/kwazulu\\_Natal.pdf](http://www.jhhesa.org/docs/kwazulu_Natal.pdf). Accessed on 19/07/2011.

all population groups since “almost one-in-three women aged 25-29 are living with HIV”.<sup>158</sup> Shisana et al. (2009) in Demmer<sup>159</sup> state that recent estimates show that KwaZulu-Natal has the largest number of pregnant women living with HIV-37.4%.

Borrowing Mkhize words: “it should be understood that before the advent of the current economic and financial crises South Africa and KwaZulu-Natal had, in spite of dedicated government efforts, unacceptably high levels of human deprivation, unemployment and variously denominated inequalities.”<sup>160</sup> Besides this Kuo and Operario state that “fifteen million children have been orphaned because of AIDS and these numbers are expected to grow in the coming decade.”<sup>161</sup> And “regarding economic challenges, HIV perpetuated a cycle of poverty and unemployment which was linked to a number of issues including inability to access food, clothing, transport and shelter.”<sup>162</sup> The population distribution of KZN shows that 54% of the population resides in the rural areas, where conditions are difficult and characterized by widespread poverty and disease. The rural dwellers are mostly women and children, as the men folk are known to migrate in search of employment.<sup>163</sup> Reflecting on all this, one should understand that the epidemic’s impact on women’s life very often goes with an impact on children’s life as well. With the death of one or both parents, the orphan children are obliged to leave school if they were studying. Conjointly with poverty and unemployment levels in KZN, the HIV epidemic has probably found a fertile breeding ground.

In brief, I can sadly say with Ndinga-Muvumba and Pharaoh that HIV and AIDS is undermining the socio-economic and health development of KZN since the virus is killing productive, working age adults and fundamentally altering the country’s demographics and work force.<sup>164</sup> The loss of large numbers of necessary workers in various sectors poses unique challenges not only to KZN or South Africa, but to any country that desperately needs human resources to fuel economic growth, contribute to political transformation and transmit

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<sup>158</sup> “HIV and AIDS in South Africa”. <http://www.avert.org/aidssouthafrica>. Accessed on 17/07/2011.

<sup>159</sup> Craig Demmer. 2011. “Experiences of families caring for an HIV-infected child in KwaZulu-Natal, South Africa: an exploratory study”. Routledge: *AIDS Care*, 23:7, 873-879, p 873.

<sup>160</sup> Office of the Premier. “Building a Better Future Together”- Strategic Plan 2010-2014, p 7. [Htt://www.kwazulunatal.gov.za/premier/publications/2010/5%20yr%20Strat%20plan.pdf](http://www.kwazulunatal.gov.za/premier/publications/2010/5%20yr%20Strat%20plan.pdf). Accessed 2/9/2011.

<sup>161</sup> Caroline Kuo and Don Operario. 2010. “Caring for AIDS-orphaned children: an exploratory study of challenges faced by carers in KwaZulu-Natal, South Africa”. *Vulnerable Child Youth Stud.*5 (4):344-352.[doi:10.1080/17450128.2010.516372](https://doi.org/10.1080/17450128.2010.516372). National Institutes of Health, p 1.

<sup>162</sup> Caroline, Kuo and Don, Operario. 2010, p 3.

<sup>163</sup> Office of the Premier.2007. KwaZulu-Natal HIV and AIDS and STI Strategy Plan 2007-2011, p 16.

<sup>164</sup> Angela Ndinga-Muvumba and Robyn Pharaoh (Eds). 2008, p 10.

knowledge and expertise to the next generation.<sup>165</sup> Therefore, looking at how to respond to the epidemic is beyond a simple concern of the individual. All people should be involved. One of ways of responding that is discussed in this study is the male care-giving through the KZNCC's male project. This will be discussed in chapters four and five. Before dealing with this way of response by KZNCC's male care-givers, let us define what could explain this situation of the prevalence of HIV and AIDS in KZN province and examine its causes.

### **3.3 The KZN Socio cultural and economic context, gender and cultural factors**

There are various reasons/factors as to why the HIV and AIDS epidemic is so prevalent in KZN province. They can be socio-economic, cultural, religious, and behavioural or even gender related.

#### **3.3.1 Socio-cultural and economic context in KZN society**

NSP (2007 – 2011) in Mabika<sup>166</sup> points out that the contextual factors that influence the high rate of HIV prevalence in South Africa, to which KZN is also susceptible, are poverty, gender-based violence, cultural attitudes and practices, stigma denial, exclusion and discrimination, mobility and labour migration. In fact poverty includes unequal income distribution, economic inequalities between men and women which promote transactional sex. Women with least power in their relationships are at risk for both sexual assault and HIV infection, both stemming from the inability of women to control the action of their sexual partners.<sup>167</sup> Furthermore, poverty and unemployment are linked to economic disempowerment that affects sexual choice-making and exposure to wider sexual networks. Individuals who engage in work-seeking, mobile forms of work or migrant labour are more vulnerable to HIV as a product of higher likelihood to having multiple sexual partners and higher exposure to sex for exchange of money.<sup>168</sup> Muula<sup>169</sup> does not contradict this finding when noticing further that poor individuals may be more likely to engage in sex work or other forms of transactional sex, due to lack of alternatives for earning a livelihood. Unfortunately it is regrettable that when one might benefit materially or financially from the

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<sup>165</sup> Angela Ndinga-Muvumba and Robyn Pharoah. 2008, p 10.

<sup>166</sup> Siphwengesihle Mandisi Mabika. 2011. HIV and AIDS Knowledge, attitudes and practices of construction workers: A comparative study of rural and urban based construction workers in KwaZulu-Natal. Assignment presented in partial fulfilment of the requirements for the degree of Master of Philosophy (HIV/AIDS Management) at the University of Stellenbosch. Stellenbosch, p 10.

<sup>167</sup> Siphwengesihle Mandisi Mabika. 2011, p 10.

<sup>168</sup> Siphwengesihle Mandisi Mabika. 2011, p 11.

<sup>169</sup> Adamson S. Muula. 2008. "HIV Infection and AIDS among Young Women in South Africa." *Croat Med J.* ; 423-35, p 425.

sexual transaction, he or she is less likely to insist on 'safe sex'.<sup>170</sup> Moreover, the stigma and discrimination that are HIV-related may engender fear of disclosure which could fuel the rate of HIV infection. In fact people living with HIV and refusing to disclose their status put their partners at high risk of HIV infection. Emerging from this I could say that with other socio-cultural and economic factors that are defined further on, the HIV and AIDS epidemic could put the KZN milieu in a situation that needs to be seriously thought about. And people should then engage in looking for adequate responses to the epidemic.

Thurlow et al.<sup>171</sup> state that while households are directly affected by HIV and AIDS, there are also broader implications for the economy as a whole. Thurlow et al.<sup>172</sup> further argue that at the household level, a wide range of factors interlock and interplay around poverty and HIV and AIDS, including vulnerability from deteriorating livelihoods; heightened stigmatisation and a fragmentation of social networks; and lower investments in human capital and nutrition. With regard to this environment, the HIV and AIDS epidemic is easily spreading.

Through the speech of Z. L. Mkhize, the Premier of KZN province<sup>173</sup> one might understand the critical economic situation in the province. The Premier underlines that the extent and depth of poverty is far greater in the province than the other large provincial economies such as the Western Cape and Gauteng given that the majority of people live in rural areas. Due to this critical economic environment of poverty, one might question the extent to which its consequences are related to the HIV infection. Thurlow et al.<sup>174</sup> point out that unemployment and poverty in the province are much higher than the national average. Mkhize<sup>175</sup> goes on to clarify that an estimated 35% of the population of KZN is food insecure and about 3.5 million people in KwaZulu-Natal are in need of an intervention to enhance their food security. In such a situation, the HIV and AIDS epidemic worsen things since "many households are unable to meet their basic needs".<sup>176</sup> "From the 1980s many informants (sic) recount tremendous difficulty securing affordable housing and stable, if any,

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<sup>170</sup> Adamson S. Muula. 2008, p 426.

<sup>171</sup> James Thurlow et al., 2009, p 4.

<sup>172</sup> James Thurlow et al., 2009, p 4.

<sup>173</sup> Zweli Lawrence Mkhize. 2009. Speech during the National Conference of IQRAA Trust at the Elangeni Hotel on 02 July.

<sup>174</sup> James Thurlow et al. 2009, p 4.

<sup>175</sup> Zweli Lawrence Mkhize. 2009.

<sup>176</sup> James Ruth Muthei. 2008. "Factors that render the girl-child vulnerable to HIV/AIDS in Kenya". In Hinga, M. T et al. (eds). *Women, religion and HIV/AIDS in Africa: responding to ethical and theological challenges*, p 6.



employment”. Therefore, people in KZN might adopt behaviour and practices that might fuel the HIV infection. Not only do people encounter economic difficulties which push them to misbehave in a context of HIV and AIDS but they also socially lay down a fertile ground for the HIV infection.

For instance factors such as those related to marriage could be influencing the HIV infection in the KZN Province. One might observe, for example, that “most of young men today are unable to marry because of the high cost of *ilobolo* (bride wealth) and find it difficult to establish an independent *umuzi* (homestead or home) and become *umnumzana* (homestead head)”.<sup>177</sup> One could assume that this has consequence on sexual life for young people since they engage in unprotected sex with the risk of HIV infection. Another example is of important men who accumulate many cattle, and take several wives, and thus build a successful homestead. It is a thought that the more wives a man has the more labour he is able to control and the richer and the more esteemed an *umnumzana* (household head) he becomes (see Carton 2000 on masculinities at the turn of the century among *isiZulu* speakers).<sup>178</sup>

When men take several wives and engage in unprotected sex, the risk of HIV infection is paramount, especially within an HIV and AIDS context such as in KZN province with an HIV high prevalence. This is not to say that having several wives and engaging in unprotected sex is the only high risk element putting regarding HIV infection, but with this, the risk could be worsened by being unfaithful to each other. And this may happen, for instance, if the husband cannot satisfactorily meet the living needs of each of his wives. As said above, a wife in material or financial need may not insist on safe sex with a man other than her husband when she might benefit materially or financially. And if the woman becomes HIV positive, she could infect her husband who, through unprotected sex, could infect all his partners. Young people who engage in unprotected sex and men with several wives supported by patriarchal system could, through their behaviour and practices, be fuelling the spread of HIV and AIDS. The patriarchal system, in this way, can be considered another influential factor that contributes to the spread of HIV infection in KZN province. Engaging in unprotected sex with multiple (and at times concurrent) partners together with being unfaithful to one’s partner and the non disclosure of one’s status could fuel the spread

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<sup>177</sup> Mark Hunter. 2005, p 391.

<sup>178</sup> Mark Hunter. 2005, p, 392.

of HIV and AIDS. Though this study is not focused on defining in detail every factor, it might provide some further factors regarding the spreading of HIV within KZN.

### **3.3.2 Patriarchy and the spread of HIV infection in KZN**

Rich defines patriarchy as the power of the fathers: familial-social, ideological, political system which men – by force, direct pressure, or through ritual, tradition, law and language, customs, etiquette, education and the division of labour, determine what part women shall or shall not play, and in which the female is everywhere subsumed under the male.<sup>179</sup>

In patriarchal societies, such as in most of the African societies and particularly the KZN, the status of women and children is one of inferiority. Indeed, especially in rural areas of KZN, women are poorer than men, do not own means of production, are at the bottom of the social ladder, are politically marginalized and are culturally discriminated against simply on the basis of gender.<sup>180</sup> In addition, one might think that within a patriarchal society women are construed as powerless and even as far less than human beings. In such a context, it is thinkable that women have no decision in matters of sex. Consequently, women run the risk of contracting HIV. The behaviour and belief of an *Indlavini* (a violent and reckless man who disrespects elders and tradition) might explain this for an “ Indlavini truly believes that women are there to provide sexual pleasure for men, cook nice food for men and take care of children and sick elders”.<sup>181</sup> With these few examples of domination and exploitation of men over women, it cannot be doubted that patriarchy is a system that is responsible for shaping and promoting cultural and gender practices that could fuel HIV infection.

### **3.3.3 Culturally gendered practices and beliefs fuelling HIV infection**

Gender is constructed by the society and this construction is often to the disadvantage of women. Within gender, roles are allocated that give power to men and disempower women, leaving them at the mercy of men. Nevertheless, being a constructed phenomenon gender could be changed to foster the dignity of human beings. Culture is in the same way a human construction. As there are cultural norms and practices that harm the sanctity of human life, culture can be, in that sense, reconstructed or modified in order to give credence to this sanctity.

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<sup>179</sup> Adrienne Rich. 1976. *Of Woman Born*. New York: WW Norton, p 57.

<sup>180</sup> KZNCC. 2007. Funding Proposal for Men, Gender and AIDS: Focussing on Men for Transformation of Behaviour and Attitudes in an HIV/AIDS Context, p 2.

<sup>181</sup> KZNCC. 2007, p 3.

In the Zulu culture, African families are communities who uphold the patriarchal system and where men are taught and expected to be powerful, strong and aggressive, to be providers and protectors.<sup>182</sup> Not only in family life but even elsewhere, men “use control, authority, strength and being competitive and aggressive to demonstrate power, both among men themselves and between men and women”.<sup>183</sup> On the other hand women are taught to be passive, weak and helpless, particularly in their relations with men.<sup>184</sup> This shows that in this culture one can perceive that women’s status is low and this leads to the non involvement of women in decision making for the family life. Furthermore the majority of women in Zulu culture suffer subordination in many ways which makes them miserable. The following picture by Luvuno of a woman in Zulu culture tells more:

A woman does all the work at home while a man does very little other than going to work. In the cases where a mother is also working, she becomes more or less a slave of her family because both man and woman come home both tired but the father would just throw himself on the sofa and watch television or read a newspaper. The mother begins her feminine chores at home of preparing food and doing everything for everybody for the next day, unassisted. She is the last one to sleep and the first one to wake up. She is seen as the jack of all trades by her family.<sup>185</sup>

Greig et al. state that “gender roles and relations that structure and legitimate women’s subordination and simultaneously foster models of masculinity that justify and reproduce men’s dominance over women exacerbate the spread and impact of the epidemic.”<sup>186</sup> According to Ayanga “though culture can be used positively to enhance and improve the wellbeing of people, dominant groups come behind it; oppress and exploit the weak and the powerless within society.”<sup>187</sup> From these two authors, one might understand that gender and culture with their practices could be dangerous factors that fuel the HIV prevalence rate. Therefore deliberate efforts should be made to find an alternative or to modify gendered cultural practices that fuel the spread of HIV epidemic.

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<sup>182</sup> Solomon Nick Mbatha. 2003. *The Impact of HIV/AIDS on AmaZulu Family Life and the Role of the Church in Hammarsdale Area*. Unpublished paper, University of KwaZulu-Natal, p 10.

<sup>183</sup> Lindani Hadebe., 2010. *Zulu Masculinity: Culture, Faith and the Constitution in the South African context*. Master’s thesis (Theology and Development) in the Faculty of Human and Management Sciences. Unpublished. UKZN, p 13.

<sup>184</sup> Solomon Nick Mbatha. 2003, p 10.

<sup>185</sup> Monica Dudu Luvuno.2004. *The Status of Women and Language Use with Particular Reference to IsiZulu*. Masters Thesis in General Linguistics- Faculty of Arts. Unpublished. University of Zululand, p 9.

<sup>186</sup> Alan Greig et al. 2008. “Gender and AIDS: Time to Act”, in *AIDS*, 22(suppl 2): S35.

<sup>187</sup> Hazel Ayanga. 2008. “Religio-cultural Challenges in Women’s Fight against HIV/AIDS in Africa”, in T.M.Hinga et al (eds). *Women, Religion and HIV/AIDS in Africa: Responding to Ethical Challenges*. Pietermaritzburg: Cluster Publications, p 36.

Kalichman and Simbayi in Sonke Gender Justice<sup>188</sup> point out that a culture of sexual entitlement associated with constructions of masculinity, combined with gendered power and control disparities in relationships, create a context for men to have multiple concurrent partners and fuel a reluctance to use condoms. It is critical in many African cultures to observe gender inequality even in sexual matters. For example, Sonke Gender Justice<sup>189</sup> goes on to indicate that men are more likely than women to have multiple partners simultaneously, more likely to be unfaithful to their regular sexual partner, and more likely to buy sex whereas women with little power in their relationships are at the highest risk for both sexual assault and HIV infection.

The various gendered cultural practices such as hegemonic masculinity, culture of silence and subordination for women and so on, found in the KZN community - and commonly in other African countries – worsen the practices of gender inequality and having multiple partners that are observed simultaneously. And some of these hegemonic cultures do not help curb the scourge of HIV in this modern age. They need to be challenged to change attitudes and sexual practices in order to transcend the unfair consequences in behaviour towards women.

### **3.3.3.1 The gender inequalities and HIV and AIDS**

In the area of HIV and AIDS, gender inequality that could be a strong driving force in the spread of HIV is observed particularly within the KZN community. Explaining that this gender inequality that could be a strong factor fuelling the spread of HIV Guitar says:

There is always a distinct difference between women and men's roles, access to productive resources outside the home and decision-making authority. Typically, men are seen as being responsible ... for reproductive and productive activities within the home ... women have less access over control of productive resources than men – resources such as income, land, credit, and education.<sup>190</sup>

According to Grown et al.<sup>191</sup> the existence of gender inequalities is due to discrimination in the family and societal institutions, and social, cultural, and religious norms that perpetuate

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<sup>188</sup> Sonke Gender Justice. 2008. "Men for Change for all: a Policy Discussion Paper on Men, Health and Gender Equity" Sonke Gender Justice. *Sonke Gender Justice Project: HIV/AIDS, Gender Equality, Human Rights*, p 5.

<sup>189</sup> Sonke Gender Justice. 2008, p 5.

<sup>190</sup> Geeta Rao Guitar. 2000. *Gender, Sexuality and HIV/AIDS: The What, the Why and the How*, plenary address, 13<sup>th</sup> international AIS conference, Durban, South Africa, pg 1-8, www.icrw.org.

<sup>191</sup> Caren Grown et al. 2008. "Background paper of the task force on education and gender equality", in *Millennium project*: commissioned by the UN Secretary General and supported by the UN development group, p 4.

stereotypes, practices and beliefs that are detrimental to women. Chitando<sup>192</sup> points out that gender inequality as one of the major factors driving the epidemic in most parts of Sub-Saharan Africa increases women's vulnerability to HIV infection. Deploring this, one might understand Nguyen and Klot<sup>193</sup> who argue that without understanding the deeply rooted social and cultural norms which increase risks for girls, young women and other at risk populations, the impact of HIV prevention will continue to diminish as the pandemic unfolds over generations.

According to Chitando<sup>194</sup>, there is then a need to examine African cultural beliefs and practices, with the intention of promoting positive aspects that minimize the spread of HIV and overcoming harmful practices that facilitate it. He goes further stating that “[T]oo often, men have promoted harmful cultural practices in the name of preserving “African culture”<sup>195</sup>. Women have been sacrificial victims in an ideologically sponsored crusade to “safeguard” African culture. Therefore, “the HIV epidemic invites enculturation theologians to approach these cultures in the spirit of discernment and a quest of transcultural paradigms of transformation and liberation discourses which seek the emancipation of women in the context of HIV and AIDS as the KZNCC male caregivers programme yearns to achieve”<sup>196</sup>.

Moreover, with various cultural practices and behaviours, there is a perception that these gender inequalities and hegemonic masculinities exacerbate the spread of HIV infections. If men and women continue the same practices and behaviour in this period of high HIV infection in KZN province, there is no doubt that the epidemic would have a fertile land for its spread. Indeed, it is known that in Zulu culture, an “*isoka* (a type of man whose ultimate pleasure is women fighting over him and is happy when crowds of girls are around him) was sharply opposed to an *isifebe* (a loose woman) engaging in plural relations.”<sup>197</sup>

In this socio-cultural context of KZN, it is no longer possible to adopt an uncritical attitude towards African cultures in the face of HIV. There is a need to examine African cultural

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<sup>192</sup> Ezra Chitando. 2007. *Acting in Hope: African Churches and HIV/AIDS 2*. Geneva: WCC Publications, p 26.

<sup>193</sup> Vinh-Kim Nguyen and Jennifer F. Klot. 2008. The fourth wave, violence, gender, culture & HIV in the 21<sup>st</sup> century, in Bureau of strategic Planning, UNESCO: Division for gender equality, p 2.

<sup>194</sup> Ezra Chitando. 2009. *Troubled but not destroyed*. Geneva: WCC Publications, p 43.

<sup>195</sup> Ezra Chitando. 2009, p 45.

<sup>196</sup> Ezra Chitando. 2009, p 45.

<sup>197</sup> Mark Hunter. 2005, p 391; KwaZulu-Natal Christian Council (KZNCC). 2007. Funding Proposal for Men, Gender and Aids: Focusing on Men for Transformation of Behaviour and Attitudes in an HIV/AIDS Context, p 3.

beliefs and practices, with the intention of promoting positive aspects that minimize the spread of HIV and overcoming harmful practices that facilitate it.<sup>198</sup> Gender inequalities and hegemonic masculinity should also be challenged for the good of women. In this way those who engage in this challenge might be contributing to mitigating the spread of the epidemic. KZNCC male care-givers' project should, for the effective care-giving of people in the HIV and AIDS context of KZN, engage in this.

### 3.3.3.2 The effects of male domination on the spread of HIV

In KZN an observation has been made that most of the men generally believe that men are superior to women.<sup>199</sup> One might assume that this is fuelled by the cultural environment "where patriarchy and male domination are strong".<sup>200</sup> With such a belief one might think that in a context of HIV and AIDS, a fertile ground for the spread of the epidemic is created. Indeed, since lots of men unshakably and continuously have argued that women should do all the household chores and should serve men, the superior gender<sup>201</sup>, one might understand that women have no decision-making rights. And in matters of sex they just buy into it without discussion. This is at high risk of HIV infection when there is unprotected sex. Mwamura<sup>202</sup> argues that patriarchy engenders a culture of male domination and female subordination in the sexual domain. He goes on to point out that in the sexual domain, women are rendered passive and silent, and have less control over the nature and timing of sexual relations and consequently fall short of the practice of taking protective measures<sup>203</sup>. One might agree that there is urgent need that men "should re-think the traditional conceptualization of manhood and masculinity, and should change old attitudes, behaviour and beliefs about what a man is supposed to be".<sup>204</sup> Indeed, because of men's domination, men might still believe they might be the ones to decide when, for example, it comes to sexual matters and family control. This obviously might create an easy way for the spread of HIV and AIDS. It is in the perspective of challenging this that one might investigate what and why KZNCC has done to implement a

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<sup>198</sup> Ezra Chitando. 2009. *Troubled but not destroyed*. Geneva 2: World Churches Council (WCC) Publications, p 43.

<sup>199</sup> KwaZulu-Natal Christian Council (KZNCC). 2007. *Report on Gender and AIDS Project Focussing on Men for Change Towards Transformation of Behaviour and Attitudes in an HIV/AIDS Context*, p 4.

<sup>200</sup> Male Caregivers Project KwaZulu-Natal 2009 Report, p 4.

<sup>201</sup> KZNCC. 2007, p 5.

<sup>202</sup> Peter Mwaura Njoroge. 2008. "Violation of Human Rights of Kenyan Women with HIV/AIDS through Stigma and Discrimination", in Hinga, M.T et al. (eds). *Women, Religion and HIV/AIDS in Africa: Responding to Ethical and Theological Challenges*. Pietermaritzburg: Cluster Publications, p 127.

<sup>203</sup> Peter Mwaura Njoroge . 2008, p 127

<sup>204</sup> KZNCC. 2007. *Report on gender and AIDS focussing on men for change towards transformation of behaviour and Attitudes in an HIV/AIDS context*, p 5.

project of working with men in an HIV and AIDS context. The question which is still a matter of reflection is about the impact that this work with men has had within the KZN community. By analyzing and discussing this impact, one might be able to answer the question of what the KZNCC work with men has achieved in the HIV/AIDS context in KZN province. This is the matter of the next chapter. Before this, let us have a look at the impact of the epidemic on the peoples' lives in KZN.

### **3.4 Impact of HIV and AIDS on peoples' lives in KZN**

In a region such as KZN, the epidemic continues its rampant pace with devastating impact.<sup>205</sup> In the section on the extent of the HIV and AIDS epidemic in KZN, we have noticed that women are the most HIV infected, considerably more than men. Thurlow et al<sup>206</sup> specify that HIV prevalence is concentrated in working-age Africans. In addition, whereas “females especially (20 - 34 and 35 - 49 years) are affected respectively 43.3 % and 27.3% by HIV infection, males (20 - 34 and 35 - 49 years) are affected respectively 30.6% and 41.3 % by HIV infection.”<sup>207</sup> In all this one might predict loss of life due to the epidemic. “The predicted loss of life in KZN is even more staggering, with the adult population depleted by two-fifths due to HIV/AIDS.”<sup>208</sup>

As these people might be working in various provincial developmental sectors such as agriculture, manufacturing, and others, heavy consequences due to the epidemic on the family life in particular and on the whole KZN community in general are encountered. This means that within KZN community, many households are affected by HIV and AIDS and find themselves with broader implications for the economy as a whole. Thurlow et al.<sup>209</sup> concur with the observation that in macro-microeconomic assessment, there is an account for not only households but also other actors and institutions, such as firms, markets and the government are also undermined.

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<sup>205</sup> Handan Wand and Gita Ramjee,. 2010. “Targeting the hotspots: investing spatial and demographic variations in HIV infection in small communities in South Africa.” *Journal of the International AIDS Society*, 13:14, p 7.

<sup>206</sup> James Thurlow et al. 2009. “HIV/AIDS, Growth and Poverty in KwaZulu-Natal and South Africa: Integrating Firm-Level Surveys with Demographic and Economywide Modeling”. *IFPRI Discussion Paper 00864*, p 2.

<sup>207</sup> James Thurlow et al. 2009, p 2.

<sup>208</sup> James Thurlow et al. 2009, p 2.

<sup>209</sup> James Thurlow et al. 2009, p 4.

For example “AIDS morbidity and mortality reduces the productivity of uninfected workers by disrupting the production process. Moreover, the death of education and health professionals has long-term detrimental effects on the entire economic system.”<sup>210</sup> There are also negative HIV and AIDS impacts since HIV/AIDS increases households’ healthcare spending and lowers spending on other products, such as food, shelter and clothing.<sup>211</sup> This happens when the one(s) with the virus is (are) not capable of providing these commodities due to the severe level of illness he/she has reached or if he/she dies. Gow et al.<sup>212</sup> clarify that HIV progressively reduces household income through increasing levels of illness and ultimately can totally reduce household income to zero through death. Indeed, individual workers who are ill are less productive and without treatment HIV results in AIDS and increased levels of illness and ultimately death are experienced.<sup>213</sup> This means that “HIV and AIDS can push people and households into poverty, in part by reducing household labour capacity and increasing medical expenses.”<sup>214</sup> That is the reason why projects dealing with HIV and AIDS should, in their programs, put on the agenda how to empower PLWHA so that they could face the issue of poverty that could worsen the burden of HIV-related persons. This will be further discussed to some extent in the chapter five.

Socially, HIV-related stigma and discrimination marginalise people living with HIV and households affected by the virus and exclude them from essential services.<sup>215</sup> In households with HIV infected people, the uninfected ones may not only suffer the pain of losing their loved one but also experience discrimination and stigma within their community. Parker et al.<sup>216</sup> point out that the HIV-related Stigma and Discrimination is due to the fact that HIV is mainly sexually transmitted. And where heterosexual transmission is significant, the HIV infection spreading has been associated with female sexual behaviour that is not consistent with gender norms. In addition, it is attested that “many HIV positive people avoid approaching their religious leaders for advice or consolidation because they fear that they

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<sup>210</sup> James Thurlow et al. 2009, p 7.

<sup>211</sup> James Thurlow et al. 2009, p 7.

<sup>212</sup> Jeff Gow et al. 2007. “An Economic Assessment of the Impact of HIV/AIDS on the KZN Economy and Its People – Sectoral Impact Assessment Report.” *HEARD*, University of KwaZulu-Natal, Durban, p 1.

<sup>213</sup> Jeff Gow et al. 2007, p 1.

<sup>214</sup> Miriam Temin. 2010. HIV-Sensitive Social Protection: What Does the Evidence Say? p 1. <http://www.heard.org.za/downloads/erg-meeting-7-temin.pdf>. Accessed on 21/07/2011.

<sup>215</sup> Temin, M. 2010, p 1.

<sup>216</sup> Richard Parker et al. 2002. “ HIV/AIDS-related Stigma and Discrimination: A conceptual Framework and an Agenda for Action.” *Horizons Program*, p 2.



may be condemned rather than supported”.<sup>217</sup> In my understanding, if the church condemns those HIV positive, this is one of the ways through which not openly or unconsciously, the church fuels stigma. With regard to this HIV-related discrimination and stigma, many people end up in denial and hence with the quasi impossibility of disclosure of one’s status.

Emerging from the above one might understand the negative impact on the caring for people in this province is also encountered. Orner (2006) in Demmer<sup>218</sup> indicates that the majority of care-givers of people living with HIV/AIDS in South Africa are women and the demands of care-giving are exacerbated by extreme poverty, stigma, lack of support, and responsibilities for other members of the household. As the epidemic might has increased the burden within the KZN community over the last years, this should have impacted even more on the caring for people. The responsibility for care might have fallen more than ever before on women and the older ones in particular and they in turn have struggled to adapt as more and more family members have become sick and there are too many children to care for.<sup>219</sup> For example, studies show that the increase in mortality among people due to AIDS places both social and economic pressures on elderly parents. The burden of care for HIV-positive adults and children orphaned by AIDS frequently falls on elderly women people causing them to face special challenges. They want to care for the children to the best of their ability. However they cannot because they are not getting anything. It is more difficult to extend their help to these children because they do not have anything.<sup>220</sup> In such a situation, I think that letting women and elder people alone carry the burden of HIV-positive care-related and support of children orphaned by the epidemic would perpetuate the hegemonic masculinity of Zulu men and cause insensibility to the struggle of others. This would undermine the effective response to HIV and AIDS in the KZN community.

In the area of gender related caring, the situation in KZN, disregarding gender equality debates, women are relegated to doing chores like entertaining males, feeding males and children, washing, etc<sup>221</sup>. In addition, there is a belief among men<sup>222</sup> that the HIV thing is

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<sup>217</sup> Van Dyk, A. 2008:326

<sup>218</sup> Craig Demmer,. 2011. “Experiences of families caring for an HIV-infected child in KwaZulu-Natal, South Africa: an exploratory study”. Routledge: *AIDS Care*, 23:7, 873-879, p 873.

<sup>219</sup> Taylor & Kyalsyig, 2008 in Demmer, Craig. 20011, p 873.

<sup>220</sup> Caroline Kuo and Don Operario,. 2010. “Caring for AIDS-orphaned children: an exploratory study of challenges faced by carers in KwaZulu-Natal, South Africa”. *Vulnerable Child Youth Study*. 1; 5(4): 344-352

<sup>221</sup> KZNCC, 2007, p 3.

<sup>222</sup> There various types of men according to a description made by men in their essays. For example, the indlavini mokcs are those men who go for (VTC) and who are seen as pathetic and cowards. Sex is frequent,

scary but it is permissible to have three or four girl-friends and get them all pregnant, and that it is perfectly acceptable to hit one's girl-friend.<sup>223</sup> This leads to an understanding that with unprotected sex, many women/girls run the risk of HIV infection. What is worse is that "these men actually ridicule the idea of voluntary counselling and testing (VTC)."<sup>224</sup> When people do not know their HIV status, this places them at a high risk of HIV infection and hence undermines the care giving tasks. What is true is that knowing ones status provides for the choice – that those who are negative remain negative; and for those who are positive can seek access to treatment, care and support and reduce the risk of HIV transmission to future children and partners.<sup>225</sup> The *raison d'être* of knowing one's status is not only helping to know how to cope with the epidemic, it is also important for life in general.

In the rural areas where KZNCC has implemented the male project, the gender programs often suffer because they meet with rough, tough and strong resistance. This is because rural areas confuse "gender discussions" with feminism and womanism. In fact there are men who believe that men are superior to women and who do not understand why the KZNCC has a male project.<sup>226</sup> Discussing with the KZNCC Programme Manager<sup>227</sup> I was informed that the area has a very strong Zulu cultural heritage which has very strong patriarchal systems and structures militating against a project such as a "male-care-givers" project. Caring is a chore declared to belong to women from birth to death. Despite women being marginalized in rural areas, women are the trust of development in rural areas; they produce food in the fields, they produce money from stockvels and shabeens; they care for children and husbands.<sup>228</sup> With such a situation, one could think that the role of women in responding to HIV is

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casual, brutal and often unprotected, and this puts everyone involved at risk of HIV infection. There are also Isoka men, Umadlisa, and umahlalela ( This is defined in the KZNCC, 2007, p 2-3)

<sup>223</sup> KZNCC. 2007, p 4.

<sup>224</sup> KZNCC, 2007, p 3.

<sup>225</sup> HIV Prevention Now *Programme Briefs No5-* Voluntary Counselling and Testing (VCT) for HIV Prevention- April 2002. [http://www.unfpa.org/hiv/prevention/documents/\\_hivprev5.pdf](http://www.unfpa.org/hiv/prevention/documents/_hivprev5.pdf). Accessed on 05/09/2011.

<sup>226</sup> In a discussion with Cele a Zulu student, he stated that in rural areas, a Zulu man never cooks, washes dishes or performs any other traditional domestic chore. Women do that and it is their duty otherwise the man does not understand why he has married. Cele also said that girls are socialized in that way that they grow up with the knowledge that the domestic chores are for women. That is why they do not have to go to school. He added that he cannot marry a girl who has received a tertiary level of education. At most t his wife should have matric. To now see men involved in caring, is, for him, unacceptable and betrays the culture. I think that is a wrong way of thinking for women should not carry the burden of caring for the family. This is makes them objects and not subjects in the wellbeing of the community. Discussion held in August 2011 when Cele came to my place for a discussion with his classmate about Mathematics.

<sup>227</sup> Through informal discussion the researcher was informed by the Programme Manager about the social and cultural context which has made the region a fertile ground for the spread of HIV.

<sup>228</sup> KZNCC. 2007, p 5.

unquestionable and great caution towards cultural and social effects in women's life should be taken. Women have the capacity in themselves to change the situation should they be culturally emancipated.

Women are culturally powerless when it comes to sex and hence to HIV prevention. As pointed out by Ayanga in Hinga<sup>229</sup> women have little say in decision-making regarding their sexual partners. Further, fearing arrest and harassment, many women may suffer silently from treatable and terminal illnesses and not avail themselves of resources for the prevention and /or treatment of HIV-AIDS and other sexually transmitted illnesses.<sup>230</sup> Dube<sup>231</sup> describing gender roles asserts that men are considered public leaders, thinkers, decision-makers and property owners whereas women are seen primarily as domestic beings that belong to the home or in the kitchen. This is in the view of Moore and Anderson<sup>232</sup> who point to the world of men and women, during ancient times that was described in terms of roles, tasks, space where they perform gender - specific roles and tasks. Therefore, a programme that targets men might unlock a culturally based solution for the spread of HIV. For example, Ayanga<sup>233</sup>, explaining the detrimental effect of culture, indicates that in the context of HIV and AIDS, many women, assuming the cultural lenience towards male laxity in sexual conduct, have suffered because they can neither question their husbands' movements nor suggest methods of protection or openly discuss their suspicions and fears even when they worry about their spouses' possible exposure to HIV and other sexually transmitted infections. Challenging this gender caring discrimination should be on the agenda of the KZNCC male care-givers' project.

### 3.5 Conclusion

This chapter has highlighted the extent of HIV and AIDS in KZN province. The socio-cultural and economic context of this province has been found to be an environment where the HIV infection is at the highest level in South Africa. Within a patriarchal system with the

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<sup>229</sup> Hazel Ayanga. 2008. Religio-cultural Challenges in Women's Fight against HIV and AIDS in Africa. In: Hinga et al. *Women, Religion and HIV/AIDS in Africa: Responding to Ethical and Theological Challenges*. Pietermaritzburg: Cluster Publications, p 40.

<sup>230</sup> Hazel Ayanga. 2008, p 40.

<sup>231</sup> Musa W. Dube. (ed) 2003. "Culture, Gender and HIV/AIDS: Understanding and Acting on the Issues", in Musa W. Dube, *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*, pg. 87.

<sup>232</sup> Anderson, J. C. and Moore, S. D. 2003. Matthew and Masculinity. Pages 67-69 in *New Masculinities*, edited by S.D. Moore and J.C. Anderson, Atlanta: SBL.

<sup>233</sup> Hazel Ayanga. 2008, p 40.

domination of men that increase gender inequalities and cultural practices unfair and unfaithful to women, women are seen as more at high risk of infection than men though they are the ones on whom the burden of HIV caring is falling. Therefore, changes of attitudes and of behavior of men should be the priority and focus on socializing men to be gender sensitive, and promote gender justice in the context of HIV and AIDS pandemic. Through such a change, one might expect useful and important involvement of men in care-giving for the welfare of the KZN community in particular and the whole South African community in general. The impact of the HIV and AIDS epidemic in the KZN community especially on how it exacerbates the burden of care for PLWHA is also challenging. Especially women and elderly people are, more than ever before, shaken by this burden. To offer them a helping hand in lessening this burden and being more involved in care giving for these infected/affected people is urgently needed. Thus the next chapter looks at the theoretical social and theological factors underlying the KZNCC's work with men in an HIV and AIDS context.

## **Chapter 4: Critical analysis of the KZNCC's male care-giving in response to HIV and AIDS in KZN community through the research findings**

### **4.1 Introduction**

This chapter explores, in greater depth, the KZNCC's work with men in response to the HIV and AIDS epidemic in KZN province. For a fair understanding of the effectiveness of the work by men and its impact on the life of the community in KZN province, the chapter deals

with the research findings based on interviews. The questions asked for this section relate to the objectives, vision and motivation for the male care-giving, the designation of the KZNCC's actors as male care-givers, and the specific activities in caring.<sup>234</sup> The questions are also linked to the socio-cultural and religious values on which this male care-giving is based on.<sup>235</sup> They finally seek to find out the impact of the male care-giving, how this role is felt and received within the community.<sup>236</sup> By responding to these questions-that are the second, third, and the fourth parts of the sub-questions defined in the introduction of the study-the chapter serves as a means to achieve the second and third objectives also defined in the introduction of the dissertation. These objectives are: defining the KZNCC's male care giving project in KZN communities; who are the actors in this male caring; why and how the project was implemented; exploring the specific and unique activities performed in the context of male care-giving; the socio-cultural and religious dynamics of involving men in caring, a sphere traditionally relegated to women and analysing how the male care-giving role is impacting, felt and received on ground level in KZN.

## **4.2 Critical analysis of the research findings**

This section focuses on drawing out participants' understanding and consideration of the male care-giving in KZNCC's work with men on HIV and AIDS. This is concerning the implementers/monitors of the project and the supervisor of that work at the regional level. It also deals with the experiences of the players on the ground in male-caring. The responses from the beneficiaries of the project are also informing more to extend the understanding of the effectiveness of the KZNCC's male care giving project. Regard to the analysis of data collected from these respondents, the analysis is done by comparing the responses with the literature review as discussed in chapter two in this study.

### **4.2.1 Interviews and discussion with the implementers and coordinators**

Unstructured interviews were conducted with six officials in KZNCC - three implementers of the project and three coordinators at the regional level. Each of them was interviewed individually has also consented either verbally or in a written form before they get interviewed. A schedule of questions was developed to guide one-on-one interviews with respondents.<sup>237</sup> These interviews were varying in length from about thirty minutes to forty five minutes. The entire interview was conducted in English and in KZNCC's offices in Pietermaritzburg for the implementers and the coordinator from

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<sup>234</sup> See appendix 1: questionnaire for implementers and coordinators.

<sup>235</sup> See appendix 2: questionnaire for male care-givers.

<sup>236</sup> See appendix 2: questionnaire for male care-givers.

<sup>237</sup> See appendices: questionnaires

TMACC. I met the other two coordinators respectively in their regions where they coordinate the male caring activities in distinct places and on different dates (in Eshowe and in Shepstone respectively on 18/01/ and on 16/02/2011). I was recording the interview and transcribed the responses after. Besides the responses given during the interviews, there was also other information provided through informal discussion made with the respondents when meeting in KZNCC's premises.

The implementers and coordinators' answers to questions indicate that these respondents are responsible for the day to day coordination and monitoring of the project implementation. They concur that, despite challenges encountered, the project benefits the male care-givers themselves because of the change taking place in their own lives, the lives of their family members and the community at large. They also agree that the project has changed their own lives in terms of how they understand the project and gender justice in the context of HIV and AIDS. They think that the project is making an impact because of the capacity building on gender justice issues, advocacy work and strategic thinking and information sharing. Emerging from these implementers/coordinators' statements one understands that KZNCC's male care giving project is influencing people's life in communities, starting with the implementers and coordinators of the project and going to the male care givers as the ones performing the caring activities. Before defining the influence/impact of the project within the KZN community, the questions of why, how and when are to be answered.

#### **4.2.1.1 KZNCC and implementation of the male care-giving project**

Asked about the implementation of the male care giving project, one of the officials<sup>238</sup> indicates that historically the KZNCC's male project began in 2008 yet, before that, there existed a project that was done with religious leaders in KZNCC. This project was founded by the United Nations Population Fund and the majority of the trainers within it were men. They realized that there was not a real involvement from men in giving care and support to people. Most of the male care-givers were pastors; they would pray for people, would visit them but not be involved in actual caring for people. They did not fully understand the consequences of being infected or living with HIV. Responding to the question why the project was started in the three regions of KZN, Ngoetjana states:

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<sup>238</sup> Zondi-Mabizela interviewed by Astere Kwizera on 07/02/2011 in Pietermaritzburg.

From the formation of KZNCC, the founders had discovered the needs in rural areas in these three regions: KwaZulu Region, Thukela uMzinyathi Amajuba Region, and South KwaZulu-Natal Region. It was the mandate of the founders of KZNCC to attend rural areas because NGOs, Churches were working in cities. No one wanted to go to rural areas. In other words this was to fulfil the mandate of the founders. As it was in rural areas that a lot of needs were observed, KZNCC then is pulling urban resources to use them in those rural areas. These regions were chosen since the mandate requires the male care-givers to do what they are doing.<sup>239</sup>

In fact discussions with the KZNCC Programme Manager<sup>240</sup> have informed me that today, this area comprising Thukela-Amajuba-UMzinyathi District<sup>241</sup>, Zululand region generally remains one of the poorest districts in South Africa. The region experiences high levels of poverty and has an extremely high incidence of HIV and AIDS infection. Another pervading problem is poor accessibility to basic facilities and services.<sup>242</sup> For the Southern part of the KZN province that is the south coast region, there is a very strong Zulu cultural heritage which has strong patriarchal systems and structures militating against a project such as a “male-care givers” project. Caring is a chore declared to belong to women from birth to death. Some of its practices like polygamous marriages or having multiple partners fuel HIV infection. Regard to implementing the male caring project in such an environment should help in responding to HIV and gender issues related. Zondi-Mabizela indicates that:

Through different trainings and workshops, males were taught how to feed a terminally ill person, to give him/her a bath, to give him/her medication, to exercise his/her body. And in some cases they visited families for counselling where there is no food at all. They then have to find means of getting food for those people because it is difficult to take medication such as the ARVs when they do not have food.<sup>243</sup>

From this one should already realise that the caring role requires not only moral support but also material support and availability. Dziva concurs when stating that:

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<sup>239</sup> Ngoetjana interviewed by Astere Kwizera on 08/03/2011 in Pietermaritzburg

<sup>240</sup> Through informal discussion the researcher was informed by the Programme Manager of the social and cultural context which has made the region a fertile ground for the spread of HIV

<sup>241</sup> UThukela, Amajuba and uMzinyathi district are in the North Western part of KwaZulu-Natal, one of the nine provinces of South Africa. This area has a population of approximately 1, 5 million people of which 45% are unemployed. Main challenge: is the lack of service delivery especially in deep rural communities. [http://www.kzncc.org.za/index.php?option=com\\_content&view=article&id=11&Itemid=14](http://www.kzncc.org.za/index.php?option=com_content&view=article&id=11&Itemid=14). Accessed on 27/08/2011.

<sup>242</sup> Zululand District Municipality Status quo Analysis, p 1. [http://devplan.kzntl.gov.za/idp\\_reviewed/IDPS/DC26/Status\\_Quo\\_Analysis1.pdf](http://devplan.kzntl.gov.za/idp_reviewed/IDPS/DC26/Status_Quo_Analysis1.pdf). Accessed on 22/02/2011.

<sup>243</sup> Interview conducted by Astere Kwizera on 07/02/ 2011 in Pietermaritzburg.

The male care-givers are now involved in responding to these issues including helping those who should have grants from government to get the grants. In public places of care, male care-givers basically offer visitations and counselling to sick people. They also assist with the general cleaning of dirty places for maintaining good clean hygienic places for the sick and also motivate the community in general to keep their places clean.<sup>244</sup>

Reflecting on the statements above, one might wonder about the issue of gender and culture. The challenge is, for instance how a sick woman will feel to be bathed or cleaned by a male care-giver or a sick man by a female care-giver. This has implications on personal hygiene and confidentiality. Zondi-Mabizela assured that:

The male care-givers in KZNCC have been trained to care even in washing sick people in such a way that they do not feel exposed either as a woman or as a man. The challenge was that in the past most of the former care-givers were women and men therefore did not want to be washed by women. Now the involvement of male care-givers has made this easier as there is a man who could wash another man. Briefly, one might understand that the way men are trained in how to care for people who are terminally ill especially when it comes to washing them, is done in a respectable way which does not make the patient feel uncomfortable at all.<sup>245</sup>

Ngoetjana goes on assuring that:

Though male care-giving is a difficult area and culturally challenging, KZNCC's male care-givers are trained enough on how to dealing with females as sick people, how to talk to them and care for them. These trainings enable them to contribute as far as they can and as far as it is culturally, socially acceptable. Otherwise, the male care-givers will also involve women of a particular age to continue where men as male could not continue to care for women.<sup>246</sup>

Emerging from the above it is seen that the KZNCC's male care-giving has played a noticeable role in starting and continuing this male project. In playing this role what were its objectives, motivation and vision?

#### **4.2.1.2 Objectives, Vision and motivation for male caring**

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<sup>244</sup> Dziva interviewed by Astere Kwizera on 22/02/2011 in Pietermaritzburg.

<sup>245</sup> Interview conducted by Astere Kwizera on 07/02/ 2011 in Pietermaritzburg.

<sup>246</sup> Ngoetjana interviewed by Astere Kwizera on 08/03/ 2011 in Pietermaritzburg.



In regard to the definition of the objectives and vision of the male care-giving project in the HIV and AIDS context<sup>247</sup> the implementers and coordinators of the male project<sup>248</sup> point out that:

For a long time KZNCC has been working with women and with people who are living with HIV. In addition there was a project called "Men and gender" where gender issues were discussed with men but these men were not specifically involved in caring and responding to HIV and AIDS issues. Unfortunately, most of people who are prepared to disclose their status are women and women are also traditionally seen as more involved in caring. So it ended up working with a lot of women. Thus men have to be involved in giving care to people who were terminally ill and for people who are living with HIV and AIDS, to the child headed homes. So if ministers could be seen as care-givers, other men would follow their pastors' example and then many men could get involved in caring for people who are suffering from HIV and AIDS. So the understanding of the objectives and vision of KZNCC's work with men is that this project was started in order to change men's attitudes towards people who are terminally ill, towards people who are HIV and AIDS affected. It is also to use men to encourage other men to disclose their status and live positively with HIV and AIDS. In brief, the broader vision is to address issues of gender justice in KZN, issues of equality between men and women especially in addressing the work load in terms of caring for the weak, the sick, and the vulnerable. Issues of patriarchy, challenges of theology, of African traditional cultural practices and beliefs are also looked at.

Specifically, with the programme "Men, Gender and Masculinity in an HIV/AIDS Context", KZNCC seeks to mobilize and support men in leadership roles to debate and influence other men to change their behavior and attitudes to transform and make a difference in reducing the impact of HIV/AIDS.<sup>249</sup> Men are challenged and trained to take a fresh look at the current realities of gender inequalities and all the factors contributing to the spread of HIV in order to look for strategies and interventions that could be implemented in the community for the mitigation of the epidemic.<sup>250</sup> In fact "men must wrestle with the idea that gender does not define what is human, but the principle of life or the image of God does."<sup>251</sup>

From this one might understand that the biggest motivation, vision and objective of the implementation of the KZNCC's male project is to use men in challenging other men to get

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<sup>247</sup> The implementers and coordinators responding to question 1: see appendixes 1 have defined the objectives, vision and motivation of the male care-giving.

<sup>248</sup> Zondi-Mabizela interviewed by Astere Kwizera on the 07/02/2011 in Pietermaritzburg, Dziva interviewed by Astere Kwizera on 22/02/2011 in Pietermaritzburg and Ngoetjana interviewed by Astere Kwizera on the 08/03/2011 in Pietermaritzburg.

<sup>249</sup> Male Caregivers Project Kwa-Zulu Natal 2009 Report, p 4.

<sup>250</sup> KZNCC, 2007. Funding Proposal for Men, Gender and AIDS: Focussing on Men for Transformation of Behaviour and Attitudes in an HIV/AIDS Context, p 7.

<sup>251</sup> Male Caregivers Project Kwa-Zulu Natal 2009 Report, p 18.

more involved in making a difference in challenging all these gender/cultural related issues that hinder the caring for weak, sick and vulnerable people. The coordinator of the KRCC region is not contradicting when answering that KZNCC's motivation, vision and objective in implementing the work with men on HIV is "to increase the involvement of men primarily in leadership roles on issues of health especially TB and HIV so that they will be able to give hope and be part of the solutions needed in the HIV environment".<sup>252</sup> Indeed, "KZNCC has been working with women but since then they were not responding appropriately to the issues of HIV and AIDS."<sup>253</sup> As things should change to better responses to HIV and AIDS, one might wonder about whom should these men be to get involved in the caring project and how should they make a difference to improve people's lives in an HIV and AIDS context? It is not who should be these men that should be the concern, but more what influence should be observed from these men in responding to HIV and AIDS?

#### **4.2.2 Findings from KZNCC's male care-givers**

##### **4.2.2.1 Presentation of the interview with the male care-givers in Eshowe and in Shepstone**

The current section is dealing with responses to questions asked to 10 care-givers – 5 in Eshowe and 5 in Shepstone. Though it was planned to gather data from male care – givers in three regions as notified in the introduction I could not interview male care-givers from TAMCC since they did not answer back to my requesting of their participating to the interview.

As done for the implementers and coordinators of the project, it was also made sure that each of the male care-givers was interviewed individually and all of them were asked to consent either verbally or in written form before the interviews. In addition, a schedule of questions was developed to guide one-on-one interviews with male care-givers.<sup>254</sup> As all these respondents did not encounter any issue of language, the entire interview was held in English in two distinct places and on different dates (in Eshowe on 18/01/ 2011 and in Shepstone on 16/01/2011). The responses were written down by me and the translator and transcriber while respondents were answering questions. After the interview, we put the notes together in order to have the full responses.

##### **4.2.2.2 Analysis of the answers**

###### **4.2.2.2.1 KZNCC's male care-givers as actors in caring**

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<sup>252</sup> Interview conducted by Astere Kwizera on 18/01/2011 in Eshowe.

<sup>253</sup> Zondi-Mabizela interviewed by Astere Kwizera on 07/02/ 2011 in Pietermaritzburg.

<sup>254</sup> See appendices: questionnaires

When this section targets men's care-giving, this does not mean that it is intended for gender exclusion or for perpetuating hegemonic masculinity or promoting a patriarchal view and practices that tend to misuse women in the caring role. It is only because, as already mentioned above, the work with men is of particular interest when care-giving is commonly assumed to be in women's role<sup>255</sup> and that now men are very involved in caring. Defining who is a care-giver and specifically in the HIV and AIDS context, Van Dyk<sup>256</sup> indicates anyone (professional, lay or family) involved in taking care of the physical, psychological, emotional and/or spiritual needs of a person infected or affected by the HIV and AIDS epidemic.

Van Dyk goes on to clarify that:

In the formal health sector, care-givers are usually nurses, counsellors and social workers, but Africa has so many AIDS patients that hospitalisation or formal care is not always an option. The enormous need for care leaves the community with no choice but to care for its own sick members.

From Van Dyk's statement, one might understand that the KZN province which has the highest HIV prevalence rate in South Africa, as already indicated, needs caring not only from the health sector or from women but also and more from somewhere else. Van Dyk goes on underlining:

Volunteer workers are working in a formal capacity for AIDS care organizations that offer various services, such as home based care, spiritual care and legal advice, as well as informal volunteers such as friends, neighbours and church members. Family members who care for sick loved ones in the home. This burden of care is predominantly borne by women and girls. Men are also increasingly willing or forced to care for sick partners.<sup>257</sup>

Are males in KZNCC forced to care for sick people? Are they only caring for their partners or their family members? What duties are they performing in care giving?

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<sup>255</sup> "Women and Care giving: Facts and Figures". 2003. in Family Caregiver Alliance. [http://www.caregiver.org/caregiver/jsp/content\\_note.jsp?nodeid=892](http://www.caregiver.org/caregiver/jsp/content_note.jsp?nodeid=892). Accessed on 29/11/2010.

<sup>256</sup> Alta Van Dyk. 2008. HIV/AIDS. Care and Counseling: A Multidisciplinary Approach- 4<sup>th</sup> edition. Cape Town: Ceri Prenter, p 406.

<sup>257</sup> Alta Van Dyk. 2008, p 406.

The male care-givers in KZNCC are clergy, some involved in African traditional structures, tertiary institutions, as well as adolescent boys.<sup>258</sup> Regarding the objectives of the project of working with men, these males are recruited to “facilitate transformation of men, to enable a shift in power relations so that ‘men and women’ can cooperate as equals, share chores and together make a difference in work against HIV and AIDS.”<sup>259</sup> This composition of care givers is very diverse. And one might hope with such diverse representation, each component in the society could be easily reached and influenced. One might notice males recruited among young boys who lead soccer clubs, church and political party youth groups, traditional leaders (*amakhosi*), pastors who can be seconded to participate in the project by their local ministers’ fraternals in order to appreciate how wide ranging this group of men can be.<sup>260</sup>

In addition, “the change of attitudes and of behaviour of men in leadership and ultimately their communities is the focus”<sup>261</sup> of the KZNCC male care-givers project. For “one of the root causes of the increased spread of HIV is the inequality found between men and women” and this might have made men commit the majority of violent acts against women and children. “Teachings on what it means to be a ‘man’ need to be addressed urgently.”<sup>262</sup> Thus, KZNCC Male Care-givers Project purposes to redefine ‘what it means to be a man’, to do away with wrong ideologies inherited through traditions, race, experience and culture. But at the same time the concern is also preserving the uniqueness, the positive aspects, and identity of cultural groups and cultural expectations.<sup>263</sup> I think that this should not be given priority over preserving the lives of people menaced by the epidemic in the KZN community. This therefore should lead to one understanding this priority of preserving people’s lives so as to define and perform activities for this purpose.

The implementers and coordinators indicate while answering question of what are the male care-givers performance and activities (see appendix 1: question 14 for implementers and coordinators) that:

Through different trainings, males were taught how to feed a terminally ill person, to give him/her a bath, to give him/her medication, to exercise his/her body. And in some cases

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<sup>258</sup> KZNCC Report on Gender and AIDS Project Focussing on Men for a Change towards Transformation of Behaviour and Attitudes in an HIV/AIDS Constant. January-December 2007, p 6.

<sup>259</sup> KZNCC, 2007, p 6.

<sup>260</sup> KZNCC, 2007, p 6.

<sup>261</sup> Male Caregivers Project KwaZulu-Natal 2009 Report, p 4.

<sup>262</sup> Male Caregivers Project KwaZulu-Natal 2009 Report, p 6.

<sup>263</sup> Male Caregivers Project KwaZulu-Natal 2009 Report, p 7.

they visited families for counseling where there is no food at all. They then have to find means of getting food for those people because it is difficult to take medication such as the ARVs when they do not have food. Now the male care-givers are involved in responding to these issues including helping those who should have grants from government to get the grants. In public places of care, male care-givers basically offer visitations and counseling to sick people. They also assist with the general cleaning of dirty places for maintaining good clean hygienic places for the sick and also motivate the community in general to keep their places clean.<sup>264</sup>

Reflecting on the statements above, one might wonder about the issue of gender and culture. It is not only issue of gender and culture that the KZNCC's male care givers face.

Among challenges that the KZNCC male care-givers' project is facing is destabilisation within the KZN community because of the HIV and AIDS epidemic. As already discussed in the previous chapter, the socio-cultural environment within which KZNCC works with men is one based on the patriarchal system and domination of men over women which is, together with other factors, fuelling the spread of the epidemic. Moreover, with the belief that women are inferior to men the patriarchal system has socialised women to believe that they are the ones who have to perform caring and nurturing tasks. For example, in an informal discussion about Zulu cultural practices with Ngcobo a Zulu student, he pointed out concerns that might need more reflection since men need to respond efficiently to HIV. The main points of the discussion were oriented to the education of men and women and their relationship:

Men are taught and expected to be powerful, strong and aggressive, to be providers and protectors in the family. On the other hand women are taught to be passive, submissive, weak and helpless, particularly in their relations with men. The status of woman is very low. She is not considered in decision making for her own family. In this way women in Zulu culture suffer subordination in many ways which makes them miserable and vulnerable to HIV. This is unfortunate since the KwaZulu-Natal province is known as the most HIV infected in the South Africa country. It becomes then challenging to mitigate the epidemic. Women are oppressed by men and therefore are hindered in playing an efficient role in this mitigation yet they are at the forefront of caring.<sup>265</sup>

If one takes in account Ngcobo's narrative, one might wonder how these men could use their power and strength to provide care and protection to those infected/affected by the epidemic.

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<sup>264</sup> Zondi-Mabizela and Dziva Interviewed by Astere Kwizera respectively on 07/02/ 2011 and on 22/02/2011 in Pietermaritzburg.

<sup>265</sup> This proposition is from Ngcobo a Zulu student who came to discuss Mathematics with his classmate and when he saw that I was writing about something regarding KwaZulu-Natal province, he was interested and we talked a bit about the Zulu culture. I got this information from him.

Indeed, Peacock and Weston<sup>266</sup> point out that AIDS is a long and debilitating illness that renders patients unable to fend for themselves and often unable to cope with the mental stress of knowing that death, in the absence of treatment, is inevitable. Within such an environment, one might think that the role/task of caring is very demanding. “Caring for those living with the virus therefore involves both physical care – feeding, cleaning and providing medicine to cure opportunistic infections – and emotional support.”<sup>267</sup> The coordinator of the project in SKNCC extends the challenge in this when talking about issue of availability and economic support since most of the KZNCC’s male care givers are church leaders:

This is a big project but it lacks support from the government. There are even community members who look at the work that church leaders are doing as disgracing to men. The church leaders are busy people in the community so such a commitment will require enough time to move around families which is part of their work but some find it difficult to adhere to the commitment and find themselves not attending all the meetings and trainings.<sup>268</sup>

Furthermore, regard to the socio-cultural context in KZN, the challenge is for instance how a sick woman will feel to be bathed or cleaned by a male care-giver or a sick man by a female care-giver. This has implications for personal hygiene and confidentiality. Zondi-Mabizela and Ngoetjana assured that:

The male care-givers in KZNCC have been trained to care even in washing sick people in such a way that they do not feel exposed either as a woman or as a man. The challenge was that in the past most of the former care-givers were women and men therefore did not want to be washed by women. Now the involvement of male care-givers has made this easier as there is a man who could wash another man. Briefly one might understand that the way men are trained in how to care for people who are terminally ill especially when it comes to washing them, is done in a respectable way which does not make the patient feel uncomfortable at all. Though it is a difficult area and culturally challenging, KZNCC’s male care-givers are sufficiently trained on how to deal with females as sick people, how to talk to them and care for them. These trainings enable them to contribute as far as they can and as far as it is culturally, socially acceptable. Otherwise, the male care-givers will also involve women of a certain age to continue where men as males could not continue to caring for women.<sup>269</sup>

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<sup>266</sup> Dean Peacock and Mark Weston. 2008. “Men and Care in the Context of HIV and AIDS: Structure, Political will and Great Male Involvement”, in Expert Group Meeting on “Equal Sharing of Responsibility between Women and Men, Including Care Giving in the Context of HIV/AIDS”. Geneva, 6-9 October, p 2.

<sup>267</sup> Dean Peacock and Mark Weston. 2008, p 2.

<sup>268</sup> Interview by Astere Kwizera on 16/02/2011 in Port Shepstone.

<sup>269</sup> Zondi-Mabizela interviewed on 07/02/2011 and Ngoetjana interviewed on 08/03/ 2011 in Pietermaritzburg.

Emerging from the above statements, one can see that despite all these challenges KZNCC's male care givers have faced, they do not give up but they look for how to overcome the challenges. On the other hand though the male caring roles are played and issue of gender/culture socialized roles is somehow sorted out, other challenges other area related are still to overcome. This leads to respond to the question of how then do men in KZNCC manage to perform this role since it is assumed that "caring for AIDS patients is a full-time occupation which imposes great stresses on the care-givers body, mind and finances."<sup>270</sup> Beyond that, there is also the socio-cultural context and gender issue related that are not making easy the caring role. It is necessary to define here the real males' involvement in caring to effectively respond to HIV in the socio- economic and cultural context of KZN.

#### **4.2.2.2.2 Males' involvement in care-giving**

Very often men, especially in African cultures like that of the Zulus, think "that they are superior to women"<sup>271</sup> and "society expects wives, daughters, mothers, sisters and grandmothers, rather than men and boys, to care for sick family members."<sup>272</sup> This has the consequence of abuse and exploitation of women by men although this belief is perpetuated in the name of culture. This is a cultural construction and it should be challenged because "women and men are co-substantial, co-equal and co-existent...humans are human first before their given gender and sexual orientation."<sup>273</sup> Within such a cultural context with related gender divisions, male caring might become hard to think of and be implemented. I think that those men who engage in caring despite this socio-cultural belief should be at another level of understanding of what it really means to be a man.

An analysis of the KZNCC male care-giving project in the context of HIV and AIDS allows one to understand that KZNCC male care-givers, as well as women, may willingly make a difference and care for people. The interviewees<sup>274</sup> indicated that partly because of their

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<sup>270</sup> Dean Peacock and Mark Weston. 2008, p 2.

<sup>271</sup> Jane Nyambura Njoroge. 2008. Daughters and Sons of Africa: Seeking Life-giving and Empowering Leadership in the Age of HIV/AIDS Pandemic. In Hinga, Mbari Teresia et al (eds). *Women, Religion and HIV/AIDS in Africa: Responding to Ethical and Theological Challenges*. Pietermaritzburg: Cluster publications. Accessed 26/07/2011, KZNCC. 2007, p 4.

<sup>272</sup> Dean Peacock and Mark Weston. 2008. Men and Care in the context of HIV and AIDS: Structure, Political will and Greater male Involvement, in EGM/ESOR/2008, p 2.

<sup>273</sup> Lukas M. Ngoetjana. 2009. A Theology of men as care- givers in Male Care-Givers Project Kwa-Zulu Natal 2009 Report, p 18.

<sup>274</sup> These are especially the implementers/monitors of the KZNCC's male care-giving project and the coordinators at the regional level interviewed in February 2011 in Pietermaritzburg. They were responding to questions as to know how and why the male project has been implemented.

interventions, there is an increased awareness of the HIV epidemic with knowledge of the havoc it has brought on the people in the province of KwaZulu-Natal. It is also beyond doubt that the HIV and AIDS epidemic is a hindrance to the wellbeing of many people in the province. It is not enough being aware of the impact of the epidemic on people's life. Getting more involved and responding to the HIV challenges-related is much needed and required.

For example, respondents have indicated<sup>275</sup> that through male caring, they seek to make a difference in their community, contribute to the good of the community as male care-givers especially when it comes to being a helping hand to sick/weak people. These men should have embraced Heidish's reason for caring that could be the desire of 'making a difference' and could be also to give something back.<sup>276</sup> Sometimes it might also happen that one cares simply because one has no choice - someone caring for a family member - or for other various motives. In addition they pointed out that it is a good opportunity to feel how people are really living in the society, to be in touch with the sick and the whole community, to give them education, information about the HIV and AIDS epidemic. Furthermore, the male care-givers stated that they believe that the Gospel is imperative to ensure social and gender justice in this instance. Driven by the word of God, the male care-givers indicated their willingness to seek to give hope to those who are desperate and isolated because of the epidemic. Interestingly, the male care-givers, Mukunde<sup>277</sup>, Maluleka<sup>278</sup> and Msthal<sup>279</sup> have indicated that:

Male care-giving is a unique project with a new approach in the home based care program, which is trying to strike the balance on issues of care and support which is something that was perceived as a women related work in the community. It is also targeting people who are well known for wearing collars when preaching but doing nothing for the communities. It creates a space for ministers to do pastoral counseling in a rightful manner.

Explaining why and how they are interested and involved in the male care-giving project,<sup>280</sup> one male care-giver states what is substantial in my understanding:

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<sup>275</sup> This is from male care-givers' answers to questions 5,6 and 7 –see questionnaire, appendix 2; Zulu interviewed in Eshowe in February 2011, Thuli interviewed in Eshowe in February 2011.

<sup>276</sup> Marchy Heidish. 1997. *Who cares: simple ways you can reach out*. Notre Dame, Indiana: Ave Maria Press, p 12.

<sup>277</sup> This is a pseudo name, interview on 17/02/2011 in Port Shepstone.

<sup>278</sup> Maluleka interviewed on 18/01/2011 in Eshowe.

<sup>279</sup> Msthal interviewed on 18/01/2011 in Eshowe.

<sup>280</sup> See appendix 2, questions 6, 7, and 14.



The male caring project allows keeping in touch with sick people for helping them since there are some of them who do not have people caring for them. This gives to men an opportunity to prove their disposition and ability of caring task that is traditionally in Zulu culture appointed to women. Now men can do every thing to sick people in regard to caring and give hope through the word of God; it is an opportunity to set an example of what the Bible tells about and of what one preaches. I often sacrifice my resting time as I wake up earlier in the morning and go late to bed to visit, encourage, care for HIV affected/infected people. And this is not for my church members only, but for all the needy people regardless their background of faith, gender, and social status.<sup>281</sup>

Another respondent emphasises the will of transcending the cultural norms when he declares: “I want making a difference in the local community, and join my hands to all those activists responding to HIV and AIDS.”<sup>282</sup> Sick people need more care than any other one and God calls even men to care for sick people. It is in this perspective that males - church leaders in particular have chosen to perform the caring task since the male care-giving is part of their calling as pastors.<sup>283</sup> Another male care giver specifies that “this male caring project makes him reaching the community and he feels the real life of people”<sup>284</sup> who as they are going through challenges of life need some one showing them love through helping them. This also makes people affected/infected with the epidemic not feeling alone.<sup>285</sup>

Responding to what is the influence of their work<sup>286</sup> male care-givers concur arguing that the project has influenced their lives and the communities within which they are performing the caring activities. Maluleka for example clarifies that as through the project, people are educated about HIV, they end up by disclosing their status and break down stigma. He goes further stating that through the male caring tasks, the love of God is shared and the church that is known as where we should love one another as Christ has recommended has the opportunity to demonstrate it. As one body of Christ, through male caring, any one feels his (her) place in this body.<sup>287</sup> In Mavuso’s observation: “pastors’ preaching has changed as now the message is more focussed to how Christians should effectively respond to HIV instead of remaining with judgemental attitude towards HIV infected/affected people.”<sup>288</sup> Khwela states: “through the project I got skilled in how caring for needy people especially for those

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<sup>281</sup> Ngema interviewed by Astere Kwizera on 16/02/2011 in Port Shepstone.

<sup>282</sup> Zulu interviewed by Astere Kwizera on 10/02/2011 in Eshowe.

<sup>283</sup> Mavuso, interviewed by Astere Kwizera on 18/1/2011 in Eshowe.

<sup>284</sup> Maluleka, interviewed by Astere Kwizera on 18/1/2011 in Eshowe.

<sup>285</sup> Sibusiso, interviewed by Astere Kwizera on 18/1/2011 in Eshowe.

<sup>286</sup> See appendix 2, questions 10, 12 and 17.

<sup>287</sup> Interview conducted by Astere Kwizera on 18/01/2011 in Eshowe.

<sup>288</sup> Mavuso, interviewed by Astere Kwizera on 18/01/2011 in Eshowe.

affected/infected by the epidemic. Since I am more aware of the epidemic and how to treat these people, I know now how to discuss with people about the epidemic. I was also taught in showing love and compassion to these people as they very often discriminated in the society. Now I am pleased putting into action what I learnt.”<sup>289</sup>

From these different assessments KZNCC male care-giving can be understood to be acting with good will so as to be part of the response to the epidemic in caring for people in KZN despite the cultural view that care-giving is a women related work. To make a difference in the community through helping the sick and vulnerable people is what might characterize people today since as Bongmba<sup>290</sup> indicates: “HIV and AIDS demand responsibility from all members of the human family. By ‘responsibility’, I refer specifically to actions that would prevent the spread of HIV and AIDS and assist the people who are affected. Unfortunately, as Heidish<sup>291</sup> points out “in the rush and push of daily life, people may forget the power of the caring person within us.” So if each of the clergy is involving in the caring project he exerts a lot of influence in church and community members begin to see the issue of caring from a fresh perspective. The project also influences men to re-think how they understand manhood and their socializations as men in a context riddled with and suffering from the problem of the spread of HIV and the impact of AIDS.

To be more effective in caring, good will is not enough. Questions on how to care, when and where to begin caring, which relationship is used to guide the caring might also be thought about carefully so that the caring that one wishes to provide might be effective. It is in this that Heidish sees caring as an “art”.<sup>292</sup> It might well be true that caring can be considered as an art if we take into consideration that “people speak of a need to ‘make a difference’, ‘to connect on another level’, ‘to give something back’, and ‘to know what to say, what to do when someone’s having a rough time...when bad things happen’”.<sup>293</sup> What is also important for the effectiveness of the art of caring is to ensure that one is called to care and that the

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<sup>289</sup> Khwela, interviewed by Astere Kwizera on 16/02/2011 in Port Shepstone

<sup>290</sup> Elias K. Bongmba. 2007. *Facing a pandemic: the African church and the crisis of AIDS*. Texas: Baylor University Press, p 171.

<sup>291</sup> Marchy Heidish. 1997. *Who cares: simple ways you can reach out*. Notre Dame, Indiana: Ave Maria Press, p 12.

<sup>292</sup> Marchy Heidish. 1997, p 17.

<sup>293</sup> Marchy Heidish. 1997, p 18.

caring is administered where God wants him/she to be.<sup>294</sup> This also will help to determine what appropriate role/activities to perform in caring for people in an HIV and AIDS context.

Heidish points out that “we don’t have to be saints to act on the caring impulse, to practice the ‘art of caring’.”<sup>295</sup> By this one understands that there is no requirement regarding gender characteristics, social or religious status for caring tasks yet these aspects might be necessary especially when it comes to responding to diseases such as HIV and AIDS.

According to Nguyen and Klot<sup>296</sup> addressing the gender dimensions of the epidemic – and the implications for policy makers and practitioners – requires a far deeper understanding about how to support families and communities as they mediate the epidemic’s repercussions for household restructuring, gender and intergenerational relations, reproductive health decision making, livelihood choices, education planning, economic status and civic participation. Equally urgent is the need to develop the knowledge necessary to strengthen national response capacities so that those most infected/affected by HIV and AIDS do not also have to shoulder its associated burdens. This could be done with the involvement of NGOs, FBOs and individuals in sustaining the Government’s response to the epidemic. This study is interested in the KZNCC’s involvement. Is the KZNCC well placed and has it understood and equipped itself sufficiently to respond by using men to the HIV and AIDS in KZN province? What is, through its initiative, the extent of caring by men that KZNCC has undertaken in response to HIV and AIDS? What are the specific activities performed by them?

#### **4.2.2.2.3 Activities performed in male caring**

In addition of what is already mentioned above this section describes the men’s role in caring within the family, in the community in general and specifically in the context of HIV and AIDS in KZN province. It is on the answers to the question: “*describe the work you do on the male care-givers’ project*”/ *what are specific activities that are performed by male care-givers in helping people infected/affected by the epidemic*<sup>297</sup> that the following sections have been built.

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<sup>294</sup> Marchy Heidish. 1997, p 21.

<sup>295</sup> Marchy Heidish. 1997, p 10.

<sup>296</sup> Viuh-Kim Nguyen and Jennifer F. Klot, F. 2008, p 2.

<sup>297</sup> See appendix 2: question 9, and appendix 1: question 14

#### 4.2.2.2.3.1 Caring within the family

Very often, within many African cultures, men are not seen as care-givers unless one considers male-doctors/nurses who care for people in health centres or male pastors with pastoral care and counselling in churches. When one observes the role of men within their family, it is assumed that caring is generally allocated to women. For cultural reasons, the practice of a patriarchal system which supports hegemonic masculinity with its differentiation of gender roles, men are seen as outdoor people and women as indoor people as was established in “the gender-divided world of antiquity”.<sup>298</sup> Richter<sup>299</sup> echoes this when pointing out that breadwinning or providing was traditionally the father’s role in many societies whereas the child caring task is at lower levels suited for women. This was obviously for the good of the family and the community but, especially in the HIV and AIDS context, is changing since “the concept of the male breadwinner is almost dead, with most dual households now having two income providers”.<sup>300</sup> Richter<sup>301</sup> goes on to state that for reasons of urbanization and changing patterns of employment and work by men and women, and additional shifts in gender, these patterns are changing and more men are performing household tasks and taking responsibility for child care. It is interesting that in South Africa, men are increasingly attending health centres with children who require immunization or health care, walking children to and from school, and providing care at home because their female partners are employed, often with non-standard hours of work.<sup>302</sup> Nevertheless, one might wonder if these men in the Zulu cultural context would perform the same tasks if their female partners were unemployed. Reflecting on this, leads one to ask whether these men do so willingly or by compulsion? If it is by their own willingness, one might expect that these men would be good counselors for other men who still have the idea that women should, at all costs, perform all the domestic household tasks including the care-giving of the children and the husband. It is pointed out that this is justified by the fact that:

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<sup>298</sup>Stephen D. Moore and Capel Janice Anderson. 2003. “Taking it like a man: masculinity in 4 Maccabees”, in *JBL* 117/2, p 44.

<sup>299</sup> Linda Richter. 2006. “The Importance of Fathering for Children”. In Linda Richter and Robert Morrell (eds). *Baba – Men and Fatherhood in South Africa*. Cape Town: Human Sciences Research Council (HSRC), p 57.

<sup>300</sup> Stephen M. Whitehead and Frank J. Barrett. 2001. *The Masculinities Reader*. Malden: Blackwell Publishers Inc., p 16.

<sup>301</sup> Linda Richter. 2006, p 57.

<sup>302</sup> Linda Richter. 2006, p 58.

Sometimes men refer to their wives as their children as another way of silencing women who question or argue with them, even when they are in the wrong. As this is practiced within the culture, women live under pressure all the time because of male domination.<sup>303</sup>

This has an influence on the sharing of responsibilities in caring and working in the household. Thus, these men who willingly share the responsibility of caring for children and perform domestic tasks in household would also be prepared “to promote the equal sharing of responsibilities between women and men.”<sup>304</sup> In addition, performing this task of caring would not be strange for them when it comes to caring for other people outside their own families and even in the context of HIV and AIDS. It is stated that in many societies and even, I think, in Zulu society that “girls and young women are expected to manage both educational and domestic responsibilities, often resulting in poor school performance and early drop-out from the educational system”.<sup>305</sup> As for men, full participation and partnership with women is required in productive and reproductive life, including shared responsibilities for the care and nurturing of children and the maintenance of the household.<sup>306</sup> I believe that this sharing of caring responsibilities in the household between men and women would result in the non-withdrawing of children from schools. Unfortunately, it has been observed that “women bear a disproportionate burden, attempting to manage household consumption and production under conditions of increasing scarcity because of the gender division of labour and household responsibilities.”<sup>307</sup>

#### **4.2.2.2.3.2 Caring for people affected/infected with HIV and AIDS**

Once KZNCC’s male care-givers are trained (in basic counseling, care-giving, lobbying and advocacy, theological reflections on the church as a caring community), they have the opportunity to practice what they have been taught. Describing the work done by the male care givers, how it influences and benefits to lives in the community,<sup>308</sup> the following descriptions can tell more:

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<sup>303</sup> Information got during an informal discussion with Ngcobo a Zulu student on 11/02/2011 in Pietermaritzburg.

<sup>304</sup> Dean Peacock and Mark Weston. 2008. “Men and care in the context of HIV and AIDS: Structure, political will and greater male involvement” in EGM/ESOR. (6-9 October 2008). The Equal Sharing of Responsibilities between Women and Men, Including Care Giving in the Context of HIV/AIDS: Report of the Expert Group Meeting, p 6.

<sup>305</sup> Dean Peacock and Mark Weston, 2008, p 7.

<sup>306</sup> This is quoted in EGM/ESOR from ‘Report of the International Conference on Population and development, Cairo, 5-13 September 1994, Chapter I, resolution 1, annex, paragraph 4.1.

<sup>307</sup> Dean Peacock and Mark Weston. 2008, p7.

<sup>308</sup> See appendix 2: questionnaire for male care-givers, questions 9-13, 17

The male care-givers provide counseling, prayers for sick people when visiting them either in their homes or in the hospitals. We also visit places like schools, house to house, child-headed homes, hospitals and clinics with the mission of identifying sick people, educating people on how to take care of sick people, helping in taking a patient or a family member to social government departments. In these places, visit could also be made in order to convince other men of the importance of care-giving. It could also be to bath, feed, clean the place, help the sick to exercise the body, to relax, take medication for those sick people who cannot help themselves. Further, we organize food parcels, monthly meetings for counseling, compile reports, and follow up on issues raised during or extracted from monthly reports. If necessary, people are also helped to be connected with their local district health departments so that they could contact them when needs arise.<sup>309</sup>

Mugabo<sup>310</sup> underlines that besides what is already mentioned, there are meetings held for men and women to discuss, talk and exchange views about HIV and AIDS in the community. Emerging from this one could note that male care-giving is impacting on different sectors of life namely economically, socio-culturally and even spiritually especially within churches. Reflecting on all these activities that should be performed in caring one understands the caring role as exigent.

#### **4.2.2.2.4 Care-giving as a demanding task**

Although it is stated that the HIV and AIDS epidemic is demanding especially in matters of caring for people affected and infected by the epidemic, Faith-Based Organizations (FBOs)/ Churches or particular individuals have engaged in looking at how to respond to the pandemic in various ways. Warren and Birdsall<sup>311</sup> point out that FBOs are ideally placed to deal with the realities of HIV and AIDS and the intersections between faith, care and hope since they promote values of compassion, tolerance and care for the needy. These FBOs have this capability for “they are embedded within communities and understand local needs and conditions; and they have long histories of delivering health care and other social services in poor and underdeveloped areas.”<sup>312</sup>

According to Akintola<sup>313</sup> care-giving activities include provision of physical and emotional support to patients, and work such as carrying, lifting and bathing of patients, staying awake

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<sup>309</sup> Linda, Maluleka, Ngema, and Zulu interviewed by Astere Kwizera on 18/01/ 2011 in Eshowe.

<sup>310</sup> Mugabo is a pseudo name and was interviewed on 17/02/2011 in Port Shepstone.

<sup>311</sup> Warren Parker and Karen Birdsall. 2005. “HIV/AIDS, Stigma and Faith-Based Organizations: a Review” in Futures Group: a Constella Company – Enhancing Human Health, p 14.

<sup>312</sup> Warren Parker and Karen Birdsall. 2005, p 14.

<sup>313</sup> Olakoge Akintola. 2004. “A Gendered Analysis of Burden of Care on Family and Volunteer Care-givers in Uganda and South Africa”, in *Health Economic and HIV/AIDS Research Division*. Durban: University of KwaZulu-Natal, p 3.

at night to attend to patients who are in the terminal stages of their illness, and cleaning those with frequent bouts of diarrhea among other debilitations. Akintola<sup>314</sup> goes further indicating that care-giving is usually carried out by family members who serve as primary care-givers, and by community members who are recruited and trained to provide services as volunteer care-givers. It could also be done by volunteer care-givers who, in some cases, become the main care-givers of the sick person and, like family care-givers, also face the risk of infection with TB and HIV because they often do not use protective measures when caring for the sick.<sup>315</sup>

As one might assume from Akintola's definition of care-giving activities, this task of care-giving does not only require resources and people, but also availability, and a special vocation and commitment from these care-givers. Therefore, there is an assumption that a synergy of the family members and volunteer care-givers might accomplish noticeable and useful responses to people affected and infected by the HIV and AIDS epidemic.

Furthermore, since care-giving is usually and mainly concerned with and carried out by family members who serve as primary care-givers, if these family members are not capable of caring for their sick persons - when for example one of the parents has died and the one who is still alive is also sick, community members who are recruited and trained are to provide service as volunteer care-givers. This means that family members, in collaboration with volunteers, often take on household chores and assist with the care of the children of the sick/dead people. Because there are not always a sufficient number of volunteers to satisfy the demand of needy people for their care, there is often shortage of care-givers. That is why one might wish that other people outside the family – men in particular- become more involved in this role of care-giving. The expectation is that people might hope for the mitigation of the pandemic and therefore expect improvement of their life. Thus the study is interested here in male care-givers who could be more sensitized and involved in order to perform this task of care-giving for the improvement of life in KZN.

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<sup>314</sup> Olakoge Akintola. 2004, p 3.

<sup>315</sup> Olakoge Akintola, 2004, p 3.

According to Niishinda<sup>316</sup>, financial services, mining houses, manufacturing and farming, individuals sectors, have reacted to the demand for health care and lots of funds have been allocated for the epidemic. All these, but to mention a few, are the different institutions and individuals that are impacted by the epidemic. Macklin in Niishinda<sup>317</sup> indicate that family members and their loved ones, partners and spouses, parents and children, siblings and grandparents, friends and care-givers, whose lives are also affected significantly are also in need of care and support. In other words, not only sick people need being cared for but the care-givers themselves are also in need of care. Moreover, there are many children living in poverty in KZN (more than 70%)<sup>318</sup> and some areas face a high percentage of unemployed people who are in need of care as well. In this one might assume that without being cared for, these people are running the risk of HIV infection. Therefore it is understandable that the task of care-giving is open ended and one might assume that not only the infected person within his/her family is in need of care but indeed the whole family and even the whole community is in need of care.

For volunteer care-givers, the work involves also transferring knowledge by training family members on how to care for the sick, visiting several homes a day, working long hours and walking in the heat of day to assist. “Many volunteer caregivers become the primary care-givers of the sick person”<sup>319</sup> because very often the children are still very young or they are living with the grandmother/ father who herself/ himself needs care. Once again this allows us to understand that care-giving involves not only the one cared for and the carer but also the whole community. Thus there is a need of more care givers.

#### **4.2.2.2.5 More men needed in care-giving in KZN province**

In the context of KZN province with a high HIV prevalence as already discussed above, the role of men in responding to the HIV and AIDS epidemic might be urgently needed “there is

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<sup>316</sup> Titus-Heikki-Panduleni Tshaanika Niishinda. 2005. The Challenge of Pastoral Care and Counselling of HIV/AIDS Affected Families in ten Evangelical Lutheran Churches Parishes in the Oshana Region, Namibia. Masters Thesis of Theology in the Faculty of Humanities, Development and Social Sciences, School of Religion and Theology. Unpublished. University of KwaZulu-Natal, p 42.

<sup>317</sup> Titus-Heikki-Panduleni Tshaanika Niishinda. 2005, p 42.

<sup>318</sup> Katharine Hall. 2010. Statistics on Children in South Africa: Income and social grants - children living in poverty. University of Cape Town, p 1. [http://www.childrencount.ci.org.za/uploads/factsheet\\_14.pdf](http://www.childrencount.ci.org.za/uploads/factsheet_14.pdf). Accessed 26/07/2011.

<sup>319</sup> Olakoge Akintola. 2004, p 3.



no gender in sickness in AIDS.”<sup>320</sup> In addition, because men in KZN have “many partners, not only did poverty result in extended partners, but this contributed to the spread of the pandemic...”<sup>321</sup> Therefore to involve more men in the projects/activities that help in responding to HIV might be imperative. These men, at the same time, must challenge their own behaviour in matters of sexuality, gender and social attitudes.

Peacock and Weston<sup>322</sup> state that wives, daughters, mothers, sisters and grandmothers, rather than men and boys, are expected to care for sick family members in most countries. In the area of HIV and AIDS more than other diseases, Wagglio<sup>323</sup> suggests that, as HIV is serious a threat to life, there should be greater mobilization of the community to counter its negative effects and prevention programmes in church and society should be enhanced. This is in the line with why Rev Malinga, together with other pastors and reverends, has started a fraternal from where he has had the opportunity to speak to the crowds, telling men to be involved in care giving.”<sup>324</sup> Similarly, programmes with everyone in general and men in particular for care and support should receive more attention, as communities should strive to promote life. In other words, the concern for care giving should target more men regardless of the cultural norms and practices that hinder the noticeable involvement of men in care-giving in the HIV context of KZN.

In the area of HIV and AIDS, more than in areas of other diseases or individual life in the community, if there are no significant caring responsibilities from men in responding to the needs of those infected and affected by the critical situation of illness and offering help, one might suspect that there would be many repercussions. It is for example what Rev Shezi has understood when, as a pastor, he has realised that his work is not limited to preaching but to taking care of people spiritually, emotionally as well as physically, in other word, caring for their total human being.<sup>325</sup>

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<sup>320</sup> This is Ndaba’s opinion, while explaining that exposure to information on Gender and Theology of care has helped him in accepting those who are HIV infected and made him understand his responsibility as a Minister to support and care for them : see “Male caregivers Project KwaZulu-Natal 2009 Report, p 40)

<sup>321</sup> Philippe Denis. 2002. Church and AIDS. Pietermaritzburg: University of Natal (Unpublished paper), p 4.

<sup>322</sup> KZNCC’s Annual Report. 2008, p 2.

<sup>323</sup> John Mary Wagglio. 2005/6. ‘ Inculturation and the HIV and AIDS Pandemic in the AMECEA Region’, African Ecclesial Review, 47(4), 2005 and 48(1), 2006, pp 295-296, p 51.

<sup>324</sup> Rev Malinga commenting in “Male caregivers Project KwaZulu-Natal 2009 Report”, pp 43-44.

<sup>325</sup> Rev Shezi commenting in “Male caregivers Project KwaZulu-Natal 2009 Report”, p 55.

As women and girls bear the disproportionate burden of caring for and supporting those infected/affected by HIV and AIDS there should be aid from governments or other authorities regarding the provision of resources and facilities to women who find themselves having to provide care and/or material support for those infected with HIV and AIDS or affected by HIV and AIDS. Akintola<sup>326</sup> echoes that the burden of caring for the sick weighs disproportionately on women not only because they are the main providers of care in homes, but also because many have lost their male partners or have never been married. And therefore, they have to bear alone the financial costs of caring for self and sick family members. This disproportion might also be justified by the fact that, according to Akintola<sup>327</sup>, men rarely assist with care-giving because they are usually involved in formal or informal activities to earn an income for the family. There are also some of these men who deliberately shirk their responsibilities. The following observation might require more attention: “when men do assist (e.g. bathing patients, cleaning and treating pressure sores), women care-givers often feel uncomfortable as opposed to when men assist with hospital visits and arranging transport for the sick.”<sup>328</sup> In highlighting the activities by KZNCC male care-givers, what one might understand by their caring role?

#### **4.2.2.2.6 Care-giving: a community task**

Regarding the impact of HIV and AIDS that was defined in the third chapter, there is a need that people, regardless of gender, social status or any other criteria, be more involved in response to the epidemic. Nevertheless, it has been observed that “lots of men unshakably and continuously argue that women should do all the household chores and should serve men, the superior gender.”<sup>329</sup> If there is no shift in this way of thinking by men, one might wonder if the KZNCC’s work with men in an HIV and AIDS context would have a noticeable impact.

One of the ways of effectively caring for people is to educate them for empowerment. In this logic, Njoroge<sup>330</sup> points out that empowering children with good basic education (both formal

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<sup>326</sup> Olakoge Akintola. 2004, p 4.

<sup>327</sup> Olakoge Akintola. 2004, p 4.

<sup>328</sup> Olakoge Akintola. 2004, p 4.

<sup>329</sup> KwaZulu-Natal Christian Council (KZNCC) report on gender and Aids project focussing for change towards transformation of behaviour and attitudes in an HIV/AIDS context. January-December 2007, p 5.

<sup>330</sup> Jane Nyambura Njoroge. 2008. Daughters and Sons of Africa: Seeking Life-giving and Empowering Leadership in the Age of HIV/AIDS Pandemic. In Teresia Mbari Hinga et al (eds). *Women, Religion and HIV/AIDS in Africa: Responding to Ethical and Theological Challenges*. Pietermaritzburg: Cluster publications, p 184.

and informal) is critical if the battle against poverty, HIV and AIDS and gender injustice is to be won. The thought then is that not only children need to be educated for empowerment but also all people, especially in the HIV and AIDS context, since “the epidemic (sic) continues to outpace responses.”<sup>331</sup>

Emerging from this, one might think that the male care-givers who are church leaders have, together with their caring services, the task of educating people. Beyond the preaching that these church leaders have to deliver to their congregants, they also have to educate them starting with a change in the way of thinking of the male caring in an HIV context so that they could be able to efficiently respond to the HIV and AIDS epidemic in their communities. These are values on which the programme of education and caring could be based.

#### **4.2.2.2.7 Socio-cultural and theological values underpinning KZNCC’s men caring in the HIV and AIDS context**

There might be various motivations that push people to take an interest in male care giving. As indicated by respondents during the interview<sup>332</sup>, the various socio-cultural and theological values of *ubuntu*, and ‘love without limit’ might be very relevant in caring in an HIV and AIDS context in KZN province. This section is built with answers to the questions: “*Explain the socio-cultural and theological values that influence you to do this work*” and “*Which verses of the Bible influence/help you and your faith in this work?*”<sup>333</sup>

##### **4.2.2.2.7.1 Male care-giving beyond the male physical force**

Through the “analysis in workshops - women, men and HIV/AIDS”, it was reported that women were unconditionally caring for the sick people and for the orphans.<sup>334</sup> Considering the lack of involvement of more men in care-giving although men claim to be physically and emotionally strong, this pushed KZNCC’s leaders and organizers of the project, to seek for another alternative – to harness the strength of men to work in the world of HIV. In other words, they looked for men to use physical force not to dominate and enforce their decisions, but to create with this strong emotion and physical force, homes, places, environments in the

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<sup>331</sup> UNAIDS Executive Director: Pieter Piot in Parry, Sue. 2008. Beacons of Hope HIV Competent Churches: a Framework for Action. Geneva: World Council of Churches, p 14.

<sup>332</sup> Thuli, Ngema, interviewed in Port Shepstone in February 2011, Cele, Maluleka and Shezi interviewed in Port Shepstone in February 2011.

<sup>333</sup> See appendix 2: questions 14 and 15 for male care-givers.

<sup>334</sup> KwaZulu-Natal Christian Council (KZNCC) 2007 funding proposal for men, gender and AIDS: focussing on men for transformation of behaviour and attitudes in an HIV/AIDS context, p 12.

community where safety, care, love and life are promoted. This is more than needed in an HIV and AIDS context.

The idea that men are superior and women are inferior, negative in most cases as it has been when it comes to helping in the response to HIV, must be changed to carry positive messages about HIV and AIDS<sup>335</sup> if one is willing being an efficient male care-giver in KZN. Rev Ndaba has understood this since he has taken responsibility for caring for the sick and has comprehended as well that it is not only the responsibility of women to wash those who are sick but that it is also his own.<sup>336</sup>

#### **4.2.2.2.7.2 Ethic of care and preservation of life**

According to Sanders, Sambo and Anderso et al. in Bongmba<sup>337</sup> HIV and AIDS is not, as some would have it, a disease spread from a few “highly sexually active female prostitutes to males”, it is a complex disease that has affected people in all sectors of society and calls for a multifaceted understanding and response because it has increased our perception of vulnerability as a human community. In addition, the idea that we are created in the image of God might call humanity to recognize the profound ethical responsibility we owe to those who suffer in our world.<sup>338</sup> One of the responsibilities is “to do something about the threat to the imago Dei by HIV and AIDS”<sup>339</sup> that is, one might think of caring for the affected and infected by the epidemic.

Sevenhuijsen et al. in Gouws<sup>340</sup> differentiate between “caring about” which is the recognition that care is necessary and “caring for” which is accepting the responsibility for the need to be met and “care-giving” which is fulfilling the tasks of care. According to the Methodist Church of Southern Africa<sup>341</sup>, it is pointed out that in line with Christian ethics one should commit to identifying and challenging harmful rituals and practices where culturally supported behaviour makes people more vulnerable to HIV. For example, to leave the task of caring to being performed by women and girls alone seems to be another way of perpetuating

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<sup>335</sup> Male Caregivers Project Kwa-Zulu Natal 2009 Report, p 22.

<sup>336</sup> Male Caregivers Project KwaZulu-Natal 2009 Report, p 40.

<sup>337</sup> Elias K. Bongmba. 2008. *Facing a Pandemic: The African Church and the Crisis of AIDS*. Waco, Texas: Baylor University Press, p 2

<sup>338</sup> Elias K. Bongmba., 2008, p 3.

<sup>339</sup> Elias K. Bongmba. 2008, p 3.

<sup>340</sup> Amanda Gouws. 2009. “A Gender Perspective on Social Welfare and Religion in Paarl through the Lens of a Feminist Ethics of Care”, in *Journal of Theology for Southern Africa*, No 133, p 63.

<sup>341</sup> The Methodist Church of Southern Africa. 2006. Revised HIV & Implementation plan, p 11.

the exploitation of and abuse of women's and girls' lives. Regarding "the biblical command of 'love thy neighbor'<sup>342</sup>; one might not adopt an attitude of leaving others crushed by the burden of caring for others without lending a helping hand. Thus "women must not be disadvantaged in fulfilling their God given way of living."<sup>343</sup> Even if it is true that women are gifted in care giving this does not mean that one must take advantage of them by leaving them to do all the caring.

Caring for AIDS patients is a full-time occupation. Women who are considered as the main caretakers of households can become disconnected from their communities while preoccupied by the work of caring for others. This has therefore consequences on the life of the women's families. When men become involved in sharing responsibilities in caring, I think that not only are they improving the quality of life for sick people but, and even more, for the whole KZN community for they are lessening the burden on women as the main caretakers.

Furthermore, though "HIV and AIDS is not the virus or the syndrome found in the scriptures, HIV and AIDS is our modern challenge that calls for theological and spiritual attention too..."<sup>344</sup> Theologies of HIV and AIDS must be developed to assist in the non-material, psychological and spiritual dimension of the challenge. The HIV epidemic is not only a concern for the body but also concerns the spiritual dimension of the human being. Thus a reflection on our acts, behaviour, beliefs and attitudes should be undertaken to respond well to the challenges of HIV for the promotion of life. Since the call for responses to the epidemic persists, all care-givers from churches/ religious communities or other organizations are required to mitigate "the disease by carrying out a broad conversation and exploring intervention strategies that identify the social and economic conditions that create and perpetrate risk situations."<sup>345</sup> By doing this, the enemy of KZN community's life, the HIV epidemic, will be prevented.

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<sup>342</sup> Amanda Gouws. 2009, p 60.

<sup>343</sup> Male Caregivers Project 2009 Report, p 20.

<sup>344</sup> KZNCC Annual Report 2008-2009, p 14.

<sup>345</sup> Elias K. Bongmba. 2008. Facing a Pandemic: the African Church and the Crisis of AIDS. Waco, Texas: Baylor University Press.

#### 4.2.2.2.7.3 Socio-cultural value of *Ubuntu*

Lesejane<sup>346</sup> indicates that holding the African cultural value system together is the notion of ‘*botho/ubuntu*’, a concept that emphasises a spirit of communalism among members of a community. *Botho/ubuntu* is characterised by caring and compassion for others, especially the most vulnerable; connectedness to and on-going fellowship with ancestors; and commitment to the common good. It is within this framework of the value of Ubuntu that this section seeks to further reflect critically on the role of men in KZN society.

According to Coughlan<sup>347</sup> the word ‘*ubuntu*’ comes from the Bantu languages spoken in southern Africa - and is related to a southern African concept - "*umuntu ngumuntu ngabantu*"/ *motho ke motho ka batho* - which means that a person is only a person through relationships with others. That is what Nicolson<sup>348</sup> clarifies when he points out that to be a human being (*ukuba ngumuntu*) is a social practice and requires one to co-operate with others by doing good, thereby promoting the balance that is thought to characterise the universe. And Boff goes further by saying that “without care we are no longer human being.”<sup>349</sup> Emerging from Nicolson’s and Boff’s views, one might understand that the cultural value of *ubuntu* and caring are related.

In the context of HIV and AIDS, this value of *ubuntu* might contribute efficiently in the caring role of men for people affected and infected by the epidemic. This is because with this “*ubuntu*”, there is “a high regard for the dignity of the human person” and “societies in Southern Africa need to weed out oppressive masculinities that stifle the full inclusion of women under the category of human persons.”<sup>350</sup> *Ubuntu* takes into account not only the providers of care but also the ones cared for. That is what the “main assumption of a feminist ethic of care is that care is relational and contextual and depends on the interdependence between care giving and care receiving.”<sup>351</sup>

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<sup>346</sup> Desmond Lesejane, 2006, p 174.

<sup>347</sup> Sean Coughlan (September 2006). “All you Need is *Ubuntu*”, in BBC News Magazine. [http://news.bbc.co.uk/2/hi/uk\\_news/magazine/5388182.stm](http://news.bbc.co.uk/2/hi/uk_news/magazine/5388182.stm). Accessed 23/11/2010.

<sup>348</sup> Mkhize, Nhlanhla. 2008. “Ubuntu and Harmony: an African Approach to Morality and Ethics. In Nicolson, Ronald (ed). *Persons in Community: African Ethics in a Global Culture*. South Africa: University of KwaZulu-Natal Press, p 40.

<sup>349</sup> Leonardo Boff. 2008, p 56.

<sup>350</sup> Ezra Chitando. 2008. Religious Ethics, HIV and AIDS and Masculinities in Southern Africa. In Nicolson, Ronald (ed). *Persons in Community: African Ethics in a Global Culture*. South Africa: University of KwaZulu-Natal Press, p 58.

<sup>351</sup> Amanda Gouws. 2008, p 63.

In his book “*No future without forgiveness*”<sup>352</sup>, Tutu explains that a person with *ubuntu* is open and available to others, does not feel threatened and that others are able and good. This person has a proper self-assurance that comes from knowing that s/he belongs in a greater whole and is diminished when others are humiliated or diminished, when others are tortured or oppressed. And also that one is fulfilled when others are fulfilled as well – *ubuntu* is mutual and reciprocal. The author goes on to state that if someone is hungry, the *ubuntu* response is that we are all collectively responsible to assuage, to decrease or to eradicate that collective hunger. It is understandable that even in the era of HIV and AIDS, there is no doubt that infected/affected people are significantly helped through the same spirit of collective responsibility guided by the *ubuntu* value.

Emerging from this understanding of *ubuntu* from these authors, one can assume that the KZNCC’s work with men in the context of HIV epidemic, if it is based on this concept and value of *ubuntu*, might result in a care-giving capacity being embedded in the KZN communities these men are serving. This is because; HIV and AIDS are a threat not for one person but for the whole community. Therefore, KZNCC male care-givers identifying themselves with, sharing with HIV infected/affected and acting for no other motive than the one of *ubuntu* with love without limit, might demonstrate an effective response in caring for the KZN community in an HIV and AIDS context. Connected to this value is love for others.

#### **4.2.2.2.7.4 Love without limit/Unconditional love and theology of the church as a caring community**

In the reflection on 1 Corinthians 13:4-7 defining what love is it is interesting to notice that Love is unselfish, gives to and for others (John 15:13), pursues others and their pleasure before self, seeks to please others for their benefit (Rom 15:2; I Corinthians 10:24), is a sincere consideration of others (Rom 12:10; Phil 2:4).<sup>353</sup> In addition, the commandment of love of God is universal and embraces the commandment of the love of one’s neighbour.<sup>354</sup> Again as expressed in many of Jesus’ parables “God’s reign is breaking forth here and now, overthrowing oppressive religious and political oligarchies and social orders and establishing

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<sup>352</sup> Desmond Tutu. 1999. *No Future without Forgiveness...*

<sup>353</sup> Definition of Love, p 3. <http://www.letgodbetruer.com/sermons/pdf/definition-of-love.pdf>

<sup>354</sup> Hilarion Alfeyev. 2008. *St Isaac the Syrian: A Theologian of Love and Mercy*. Basilica di San Giovanni in Laterano, p 15. [http://www.worldapostoliccongressonmercy.org/IMG/pdf/Bishop\\_Hilarion\\_Alfeyev.pdf](http://www.worldapostoliccongressonmercy.org/IMG/pdf/Bishop_Hilarion_Alfeyev.pdf). Accessed on 17/09/2011.

a new community of mutuality and solidarity in the midst of the old.”<sup>355</sup> By analysing some of his parables and actions, one can see that Jesus valued humans’ spiritual and the material needs both in the present world and in the coming. It is in this urging to contribute to the establishment of this new community that Christ Himself commands his disciples to love one another (Matthew 22:39). Therefore, self-isolation would lead to a loss or absence of love for people, to selfish indifference towards anyone except oneself.<sup>356</sup> It is in this perspective that the KZNCC’s male care-givers should involve the caring job to stand in the footsteps of Jesus who not only stood beside the outcast people but also cared for them. In fact, God understood, first of all, as immeasurable and boundless love<sup>357</sup> all those claiming to be beings created in His image who should manifest the same love that God does.

Nowadays, it is unfortunate that it is in the church which was required to be the light and the salt (Matthew 5:13-14), especially in this period of HIV and AIDS, that discrimination and divisions are observed. Therefore this love preached and put into practice by Christ and that should help those who are unaccepted such as the affected/infected with HIV, is critically lacking. It seems that the modern church has opted for the divisions, discriminations based mainly on race, ethnicity, and gender differences found in church that are certainly not based on Jesus’ vision of God’s kingdom. We are all aware that these divisions and the lack of vision are hindrances to the church’s success in its mission of transforming society. Thus Jesus’ call for repentance reveals that people were required to change radically not only their religious vision and practices but also their political, economic, psychological, and social perceptions and behaviours. It is therefore understandable that those who were oppressing the poor, abusing the weak, practicing exclusion, imposing inequalities that are gender related and occupying privileged positions in society would not receive this message with joy. Nevertheless, through his message, actions and attitudes Jesus did not either give up or to neither refuse to challenge this unfair situation nor fear of the threat of being put into death. In the same spirit, though the caring role is demanding and with high risks especially when it comes to caring for people living with HIV and AIDS, male care givers and all those Christians willing to embrace the unconditional love and put into action the theology of the church as a caring community have to effectively show this love not only in words but also in concrete actions that encourage all people to feel for other human beings. In fact, the way

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<sup>355</sup> Folk, J. 1991. *Doing Theology, Doing Justice*. Minneapolis: Fortress Press, p 95.

<sup>356</sup> Hilarion Alfeyev. 2008, p 15.

<sup>357</sup> Hilarion Alfeyev. 2008, p 3.



Jesus lived out his vision and mission should serve as principles for Christians' involvement in society in general and male care-givers in particular. This can be summarised as follow:

- By his life and his association with the dispossessed, Jesus has put into practice his sayings that express the economic implications of his radical kingdom vision.<sup>358</sup> This implies that the church should support the poor, the marginalised and the oppressed as Jesus did. The KZNCC' male care-givers should be required to be the voice for the people affected/infected in KZN and elsewhere since this project looks to being implemented in other regions.

By his positive attitudes to women, manifested in all dimensions of his ministry, Jesus challenged the hierarchical, patriarchal structures not just in word but in deeds, and replaced them with the order of the kingdom, which is based on mutuality between men and women and is open to full participation by women.<sup>359</sup> In other words, patriarchy and all its forms of discrimination and domination are evils that the church has to confront and eradicate in society. Though the KZNCC's male caring project is essentially for men, this does not exclude collaboration with women who are traditionally known as care-givers and whose experiences would be very helpful in effective and efficient caring for people in KZN.

- Many controversies between Jesus and the rulers warn us that the more we are faithful to the vision of the wellbeing of the community, the more enemies we will have. Yet, those who live according to Jesus' vision are to be guided in their relationships with all people, friends as well as enemies, by a single ethical standard which is love.<sup>360</sup> Nevertheless, in this vision, "love of the enemy is perfectly consistent with opposition on the enemy."<sup>361</sup> Because "Jesus' words and actions make it clear that cooperation with or resignation to what one believes is evil was not Jesus' way or the way to which he called his disciples. On the contrary, Jesus consistently denounced and confronted evil, as his bold attacks on the legalism of the Jewish religious establishment indicate.<sup>362</sup> Thus, like our Lord Jesus, Christians must be ready to suffer for justice because loving the enemy while simultaneously resisting evil requires "self-suffering."<sup>363</sup> If it is true that Christians have to love even their enemies (Matthew 5:44), PLWH are not enemies, they are people affected by the virus and who need to be helped.

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<sup>358</sup> Folk, J. 1991, p 104

<sup>359</sup> Folk 1991, p 107.

<sup>360</sup> Folk, J. 1991, p 107.

<sup>361</sup> Folk. 1991, p 108.

<sup>362</sup> Folk, J. 1991, p 109.

<sup>363</sup> Gandhi quoted in Folk, J. 1991,p 109.

They can be seen as enemies when we begin discriminating and marginalising them. Yet this is not what Christians are called for. Instead of discriminating them, Christians are called to embrace them, showing them love.

- In his relationships with the sinners, Jesus has demonstrated that religious idolatries or religion as ideologies that divide people into sinners and righteous, right believers and heretics, religious and irreligious, believers and atheists<sup>364</sup> does not have a place in the kingdom of God. What matters in the kingdom of God is not religion but the welfare of human beings, of all creation. If only all churches, instead of demonising each other, discriminating and stigmatizing those living with HIV and AIDS could strive for love expressed in feeding the hungry, encouraging and embracing the affected/infected with the epidemic, giving drink to thirsty, clothes to the naked, visiting those in prison and bringing good news to the poor, the church of Christ will make a difference in bringing about the God's reign on earth.

In addition, it has been stated so far that caring, especially in the era of HIV and AIDS, is a demanding task and needs to be performed based not only on physical force but on the *ubuntu* socio-cultural value. And this should be demonstrated through a communal responsibility for caring for HIV infected/affected people. This allows us to understand that performing all the duties related to the support of those infected and affected by the epidemic requires conviction, dedication, hard-work and self-sacrificial commitment. It is not only a group of women and girls with dedicated hearts, gifts and a willingness to care for people that is needed, but besides these women and girls, men and boys with the same heart, training and practical skills are needed. This care-giving work demands commitment, a sense of vocation and love without limit which must characterize the male care-givers as well. Thus care-givers- and I point here to the KZNCC male care-givers- could fulfill the mission that is to “show unconditional love to all infected/affected by HIV and AIDS in a practical way.”<sup>365</sup>

In regard to the practice of “love without limit”, one might think that KZNCC male care givers are called to ‘care-giving’ for not only for their loved ones or family members but for all those in need of care regardless of their gender, socio-cultural or belief backgrounds. Though the gendered division could be observed and be a barrier in care-giving yet the

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<sup>364</sup> Folk, J. 1991, p 115.

<sup>365</sup> Hillcrest AIDS Centre Trust- Annual Report 2008/2009, p 2.

biblical message is very clear on this. The teaching from the story of the Good Samaritan (Luke 10:25) shows that the Good Samaritan did not bypass the man who needed help. He took time to care for the suffering man who had been robbed. This act of caring for a stranger obviously does not require knowing the socio-cultural and belief background of the victim nor being a male or a female, with a special high rank in society as already underlined before. One just needs a caring heart regardless of the gender, the social status of the carer or of the cared for. In other clear and understandable words, caring for one's neighbour especially in the HIV and AIDS context is a demonstration of sharing God's love. And this should have a noticeable impact in community life in KZN.

#### **4.2.2.2.8 Impact of the male care-givers' work within KZN community**

This section is based on the responses of the interviewees to the questions 10-13 and 17 (see appendix 2: questionnaire for male care-givers and appendix 1: question 12 for implementers and coordinators of the project).

Asked about the impact of the male care-giving project the implementers and coordinators concur that, despite challenges encountered, the project benefits the male care-givers themselves because of the change taking place in their own lives, the lives of their family members and the community at large. They also agree that the project has changed their own lives in terms of how they understand the project and gender justice in the context of HIV and AIDS. They think that the project is making an impact because of the capacity building on gender justice issues, advocacy work and strategic thinking and information sharing. This led me understand that the impact/influence of the project is both on the communities as well as on the people implementing or performing the planned male caring activities. For a further understanding of the reality of the project's impact on people's lives, the different responses about the performance and its consideration by the communities help one to see more about the KZNCC's male care giving project. These responses are given in the section below by the male care – givers performing in the two regions targeted by this study and by the beneficiaries of this project.

The male care-givers' work has been wide-ranging, from helping people with HIV and AIDS to coping with many different problems which vary from medical problems and issues of treatment, problems of lack of proper nutrition, problems associated with stigma, psycho-social support and the need for counseling, to basic home based care. By and large the care-

giving work is related to coping with the HIV spread and coping with the AIDS disease and crises, such as anxiety and fear of depression. Through various programs, like the male care-giving program, Church Networking Program that deals with HIV and AIDS, the Global Fund Program, KZNCC has rolled out a massive capacity building exercise benefitting church leaders, community based activists, and the KZN community in general.

#### **4.2.2.2.8.1 Male care-giving and manhood**

Commenting about the influence of male care giving on manhood, Mtshali and Mjaja's observations are that through the male care-giving programme, they have understood that to be a real man means to care for others and especially the sick/vulnerable ones.<sup>366</sup> It is also wrong thinking that men are superior to women and that the care-giving role is women and girls' work related.<sup>367</sup> To correct this, discussions take place in the capacity building workshops and consensus is reached that the HIV and AIDS work is directly related to social and gender justice issues. One of the respondents even affirms that to make a difference in a community with such views, he opted to join the male care-givers' group in order to prove that males are also capable of exerting the caring role like women.<sup>368</sup> There are also men who still think that a real man is one who has more than one partner and that caring remains women's work related. The cultural belief/practice of having more than one partner which is common in South Africa in general and in Zulu culture in particular has a potential to worsen the spread of HIV, and it also undermines gender justice ideals. Part of KZNCC's male care-givers' work is to openly discuss these problems with other men, for it is also difficult for these men to be convinced that they should have only one wife/partner.<sup>369</sup>

In addition, as pastors who were used to only preach, the male caring project has given them an opportunity to join the action to the word. "A real man should join the word to the action."<sup>370</sup> As a consequence, people now understand more and support the role of pastors/male care-givers who should not only preach but also put what they preach into actions - caring for people. In addition, "while caring for the sick/weak, ministers provide a role model for younger men for positive manhood."<sup>371</sup> In such a situation, many other men

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<sup>366</sup> Mtshali, Mjaja commenting in Care givers project KwaZulu-Natal 2009 Report, pp 65-66.

<sup>367</sup> This is part of Khwela's comments in "Male Caregivers Project KwaZulu-Natal 2009 Report, p 60.

<sup>368</sup> Khwela, interviewed by Astere Kwizera on 16/02/2011 in Port Shepstone.

<sup>369</sup> Mugabo, interviewed on 17/02/2011 in Port Shepstone.

<sup>370</sup> Sibiya interviewed on 18/01/2011 in Eshowe.

<sup>371</sup> Male Care Givers Kwa-Zulu Natal 2009 Report, p 9.

have good role models and might wish to join the male care-giving group. Nevertheless it is not all the men who positively see this.

#### **4.2.2.2.8.2 Other men dismissing male care-giving role**

Not all people have welcomed and supported the KZNCC male care-givers' work. Whereas some men admire and express support for the male care-givers, as well as express a willingness to do this noble work, others dismiss it. There are even those who think that beyond being the women's work, caring "is for uneducated people."<sup>372</sup> In view of this way of thinking, it is apparent that such men support neither the caring work nor the male caring people. Therefore, men involved in care-giving for the good of the community, have also a huge task to sensitize men who still have ideas of gender-based discrimination, to teach them to rethink about the caring role and then join others in responding to HIV. On the other hand, the ones who admire the work "are happy to see that men are making a difference in the community."<sup>373</sup> They then end up joining the KZNCC male care-givers' group in order to respond positively to the challenges of HIV and AIDS epidemic in KZN province. Thus this lets us hope that the male care-giving project from KZNCC is playing a major role in challenging the spread of HIV within the KZN community. If more men from various regions in KZN could continue to embrace the male role of caring, one would expect vast improvements in the wellbeing of the KZN community. Indeed in rural KZN, usually considered a bastion of patriarchal attitudes and practices, there are some men involved in caring for their families.<sup>374</sup> If beyond that, these men become involved in caring for other people and in the HIV and AIDS context as women do, this should be well received. The KZN community has suffered from the socio-cultural beliefs and practices that were fuelling poverty and other issues related. Though some men still dismiss the caring role as it should be performed by only women, courageous KZNCC's male care givers stand firm to respond effectively to the socio-economic and health issues related in the KZN community.

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<sup>372</sup> Mugabo interviewed by Astere Kwizera on 17/02/2011 in Port Shepstone He was answering question 11-appendix 2.

<sup>373</sup> Mugabo interviewed by Astere Kwizera on 17/02/2011 in Port Shepstone.

<sup>374</sup> Dean Peacock and Mark Weston. 2008. Men and care in the context of HIV and AIDS: Structure, political will and greater male involvement. Expert Group Meeting on "Equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS". Division for the Advancement of Women Department of Economic and Social Affairs: United Nations, New York, p 11.

### **4.2.3 Interviews with the beneficiaries of the KZNCC's male care giving project**

#### **4.2.3.1 Presentation of the interviews**

For this group of respondents, the interviews were held with twelve people: five from TAMCC region, three from KRCC, and five from SKNCC. This was held respectively in Eshowe (on 19/01/2011), in Ladysmith (on 25/1/2011), and in Port Shepstone (on 17/02/2011). The interview was mostly done in IsiZulu since most of the respondents were more comfortable speaking IsiZulu. When asking if their names could be transcribed as is in recording, analyzing and publishing data, only two respondents demanded that they should be designated by pseudonyms. As done for other respondents of the previous groups, unstructured interviews were conducted with each of these thirteen beneficiaries. They were interviewed individually and all of them were asked to consent either verbally or in written form before the interview. Whereas respondents were interviewed within KRCC and SKZNCC premises respectively in Eshowe and Port Shepstone, the interview in TAMCC that was held in Ladysmith was done in a crèche supervised by Mrs Shabalala.<sup>375</sup> A schedule of questions was developed to guide one-on-one interviews with participants,<sup>376</sup> with the central aim of drawing their position, opinions on the situation of KZNCC's male care giving in their area. The interviews varied in length from about half an hour to one hour depending of the fact of translating.

#### **4.2.3.2 Discussion of the beneficiaries' answers**

Asked about what is done in their community/ church to address HIV and AIDS and how often was this<sup>377</sup>, one could note that though most of the respondents affirm that activities such as addressing cultural beliefs and practices that expose to HIV infection, sexual practices that expose to HIV infection, risk behaviors that expose to HIV infection, modes of transmission of HIV and AIDS, high risk group or vulnerable group to HIV infection, myths about HIV and AIDS, ethical issues related to HIV and AIDS, prevention strategies of HIV and AIDS, care of people living with HIV and AIDS are performed, there is still a lot to do addressing many other issues.

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<sup>375</sup> As appointments for the interview were postponed for two times, I was obliged to go to the place and see what could be done. With agreement with the coordinator of the project in TAMCC, I was advised to meet and interview the respondents in a creche. Fortunately, the research helper hired for the translation was with me and helped to direct me to the centre and also translate for most of the respondents did not speak English as I did not speak IsiZulu.

<sup>376</sup> See Appendix 3: questionnaire for beneficiaries.

<sup>377</sup> See appendix 3: question 5.

In the area of personal belief about HIV and AIDS for example, there are still people, who think -strongly agree or are undecided that AIDS is an imagination of people who want to discourage others to 'enjoy sex', a healthy looking person cannot be HIV positive, a 'born again' cannot contract HIV, the recognition of polygamy will decrease the spread of HIV. In view of this, one thinks that people should be taught and informed once more about the epidemic and should be skilled in caring for people in the context of HIV and AIDS. And this is concurring with what respondents answer on "what should be the future role of KZNCC in the prevention of the spread of HIV and AIDS, what should be included in KZNCC's work with men in HIV and AIDS prevention or in stopping the spread of HIV."<sup>378</sup>

Regard to the future role of KZNCC in the prevention of the spread of HIV and AIDS, respondents underline that educating people in matter of prevention of HIV advocating for the use of different ways of prevention, and providing material, financial support to people affected/infected by the epidemic should be the main activity of KZNCC's male care giving project.<sup>379</sup> Sinaphi<sup>380</sup> underlines the collaboration with the health officials when requiring from them to intensify educating people about HIV prevention and caring for those affected/infected by the epidemic. This should be a daily task since the epidemic does not stop decimating people's lives. Whereas the KZNCC's male care giving project has a lot to do, this does not undermine KZN community benefiting from it. For HIV prevention and stopping the spread of the epidemic, whereas Shabalala suggests praying for the epidemic and providing food for the hungry<sup>381</sup>, Mkhize encourages educating people from different age groups on HIV and AIDS using techniques according to their ages, distributing condoms, encouraging teenagers and community on having a healthy sex relationship and always feel free to get tested in order to know ones status<sup>382</sup>, people especially young men and women should be strongly taught to stop having multiple partners, men should stop raping kids with the belief that HIV and AIDS is cured through sleeping with kids, young people should abstain from sexual intercourse and those married should be faithful to their partners.<sup>383</sup> Regard to these suggestions, one sees that the use of condom is not emphasized on. Interesting is that those infected/affected by the epidemic should be given love, financial and

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<sup>378</sup> See appendix 3: questionnaire for beneficiaries, questions 7 and 8.

<sup>379</sup> Shabalala interviewed on [25/02/2011](#) in Ladysmith, Makhosazane interviewed on [17/02/2011](#) in Port Shepstone.

<sup>380</sup> Sinaphi interviewed by Astere Kwizera on [19/01/2011](#) in Eshowe.

<sup>381</sup> Shabalala interviewed by Astere Kwizera on [25/02/2011](#) in Ladysmith.

<sup>382</sup> Mkhize interviewed by Astere Kwizera on [25/02/2011](#) in Ladysmith.

<sup>383</sup> Thabisile interviewed by Astere Kwizera on [25/02/2011](#) in Ladysmith.

material support and orphans helped.<sup>384</sup> Emerging from all these suggestions, one could note that prayer, faith, being faithful, material/financial support, using condom, abstaining from this or that would be efficient once people are well sensitized about the value of life, the nature and the impact of HIV and AIDS. Thus, KZNCC's male care giving project should multiply workshops of sensitization without obviously ignore to put into action all these suggestions. In this, one could expect efficiency of this project.

#### **4.2.3.2.1 Benefits from the KZNCC's male care-giving project**

The following section is an analysis of how the project is benefiting the community. Explaining how the male care-giving work is benefiting the KZN community<sup>385</sup> respondents stated among other things that:

Through the teaching and awareness campaign on the HIV epidemic done by the KZNCC male care-giving project, people, communities now know more about the epidemic though there are some who still seem ignorant of the epidemic. They take it as a joke or witchcraft. Those who recognize it as a medical concern are enabled to go for voluntary testing and therefore get access to treatment. This makes the community much better. Male caregivers find it easy to teach other men who are already sensitized about HIV, its different modes of transmission and strategies of prevention. There are even those who disclose their status and this should contribute to alleviating the spread of HIV. In addition, the communities get trained by the male care-givers on the need for all to give care, and on the need to have a community with gender justice. As a result, a lot of changes in beliefs and practices of care have started to change. This has also contributed to a significant decrease of the stigma and discrimination towards those people living with HIV and AIDS. Instead PLWH are welcome and considered as other sick persons. There are also material benefits since people are supplied with different assets for their daily living such as food parcels, medication, shelter...Briefly, the project comes with a holistic approach to issues of care and support.<sup>386</sup>

Through training and workshops planned for the male care-givers, the latter have changed their view on PLWH. Their theology has changed and there is a paradigm shift from "traditional theology of sin that leads to suffering to structural sin that needs to be dealt with so as to remove suffering amongst the people of God."<sup>387</sup> This also has positively contributed to the mitigation of the stigma and discrimination of those PLWH. Church leaders as male care-givers have also gone beyond the differences of faith backgrounds. Indeed, the different doctrines and theologies have ceased to be an issue according to Dziva and Ngoetjana:

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<sup>384</sup> Mbali, interviewed by Astere Kwizera on 25/02/2011 in Ladysmith. Silver interviewed on 17/02/2011 in Port Shepstone.

<sup>385</sup> See appendix 3: questionnaire for beneficiaries, question 6.

<sup>386</sup> Answers to question 13 – appendix 2 – interviews with Zulu by Astere Kwizera on 19/01/2011 in Eshowe and Ntuli, Virginia and Ndaba interviewed on 25/02/2011 in Ladysmith.

<sup>387</sup> Rabson, Hove. 2010, p 6.



It is almost like during Apartheid when, though there were different churches with different doctrines like now, what was very interesting is that all these churches identified a common enemy that was Apartheid. Despite all the differences of theological doctrines, most of churches came together to make a strong ecumenical movement to fight against this enemy. As people now see many deaths as AIDS related within their communities, there is more a sense of saying let us come together and face the HIV and AIDS, contribute solutions and forget about the different doctrinal issues. Though there are main doctrinal questions that are issues about, for example, condoms, circumcision, sexuality, and so on these are kept in the background and at the forefront people say come and let us go together in giving care to the needy.<sup>388</sup>

Rev. Ngema adds that:

The KZNCC's male care-givers are from different churches and obviously with different doctrines but the most important thing that unites us is Christ. Even when people are sick, there is no colour, gender or race that should be taken into account when it comes to being cared for. We need each other since we are facing the same enemy – HIV. We do not look at people through their gender or denomination. All we have to see is that the person is a friend and being cared for is our satisfaction. We are all together and united in Christ. We need to love one another if we are willing to care for people.<sup>389</sup>

Besides benefits in religious areas, what is also interesting is that through the teaching of the male caregivers about the HIV and AIDS epidemic, people now have changed their view about the epidemic. For example one of the beneficiaries declared:

I am very happy with the male care-giving work because through its teachings and sensitizations, I realized that as an HIV positive person, I should encourage other people to get tested and help them to disclose and even to declare their status publically. Now, I consider HIV not as a fatal disease but a disease to get opportunity to care for other people.<sup>390</sup>

Going further to explain how KZN community benefits from this project, most of the beneficiaries interviewed pointed out that they very often benefit from counseling, distribution of condoms, HIV and AIDS workshops. The women are no longer doing care-giving solely on their own. The child-headed homes also benefit from the home-based care. Other men are encouraged to give care and love to their families by doing practical care-giving. Beneficiaries agreed that despite information made available to communities by the male care-givers, more awareness and prevention work should be increased so that in the

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<sup>388</sup> Dziva interviewed by Astere Kwizera on 22/02/2011 and Ngoetjana interviewed on 08/03/2011 in Pietermaritzburg.

<sup>389</sup> Rev Ngema interviewed on 01/04/2011 in Pietermaritzburg.

<sup>390</sup> Fille (Pseudonym) interviewed by Astere Kwizera on 17/02/2011 in Port Shepstone.

long run there is less care-giving. Communities should be aware of the practices/risk behaviors that expose people to HIV infection as well as being made aware of the prevention strategies for HIV infection, and how to specifically care for people living with HIV and AIDS. Indeed, not only is the project targeting the sick but it looks at the holistic approach to home-based care where carers are enabled to assist people who are living with those who are sick, based on their individual needs.

While it might be obvious that through this project there is an effort to create awareness and sensitization about the epidemic, yet on a small scale, people from different age groups are gaining education on how to protect themselves against HIV. Borrowing Mshlolaza's words, "there are even men who still take HIV and AIDS as a joke and hence do not take it seriously."<sup>391</sup> From this one could concur with a regional coordinator<sup>392</sup> pointing out that there is still a need for many seminars and workshops for male care givers to skill and equip them more so that they could perform their role efficiently. It is in this aspect that beneficiaries insisted on the need to get more male care-givers and social workers to be able to organize more HIV voluntary testing and counseling campaigns, more meetings for men together with women for discussion on gender issues which are HIV related, more rallies to address big crowds about HIV and AIDS and the myths attached to the epidemic. KZNCC's male care-givers themselves would also need to be well skilled and equipped to visit and counsel sick people in homes, hospitals and care centres. It is also pointed out that the male care-givers involve connecting people with different governmental and social departments relevant for their needs. The beneficiaries also emphasized the need to engage male care-givers on cultural beliefs and practices that expose people to HIV infection. Furthermore, beneficiaries<sup>393</sup> spoke of educating male care-givers on risk behaviors that expose them to HIV infection, the prevention of HIV and AIDS, advocating the use of condoms, advocating male circumcision for the prevention of HIV and AIDS. Lastly they look forward to greater advocacy work on treatment, care and prevention policies.

One should understand from the statements above that the KZNCC's male care giving is benefiting the communities not only materially but and more importantly the change of attitudes towards the epidemic and people living with HIV. I think that once people are

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<sup>391</sup> Discussion with Mshlolaza on 16/02/ 2011 in Port Shepstone.

<sup>392</sup> Sibiyi interviewed by Astere Kwizera on 18/01/2011 in Eshowe, Shezi, interviewed by Astere Kwizera on 16/02/2011 in Port Shepstone.

<sup>393</sup> Informal discussion with beneficiaries

conscious of the critical situation they are in and that they adopt positive behavior for the change of the situation this is the great benefit.

Asked about the view, position towards the KZNCC's male care giving, the answers below need of reflection. "There is excitement about the male care giving task"<sup>394</sup> and "women are pleased to care give with men"<sup>395</sup>, "people believe that men should be care givers like females"<sup>396</sup> on one hand. On the other, "there are people who do not trust these male care givers because they think that males are not responsible for care-giving, it is not their job. If men are care giving, they are after something. It is common to females to care and not for males."<sup>397</sup> This shows the suspicion that has Virginia when clarifying that there are people (women) who do not trust male care givers. They are scared that these males could rape them.<sup>398</sup> Virginia<sup>399</sup> further indicates that there are men in KZN community who still look down male care givers saying that caring is a women's job. She goes on stating: "I would like to see things change. Instead of remaining attached to negative cultural beliefs, men should work for the good of the community and even collaborate with women who are traditionally care givers."<sup>400</sup> From this Virginia's view if nothing is done, negative effect on the project and therefore inefficiency of the KZNCC's male care giving project would be observed.

From these statements, one could understand the affect of cultural and gender beliefs related that undermine the effectiveness of the male care giving role. Therefore as now the substantial benefit of KZNCC's male care giving could be noticeable, the area of sensitization regard to the caring for people affected/infected by the epidemic should be improved.

In summary one can say that the benefit from the KZNCC male care-giving project, as noticed by these respondents, is of technical support which brings about change for HIV infected/affected people. It is also of moral and changing mind sets. Beneficiaries see that somebody who cares for them is there. If KZNCC male care-givers try to give time to these people, they feel encouraged. And beyond that, if they are empowered to stand on their own-

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<sup>394</sup> Makhanya interviewed by Astere Kwizera on 19/1/2011 in Eshowe

<sup>395</sup> Sinaphi interviewed by Astere Kwizera on 19/01/2011 in Eshowe.

<sup>396</sup> Mzolo interviewed by Astere Kwizera on 17/02/2011 in Port Shepstone.

<sup>397</sup> Mkhize interviewed by Astere Kwizera on 25/02/2011 in Ladysmith.

<sup>398</sup> Virginia interviewed by Astere Kwizera on 25/02/2011 in Ladysmith.

<sup>399</sup> Interview by Astere Kwizera on 25/02/2011 in Ladysmith.

<sup>400</sup> Interview by Astere Kwizera on 25/02/2011 in Ladysmith.

this will be discussed further on - this benefit becomes even more far-reaching. People also benefit from the project in different areas such as religious, the changing in the mind sets about the epidemic, some cultural and gender beliefs. It is yet understandable that a lot is still to be done through the KZNCC male care-giving project. Indeed, there are people who are not yet sufficiently aware of the work of KZNCC especially regarding male care-giving.

Though it was highlighted that the project is, to a certain degree, successful in the few communities where the male care-givers are based and working on daily basis<sup>401</sup>, Shabalala clarifies the difference that should be made by KZNCC's male caring project. During an informal discussion about the success of this project in the KZN community, she indicates:

There are many needy people within the community. When one talks to the local committee for a help, this one takes over time or simply does not give feed back to the demand. For example, I would talk a lot because men especially young people are the ones who spread, they rape, etc. When I check with raped children or women, parents are scared to talk about what happened to them. The request that I could make to KZNCC leaders is that they should make workshops for men so that they could be spoken to. I would also ask our regional council to do more to help people. Boys do burglaries in our homes and when we report to the regional council they do not even come and see what our complaining is all about. Even if they do not have response to our demand it is encouraging when they come and sympathize with us.

Further it was pointed out that KZNCC's approach was not initially correct because the issue of stipend is the one that mostly affects the work. People only work tirelessly when there is something to get at the end of the month.<sup>402</sup> The economic area for a good support of the project should also be thought of.

### **4.3 Conclusion**

This chapter has analysed and discussed the KZNCC's work with men in an HIV and AIDS context. It defined the care-giving task which is demanding and is very often and especially in African culture performed by women yet can also be and is wished here to be done more by men. To clarify this, the "care-giving" role was analysed and discussed as it is performed by men within their families and the entire communities in the programme set up by KZNCC. As the interest of this study is in the KZNCC's work with men in an HIV and AIDS context,

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<sup>401</sup> Makhanya and Sinaphi interviewed on 19/01/2011 in Eshowe and Silver and Makhosazane interviewed on 17/02/2011 in Port Shepstone

<sup>402</sup> Zulu, Sibiya interviewed on 18/01/2011 in Eshowe.

the analysis and discussion on ‘care-giving’ was made in the socio- economic and cultural context of the KZN province delineated into three regions where KZNCC has already implemented the male care-giving project in this province. To repeat, this context is a difficult socio-economic context for the poor households affected with HIV and deals with a very patriarchal society, generally speaking. It is especially women and girls who are the principal actors involved in responding to and caring for people infected/affected with the HIV and AIDS epidemic. Men are not seen traditionally to be performing the task of care-giving such as those who are recruited, trained and deployed by KZNCC. With the objective of changing these cultural gendered practices which harm women, KZNCC undertook to commence a project with men to challenge men and help them to rethink their behaviour, actions, beliefs and cultural practices that harm life in the society and especially women and girls. This project seems to be welcome within the KZN community despite the fact that some men still think archaically by relegating caring to women and girls. These men should be liberated from this cultural bondage as one is looking for the wellbeing of the KZN community. Briefly, this chapter attempted to overview the KZNCC care-giving by men. The analysis was based on the understanding of who the KZNCC’ male care-givers are and the motivation, vision and objectives of their performance of this caring task. One might think that as the majority of the KZNCC’s male care-givers are from FBOs/churches, the motivation for caring, even within an HIV and AIDS context, should stem from the ethic of care and preservation of life, the cultural value of *ubuntu*, and the religious practice of love without limit or unconditional love. As this chapter was about a critical social and theological analysis and discussion of the KZNCC’s work with men in an HIV and AIDS context, the next one is about the improvement of the KZNCC male care-giving in an HIV and AIDS context in KZN.

## **Chapter 5: Towards a KZNCC's male care-giving for an effective response to HIV and AIDS in KZN community**

### **5.1 Introduction**

The current chapter exposes the challenges and strengths of the KZNCC's male care giving project and discusses how the KZNCC's male care-givers overcome these challenges. This will lead to suggesting further ways for practical and responsive work with men on HIV and AIDS for improved male caring in order to influence people's life in the KZN community. In responding to sub-question 4, defined in the introduction, namely "what are strengths of the KZNCC male care-giving project, the challenges/risks faced by the male care-givers while performing their caring roles, how can they overcome challenges raised, and how could KZNCC's male care-giving project improve the welfare of the community life in KZN?", the chapter serves as a means of achievement of the 4<sup>th</sup> and 5<sup>th</sup> objectives of the study. These objectives discuss the strengths and challenges of the KZNCC's male care-giving project and suggest ways forward to improve the KZNCC's male care-giving.

Based on an examination of the KZNCC's work with men on HIV and AIDS in KZN, this study aims at sustaining people facing the epidemic in KZN, helping them to find solutions to the socio-cultural and beliefs practices that hinder their welfare and fuel the spread of HIV. In other words, it should help KZNCC's male care-giving project to involve men more than ever before to change their cultural practices and beliefs which are harmful in a context of HIV so that they could help people by caring for them and helping them to find wellness from the epidemic. Once KZN's men are more involved in changing all practices and beliefs which fuel HIV infection and hinder effective caring for people, the wounds caused by the epidemic would heal in the male care givers lives. In addition, there will be within the community, restoration of relationship which would have been broken by denial, stigmatization or despair. This is in line with the "Sustaining, Guiding, Healing, and Reconciling" functions of pastoral care of Clebsh and Jaekle in Henager (2001).<sup>403</sup>

To suggest practical and responsive work with men in the KZNCC's male project one should first discover whether KZNCC male caring is strong or weak and how far this work is influencing people's life within the KZN communities. In my opinion, this should be

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<sup>403</sup> Al Henager. 2001. Volunteer Chaplain Training – The theology of pastoral care: Module one, p 14.

enlightened by the responses of the beneficiaries of the project. Their appreciation vis-a-vis the involvement of the male caring project might help in improving the project.

It is true that there are interesting achievements in KZNCC's work with men in caring for people in KZN. Looking at the persistent demands from male care-givers and from beneficiaries this supposes some existent challenges with the project. Considering the beneficiaries' responses during the interviews, one might assume that there is still a lot to do in terms of marketing and publicising the program so as to contribute to advocating the work of KZNCC in KZN. Indeed, there are people who are not yet sufficiently aware of the work of KZNCC especially regarding male care-giving. This could have a negative effect on the project and result in the lack of efficient benefit from the project in the communities. It would be interesting to do a separate study exploring what kind of damage has been done by the misleading already mentioned. It was also highlighted that the project is, to a certain degree, successful in the few communities where the male care-givers are based and working on daily basis.<sup>404</sup> Further it was pointed out that KZNCC's approach was not initially correct because the issue of stipend is the one that mostly affects the work. People only work tirelessly when there is something to get at the end of the month.<sup>405</sup> This might push to think of challenges faced by the KZNCC's male caring project.

## **5.2 Challenges within KZNCC's male care-giving**

Answering questions on issues, risks, and challenges faced in male caring, it is stated that "this form of KZNCC's male-care giving is a new initiative."<sup>406</sup> The challenge is how the male care-givers might be viewed within their communities where people were used to seeing women being care-givers. As it was uncommon for men to be trained as care givers, it took time for people to actually accept them playing the care-giving role. Fortunately what helped is that most of those men are pastors and people in the KZN society believe that their motivation was pure, without any ulterior motives to raise suspicions. Within the community, pastors are accepted as good people and are welcome in citizens' homes. In order to obviate male care-givers not being trusted within the community<sup>407</sup> KZNCC has identified a few lay people who are already recognized as leaders within their communities in different ways. These lay people are helping the male care-givers who are more than 80% pastors. The

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<sup>404</sup> Sinaphi and Mhanzi interviewed by Astere Kwizera on 10/02/2011 in Eshowe and Silver and Makhosazane interviewed by Astere Kwizera on 18/02/2011 in Port Shepstone

<sup>405</sup> Zulu, Sibiyi interviewed by Astere Kwizera on 18/01/ 2011 in Eshowe.

<sup>406</sup> Zondi-Mabizela interviewed by Astere Kwizera on 07/02/ 2011 in Pietermaritzburg.

<sup>407</sup> Virginia interviewed on 25/02/2011 in Ladysmith stated that there are some women and men who still are suspicious of this male care-giving since they think that there is always something else behind this.

necessity for such measures makes one aware of the extent of suspicion about male care-giving being performed by males in general. Indeed, in traditional and patriarchal society, it is women who are supposed to be care-givers, men who want to do that, especially in rural areas, are not understood. Some of them are ridiculed and rejected by families who might be suspicious of the work of men who do cooking and washing when women are there.<sup>408</sup> With this rejection and ridicule towards male care-givers, there is a need to re-examine ways of how the project is to be introduced to the community.<sup>409</sup>

Other challenges might be related to gender, socio-economical, practical and even religious matters. For example, “it is so hard to respond to HIV and AIDS with men as targets since the relations between men and women always remain ‘tricky’ or ‘suspect’ and controversial for some men.”<sup>410</sup> This reminds us of about the issue of culture and gender when it comes to a man washing a sick woman if these parties are not wife and husband. There are also some religious laws and teachings that could be seen in churches that affect women. KZNCC mentions some of these “issues surrounding the teachings of St Paul”<sup>411</sup> such as the submission of women towards their husbands (Ephesians 5:22), women remaining silent when they are with men in church gatherings (1Corinthians 14:33-34). Besides this, though the church has become a place where dialogue and fellowship are observed, the church is still an institution with a patriarchal system and its representatives and participating clergy are generally conservative and reserved about the advancement of gender debates within their denominations.<sup>412</sup> Moreover, one might guess at disagreement in doctrines that might undermine the collaborative way of responding to the epidemic since the KZNCC’s male care-givers come from different backgrounds of faith. For example, in Dziva’s observation the theological/doctrinal differences of the male care-givers somehow constitute a handicap.<sup>413</sup> Indeed, some churches understand the project as a healing ministry when ministers offer caring they pray and lay hands on the sick, pray for the dead to arise and for the lame to walk. But others may understand it differently as a project of giving care: supporting the sick to create a better community. There is also somehow a division on the

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<sup>408</sup> Mkize interviewed by Astere Kwizera on 25/02/2011 in Ladysmith, Ndaba interviewed by Astere Kwizera on 25/02/2011 in Ladysmith.

<sup>409</sup> Dziva interviewed by Astere Kwizera on 22/02/2011 in Pietermaritzburg.

<sup>410</sup> KwaZulu-Natal Christian Council (KZNCC) 2007. Report on Gender and AIDS Project Focussing on men for a change towards transformation of behaviour and attitudes in an HIV/AIDS context, p 17.

<sup>411</sup> KZNCC. 2007, p 17.

<sup>412</sup> KZNCC, 2007, p 17.

<sup>413</sup> Interview conducted by Astere Kwizera on 22/02/2011 in Pietermaritzburg



issues of the use of condoms and promoting or advocating male circumcision as already mentioned. It is an ongoing debate that needs to be addressed in the church.

There is also a huge cultural stumbling block in terms of patriarchal society, and the need to change mind sets, as well as working in an area without enough infrastructures to meet people's needs. It is therefore very tough to empower people in mitigating poverty that is related to the HIV and AIDS epidemic for even enabling them to undertake small businesses for generating income is in this case difficult. Nevertheless, this kind of empowerment of people should be at the core of the possible solutions in response to HIV in KZN.

Emerging from this, it is understandable that the socio-cultural, economic and religious context within which the KZNCC's male care-givers are working might impede their caring task.

Dziva<sup>414</sup> also explains that with the fact that some of the care-givers may not be fully trained and also due to the lack of enough resources like gloves there is a possibility of contracting HIV. Sick/weak people risk being made worse in their situation if the care-givers go to counselors who have not been well trained in counseling skills. Furthermore, when men deny playing significant roles in the spread of the epidemic this influences effective involvement in response to the epidemic and can be seen as another challenge. Thus, there is a "need to mobilize more men and convince the denialists that time to wake-up and act is long overdue"<sup>415</sup> for there are so many people who are sick and the project faces very high demands. There is also no rest for the male care-givers who do need to go out and give care. It is rather tiring and therefore there is a need for constant debriefings and retreats for those male care-givers so that they can have time to rest and reflect on the work they are doing.<sup>416</sup>

Ngoetjana<sup>417</sup> goes to indicate that the project has been implemented in rural areas for this is where the needs are more felt and where the big challenge is one of infrastructure and transport. Churches and NGOs have been working in urban areas and no one wanted to go to the rural areas. In addition, it takes time to leave one's home and go to another. KZNCC, under the mandate of the leadership, opted to go into the rural areas, especially in the three regions mentioned above, in response to the HIV and AIDS. It is fortunate that though the

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<sup>414</sup> Interview conducted by Astere Kwizera on 22/02/2011 in Pietermaritzburg.

<sup>415</sup> KZNCC, 2007, p 18.

<sup>416</sup> Dziva interviewed on 22/02/2011 in Pietermaritzburg.

<sup>417</sup> Interview conducted by Astere Kwizera on 08/03/2011 in Pietermaritzburg.

pastor male care-givers do not have their own vehicles, they sometimes take advantage of an ambulance of a rural institution with which they manage to visit more patients than they would when they are obliged to walk. For example, instead of visiting only two patients when they are walking, they can visit at least six patients per day with the ambulance. However, it may happen that this ambulance is not available and this consequently pushes the KZNCC's male care-givers to walk long distances from one home to another.

Emerging from the above it is clear that working with men in an HIV and AIDS context and in such a socio-cultural, economic environment as exists in KZN demands a particular commitment and vocation which is culturally and time challenging. Sibiya<sup>418</sup> concurs when clarifying that the KZNCC male care-giving project is a big project which lacks support from the government. Even community members look at the work that church leaders are doing as disgraceful to men. Church leaders are busy people in the community so such a commitment will require enough time to move around families which is part of their work but some find it difficult to adhere to the commitment and find themselves not attending to all the activities that need to be accomplished.

Furthermore, there are issues of material support that handicap the fulfillment of the objectives of the project. As people are in need of money to travel while going for caring, the shortage in money is handicapping the good functioning of the project. This is worsened by the fact that the "support from the local government is very weak."<sup>419</sup> If the latter would be strengthened by business entrepreneurs, males' achievements in caring should be at an enviable level. It is possible for men and women care-givers to work together where there is a need is to mobilize and distribute more clothes, underwear for females of more disposables for use by male care-givers. They can also exchange resources and experiences and learn from each other. In order to respond to the need for material support, the three leaders in KZNCC concur that:

Different departments of the Government and some of KZNCC's partners have been approached and are supporting the male care-giving project. For example, for the male care-givers training, workshops and fieldwork sessions are supported by KZNCC with funds from our partners like Christian Aid and ECHO. For like food and clothes, women are referred to the Department of Social Welfare or to a social department. Male care-

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<sup>418</sup> Interview conducted by Astere Kwizera on 18/01/2011 in Eshowe.

<sup>419</sup> Sibiya interviewed by Astere Kwizera on 18/01/2011 in Eshowe.

givers use their initiative to knock on different doors to get the resources that are needed to take care of families and the terminal ill.<sup>420</sup>

Despite these efforts and collaboration between different institutions- KZNCC, NGOs and the Government in responding to HIV and AIDS, it is clear that there is still a long way to go especially in providing food and medication as well as the challenge of the cultural practices and beliefs which are gender related. Msholozza<sup>421</sup> concurs that “it is encouraging that people can get support in food, clothes from NGOs like Red Cross, social municipal departments, but the number of people in need is increasing day by day, and the aid that is supplied cannot be enough for all people.”

Borrowing Shezi’s words: “another challenge is the illiteracy of people which is very high for example in the South Coast region.”<sup>422</sup> This will certainly impact on teaching about the HIV epidemic and enabling people to understand what the epidemic is, its ways of spreading and of protection, since many of the materials used are in written form. Another challenge linked to this issue of illiteracy is the issue of culture in KZN where men are still believed to be superior to women, that ‘caring’ is women’s work. Interviewees appear to recommend that in order to lessen the negative effect of this, there should be more training and workshops for male care-givers and coordinators so that they can appropriately teach people. Mshololaza<sup>423</sup> echoes that there are even now people who do not know what HIV and AIDS is. AIDS is still thought to be a result of witchcraft. Others take the whole issue of HIV and AIDS as a joke and insist on having multiple partners or polygamy. Sadly, most of those men do not want to go for testing to determine their status.

Regarding the issue of male circumcision as one of the HIV prevention strategies, there are some churches which doctrinally maintain that there is no need for circumcision.<sup>424</sup> Yet it has been scientifically proved that male circumcision reduces the HIV infection about 60%.<sup>425</sup> In addition, it is very difficult for women care-givers to promote male circumcision. But now, as

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<sup>420</sup> Zondi-Mabizela interviewed on 07/02/2011, Dziva interviewed on 22/02/2011, and Ngoetjana interviewed on 08/03/2011 by Astere Kwizera in Pietermaritzburg.

<sup>421</sup> Informal discussion on 17/02/2011 in Port Shepstone.

<sup>422</sup> Shezi interviewed by Astere Kwizera on 17/02/2011 in Port Shepstone.

<sup>423</sup> Informal discussion on 17/02/2011 in Port Shepstone.

<sup>424</sup> Ngoetjana interviewed by Astere Kwizera on 08/03/2011 in Pietermaritzburg.

<sup>425</sup> UNAIDS/WHO/SACEMA Expert Group on Modelling the Impact and Cost of Male Circumcision for HIV Prevention in High HIV Prevalence Settings: What can Mathematical Modelling Contribute to Informed Decision Making? *PLoS Med* 6(9):e 1000109. doi: 10.1371/journal.pmed.1000109, p 1.

KZNCC's male care-givers have been trained on many issues of HIV and AIDS, it is easier because men are talking to other men and they understand each other. This has even helped the younger men to understand the benefits and advantages of being circumcised.<sup>426</sup> The way the question about male circumcision was discussed with M.<sup>427</sup>, makes me suspect that talking about male circumcision in the South Coast region, for example, is still taboo because when I tried to get information about it some of the interviewees avoided the question or simply did not respond. In addition, it is stated that "in the Port Shepstone area some pastors are Xhosa and practice traditional circumcision, and shun hospital circumcision regarding it as western medical circumcision that is taking away traditional values. There are also pastors who oppose circumcision equating it to giving a license to the circumcised men to have random sex, assuming that they are protected."<sup>428</sup> Furthermore, "one social interpretation is that circumcision further empowers men through this extra-protection and further disempowers women who often are socialized to give in to demands for sex by their men."<sup>429</sup> In such a situation, as the circumcision was assumed to be an HIV prevention strategy, it is also seen in a negative light because it does not support women's protection from HIV. As Ngoetjana<sup>430</sup> points out, for those who still resist the practice of male circumcision, the HIV epidemic remains a challenge today as it is decimating our people. People should be encouraged to be circumcised because it has been medically proven that male circumcision reduces the risk of becoming HIV infected. Besides these challenges already highlighted, there are naturally Zulu African traditional cultural practices that are oppressive to women and so are hard to challenge because of the risk of making men and women feel that their positions are under threat.<sup>431</sup> Ngoetjana states that it takes time to change the mind set of men in a patriarchal society like that of KZN where the male care-giving is still viewed by some men as unnatural unfair.

Emerging from the above, it can be stated that collaboration should occur between the government, traditional leaders in KZN communities and KZNCC especially in responding to HIV and AIDS if male care-giving is to succeed. These institutions should work hand in hand

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<sup>426</sup> Zondi-Mabizela interviewed by Astere Kwizera on 07/02/2011 in Pietermaritzburg.

<sup>427</sup> Informal discussion with M. on 16/02/2011 in Port Shepstone.

<sup>428</sup> Rabson, Hove. 2010. KwaZulu-Natal Church AIDS Network: Evaluation report of KwaZulu-Natal Christian Council. Unpublished. Pietermaritzburg, p 3.

<sup>429</sup> Rabson, Hove. 2010, p 3.

<sup>430</sup> Ngoetjana interviewed by Astere Kwizera on 08/03/2011 in Pietermaritzburg.

<sup>431</sup> KZNCC, 2007, p 18.

in responding to the epidemic for a visible impact on the KZN community. Zondi-Mabizela further asserts that:

The success of the male care-giving in KwaZulu-Natal might be as a result of KZNCC encouraging men to join the group of caregivers. There are also people who have offered their services as volunteers because KZNCC's male caregivers get a stipend, a very small amount of money that helps them just for transport, buying bread for their families as well. But as time went on there are other men who have shown interest and the number of male caregivers has grown. In addition, there are other countries such as Namibia and Zimbabwe who have asked to be exposed to these initiatives because this is a unique initiative. There is nowhere else in the province where men are involved in care-giving.<sup>432</sup>

Although the male care-givers are ministers and are trusted in the community, the number of male care-givers is still low regarding the extent of the caring role and the number of people who need to be cared for. Most of the acting male care-givers are aged between 35 and 71 years.<sup>433</sup> There are not many who are younger and who would be able to walk long distances since the issue of transport when going out to administer r caring remains an issue. In addition, the male caring programme faces challenges which will require a long time to change. As Cele stated, it will be very hard and will take a long time to change the mind set of men in Zulu culture that men can care for people. Women are there to do that.<sup>434</sup> It may take time to change mind sets but this does not mean that the change is impossible. As KZNCC male care-givers have already began to go against the trend through being involved in the caring for weak/sick people and as the male project is "receiving support from communities and government"<sup>435</sup> one would expect positive change. Ngoetjana echoes the sentiment that if men can lead by example, by caring for the sick, caring for women and the girl child, perhaps a transformed and fairly equal society may emerge sooner than expected.<sup>436</sup> Another phenomenon is that of the ministers/male care-givers who are very busy. They do not have enough time for the care-giving job since their traditional job is also challenging. It is true that this work can be easily done when visiting their congregants. They can, at the same time, visit the sick and help them. However, considering the area that needs to be covered in order to meet the needs of people, it is essential to recruit more male care-givers.

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<sup>432</sup> Interview conducted by Astere Kwizera on 07/02/2011 in Pietermaritzburg.

<sup>433</sup> KwaZulu-Natal Annual report 2009 Project presenting the profiles of the male care-givers of the three regions: TAMCC, KRCC, and SKNCC.

<sup>434</sup> Informal discussion with Cele a Zulu student in UKZN in 17/08/ 2011.

<sup>435</sup> Male caregivers Project KwaZulu-Natal 2009 Report, p 11.

<sup>436</sup> Male Caregivers Project KwaZulu-Natal 2009 Report, p 17.

While talking about the challenges one should not disregard the strengths of the project. This consequently helps suggesting some recommendations for a way forward and for an improvement of the KZNCC's male care-giving project within the socio-cultural and health context of KZN.

### **5.3 KZNCC's male care-giving project's strengths**

It is not always for granted that a project is well received in communities and has enough support to operate. One of the big supports is to understand why a project should be implemented. Once the performers of the activities planned by the project understand clearly the vision, the objectives of the project, and are motivated for this, there is no doubt that the project will succeed. These and other elements embody the strengths of a project. This section defines main strengths for KZNCC's male care giving project discovered in this study.

Reflecting on the declaration of the respondents especially when they say having the will of making a difference in the community as they are caring for people – a role that is in the Zulu culture related to women, that they have understood what is to be a man- being a real man is to care for needy people regardless one's gender or social status, one understand that this is already a force that pushes male care givers to perform their activities faithfully and successfully.

In addition, women who are traditionally care givers do not see the KZNCC's male care giving as a project which is coming to undermine their habitual caring job. Instead they consider and welcome this project which in their view comes to lessen their burden of caring for people. Shozi is interesting when stating:

Women are very pleased working together with men in caring for people. I would even encourage men who go beyond the cultural belief that caring is a women's job not to bother about other men who look at them as fools since they are performing women's role. These KZNCC's male care givers are wished to go forward caring with women for the good of the community despite being mocked. KZNCCs male care givers are doing a good job in caring and have joined their hands to respond positively to HIV in KZN.<sup>437</sup>

Mkhize encouraging men to work with women in caring that should constitute a force in caring says:

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<sup>437</sup>Informal discussion on 18/01/2011 in Eshowe with Sinaphi about how as a woman she sees the KZNCC's male care givers and what advice she could give to these male care givers.

Men should go together with females when caring. This would make men being more trusted by people who they caring for. And as it said that working together people can do and achieve more, when KZNCC's male care givers and women are working together in responding to the epidemic, one could expect many achievements in this caring. The improvement of the KZN social well-being for everybody is being reached.<sup>438</sup>

From this one understand that this male caring is supported not only by the men, but also by women. Therefore, as the male caring is not opposed by anyone unless those who are bound by cultural beliefs, this strengthens the KZNCC's male care giving.

For the implantation, improvement and success of a project, a financial and material support is crucial but more than that is the human and moral support. Though it has been stated that the KZNCC's male care giving often faces financial issues related this did not make the project stop. It is with people who are available, heartily convinced to implement and perform a project, which has made the KZNCC's male care giving project succeeding and still performing and is even wanted elsewhere it is not implanted yet.

Having good and enough agents to put into actions the vision and objectives of the project is also for the success of a project. There are churches where male care-givers could be recruited and the same churches are more motivated to support, even though it may be on a small scale, the males/ministers that are excited and involved in male caring since this is new and unique.<sup>439</sup> In addition, in spite of some suspicions these ministers/caregivers are generally trusted within the communities and therefore their caring is well received. The fact is that:

Most of those KZNCC's male pastors are trusted by people in the KwaZulu-Natal society and pastors are accepted as good people and even are received in citizens' homes.<sup>440</sup> Even where the local traditional leaders do not appear to care for people, pastors are there and do great job in providing for orphans for example.<sup>441</sup> This is due to the fact that "pastors who were used to only preach, male caring has now given them an opportunity to join the action to the word. A real man should join the word to the action."<sup>442</sup>

This then makes the KZNCC's male care-givers more respected in the community. As a consequence, people within communities where the male project is performing now

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<sup>438</sup> Informal discussion on 25/02/2011 in Ladysmith with Mkhize about how as a woman she sees the KZNCC's male care giving and what advice she could give to these male care givers.

<sup>439</sup> Ngoetjana interviewed by Astere Kwizera on 03/04/2011 in Pietermaritzburg

<sup>440</sup> Dziva interviewed by Astere Kwizera on 22/02/2011 in Pietermaritzburg.

<sup>441</sup> Mrs Shabalala, interviewed by Astere Kwizera on 25/02/2011 in Ladysmith.

<sup>442</sup> Informal discussion with Ngcobo, a Zulu student about manhood in Zulu culture held in Pietermaritzburg in 18/12/2010.



understand more and support the role of pastors/male care-givers that should not be only to preach but also to put what they preach into action - caring for people. In addition, “while caring for the sick/weak, ministers provide a role model for younger men for positive manhood.”<sup>443</sup> In such a situation, many other men have good models and might wish to join the male care-giving project. There are for example, as attested above, other countries who have asked to be exposed to these initiatives because of its uniqueness. This testifies that the male care giving project is not only well received in the regions targeted by the research. Ngema is not exaggerating when pointing out that, “the excitement to the male project and its uniqueness constitute indisputable strength of the male care giving.”<sup>444</sup>

The theology of care and of justice as a foundation for the church leaders justifying what they are doing is an automatic motivation although it will be different in other contexts where people might not have training in matters of theology, of care, of justice. As KZNCC’s male care givers are trained in these matters, one should not doubt that these trainings are also to strengthen the male caring project.

The KZNCC’s male care givers who most of them are pastors are performing the caring task which is in the line of their daily tasks. They are not required doing extra work if one thinks of the activities that characterizing their ministry that is of caring for people. It is true that they care in an HIV and AIDS context and the tasks in this context become more exigent especially when it comes to care for sick people. But as they are already strengthened by their calling, the understanding and love of what they are called for, performing a task that is in agreement with their habitual ministry represents strength for the KZNCC’s male project.

The presence of coordinators in different places facilitates the struggle of finding out when and where there should be the meetings with appropriate facilities and infrastructures in place. This is also for the good of nearing the facilities to the beneficiaries. It helps the coordinators avoiding renting facilities since funds might be cut down. It is also crucial for the project that despite the disparity of faith backgrounds of the male care-givers, they should work hand in hand for the common good of caring for people. Moreover, men from churches are starting, slowly, to understand that the care-giving work can be also done not only by women or girls but by anyone, young people and old people, man and women, illiterate and

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<sup>443</sup> Male Care Givers Kwa-Zulu Natal 2009 Report, p 9.

<sup>444</sup> Rev Ngema interviewed on 01/04/ 2011 in Pietermaritzburg.



educated. If this understanding could be enhancing, it would be a huge impetus for the KZNCC male care giving project.

Though the material and financial support from the government is not always available as it should be and when required, it is very helpful to be facilitated when the KZNCC's leadership is requiring some support in favor of the male care giving project. As the government and local administration are not opposing this project where it has been implemented, this helps the KZNCC's male care givers to perform in total freedom.

Emerging from the above, one may understand that though the KZNCC's male care-giving is impacting on community life in KZN. Although there are challenges that are hindering the effectiveness of the male caring, the excitement which has been generated regarding the KZNCC male project and its uniqueness may shorten the gap between the strengths and weaknesses though there is still a long way to go.<sup>445</sup> As the work with men is well received and is benefiting people's lives in the community and influencing the care-givers' life, people in other areas/countries are longing to hear and learn more about the KZNCC's work with men. And if possible to start with this male project which is still unique. Therefore, I believe that suggestions of some ways of improving male caring would be required here. In other words, it should be imperative to suggest how KZNCC, through male care-giving, could help people affected/infected by the HIV and AIDS epidemic in KZN. For this a theoretical and theological perspective of care-giving will be used.

## **5.4 Ways through which KZNCC's male caring project could minister to people in caring within a context of HIV and AIDS.**

### **5.4.1 Introduction**

Considering that KZNCC is a fellowship of churches, and regard to the socio-economic, cultural and religious context of KZN, one might well wonder what would be the best way forward for KZNCC and the many churches that participate in this project. This section deals with the kind of appropriate ways and actions that could be put in place for the improvement of the KZNCC's male care-giving. There are theoretical frameworks that should be defined first on care-giving.

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<sup>445</sup> Ngoetjana, interviewed on 08/03/2011 in Pietermaritzburg.

## 5.4.2 Some theoretical frameworks on care-giving

Before performing activities of caring, one should think of what should be the impact of one's caring. This helps to identify appropriate activities that should be performed in caring for people in a given context. One should think of appropriate ways of caring.

### 5.4.2.1 Holistic and transformational male caring

The theology of care is defined in terms of "care as practiced by the male care-givers, and secondly care practiced by the church as a caring institution. This includes care for male care givers as individuals needing de-briefing and support as they do the work."<sup>446</sup> In addition, "both physical and spiritual aspects of the people to care for must never be separated, a concern for the whole of life with all aspects of it, not only the spiritual, but also the material and the being of a comprehensive human being should characterize one's action as a Christian."<sup>447</sup> It should be in this sense that the KZNCC as a Christian council of churches and from whom members are appointed as male care-givers is fully applying the theology of care.

According to Kumalo<sup>448</sup>, the care-giving that the ministers are called to perform should have values which, besides being based on Scripture and being holistic, must be transformational, participatory, contextually relevant, people-centered, from service to empowerment, and of mutual benefit. Richardson<sup>449</sup> points out that in the absence of a cure for HIV and AIDS or a vaccine to prevent infection, there is the concerted drive by medical technology to find a cure and/or vaccine and also that the need for the care of those infected and affected is pressing. Until the discovery of the cure is made, care meanwhile should play an undeniable role.<sup>450</sup> Did the KZNCC's male care-givers understand that they could not wait for the discovery of the cure against the epidemic before they began caring? One might assume that they have understood that "vaccine for HIV is still years in the future"<sup>451</sup> and therefore they should not wait for this cure because many people in KZN are infected and are dying. Postponing caring would be like the priest and Levite who did nothing to help that man who had fallen among

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<sup>446</sup> Hove, Rabson. 2010, p 3.

<sup>447</sup> Kumalo, R. Simanga in Male Care Givers KwaZulu-Natal Project 2009 report, p 28.

<sup>448</sup> Simanga R. Kumalo in Male Care Givers kwaZulu-Natal Report 2009, pp 26-29.

<sup>449</sup> Richardson, Neville. 2006. "A call for care: HIV/AIDS challenges the church," in *Journal of Theology for Southern Africa, Special Issue: Church, HIV and AIDS in Southern Africa*, Volume 1, No 125, p 38.

<sup>450</sup> Richardson, Neville. 2006, p 38.

<sup>451</sup> Alta, Van Dyk. 2008. *HIV/AIDS. Care and Counseling: a multidisciplinary approach- 4<sup>th</sup> edition*. Cape Town: Ceri Printer, p 26.

thieves (Luke 10: 25-32). The example of the Good Samaritan should inspire people not to delay playing one's caring role. Even Jesus' model in caring is no less inspiring and challenging. Whilst caring for others, KZNCC's male care-givers should, at the same time, care for themselves helped by KZNCC and all the churches from which these male care-givers come. This will be for the good and the effectiveness of the KZNCC's male care-giving project in an HIV and AIDS context within KZN.

#### **5.4.2.2 Jesus' model of caring for needy people**

A reflection on Luke 4:18-19 shows that Jesus' wide mission of caring for people is about preaching good news to the poor, proclaiming freedom for the prisoners, recovering of the sight for the blind, releasing the oppressed, proclaiming the year of the Lord's favour. In the times of Jesus, Gospels show clearly that Jesus fulfilled the ministry of caring for people facing different needs. Many were healed from their sickness, others were fed, and others delivered from the devil spirit. Warrington<sup>452</sup> concurs that: It is significant to note that Jesus anticipates the ministry to the sick as an ongoing activity... at the same time, there is a reference to the hungry being fed, the thirsty being given a drink, the stranger being welcomed and the naked person clothed.

Soelle<sup>453</sup> further points out that among people, who were listening to Jesus, there were many sick people and even many others who were brought to Him in order to be healed. Time and again Jesus was surrounded by the sick and helped them. Contrasting this to people for whom the KZNCC's male care-givers are caring, there should be a similarity in regard to the situation of the people concerned by these words in Luke. Physical healing of these people might not necessarily occur. Even in the times of Jesus on this earth, it is not all the sick who were healed of their diseases. Yet they needed a word of encouragement, some bread, some being touched by a kind hand. Concerning people KZNCC's male care-givers are caring for there are even those without food "it becomes difficult for them for example to take medication when they do not have food."<sup>454</sup> Besides being poor when people are marginalized, isolated for being HIV infected, one thinks that people in KZN are seemingly in critical socio-economic, cultural and psychological conditions hence in need of care. Not

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<sup>452</sup>Keith Warrington. 2000. *Jesus the healer: Paradigm or unique phenomenon?* Cambria: Paternoster Press, pp 100-101.

<sup>453</sup>Dorothee Soelle and Luise Schottroff. 2000. *Jesus of Nazareth*. Louisville: Westminster John Knox Press, p 63.

<sup>454</sup> Rev Phumzile Zondi-Mabizela indicating the role of caring especially in providing food for people who have nothing to eat in order to facilitate them taking the medication especially the ARVs.

only are they in need of material/financial support, but even more a word of encouragement, moral and spiritual support.

Reflecting on the fact that Jesus was taking care for people, and that his own material needs were also met, “the brief narrative in Luke 8: 2- refers to women who ministered to Jesus”.<sup>455</sup> Swidler names those three women; Magdalene, Joanna, and Susanna, and others unnamed, not simply served Jesus and his disciples but they provided for them out of their own resources.<sup>456</sup> There are not many specific places where Jesus’ disciples are shown as care givers and where they are caring yet Jesus teaches them to care/serve people. The narratives in Matthew 14:13-21, Mark 6:30-44, and Luke 9:10-17 and Jesus’ recommendation to Peter about ‘feeding’ and ‘tending’ his sheep in John’s Gospel (21:15-17) should indicate that, in the mission of caring, Jesus involved his disciples. Therefore I think that those male care-givers in KZNCC should be seen as amazing as much as they are implementing the gospel imperatives and are following Jesus’ foot-steps in a patriarchal context which resists and ridicules their care-giving acts. Chitando<sup>457</sup> highlights, in this sense, the ministry of Jesus with its ethics of solidarity and urges Christians who, through living up to the Christian injunction of loving one’s neighbour, could significantly reduce HIV and AIDS, and the associated stigma and discrimination. With male care-givers leading such lives, caring for others but also being cared for themselves by all those willingly promoting the male care giving, there is no doubt that their care giving will impact positively on KZN communities. Beyond this, it is crucial for KZNCC’ s male care-givers and the ones being cared to be aware of the fact that caring is not concerned with enabling people to adapt and adjust to the received world, but rather to let God move them to a new and different world.<sup>458</sup>

#### **5.4.2.3 God’s love for all people**

When explaining their interest and involvement in the male care-giving and the socio-cultural and theological values that influence them to do it, respondents also mentioned the “love of God” which teaches people to love one another.<sup>459</sup> The truth is that without love for one

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<sup>455</sup> Warrington, K. 2000, p 114.

<sup>456</sup> Leonard Swidler. 2007. *Jesus was a feminist. What the Gospels reveal about his revolutionary perspective.* Plymouth (United Kingdom): Sheed and Ward, p 73.

<sup>457</sup> Ezra Chitando. 2008. “Religious Ethics, HIV and AIDS and Masculinities in Southern Africa” in Nicolson, Ronald (ed). *Persons in Community: African Ethics in a Global Culture.* Scottsville: University of KwaZulu-Natal Press, p 60.

<sup>458</sup> Willimon, H William. 2002, p 91.

<sup>459</sup> Male care-givers answering questions 6,7, 14: appendix 2:questionnaire for male care-givers

another, caring for people especially in an HIV and AIDS context would fail. Indeed, it is easier and more natural to express caring in our most intimate relationships<sup>460</sup> but this is not always the case with people outside of the immediate circle. Therefore, the love of God, which is unconditional and unlimited, is required to stimulate KZNCC's male care givers and all those involved in caring for people.

Emerging from these frameworks we now come to the empowerment of the male care-givers for an efficient male caring.

### **5.4.3 Ways of improvement of care-giving in HIV context**

Various studies have reflected at how the church/FBOs have responded to HIV and AIDS. For example, Chitando in his book<sup>461</sup> points out the fact that FBOs, NGOs and the public sector have neglected to involve men as much as they do women in response to HIV and AIDS. This therefore leads to only partial success in the programmes of responding to the epidemic. In the context of KZN, that is a situation of patriarchal and masculine dominance as mentioned above, one wonders if stigma and discrimination towards male care-givers could not occur and hence undermine the caring role. Eriksson et al.<sup>462</sup> point to three themes indicative of church leaders' approach to HIV prevention among young people. These themes are dilemmas in breaking the silence on HIV and AIDS, ambivalent HIV prevention measures from church leaders to young people, and gender differences in HIV prevention measures. As the care-givers are ministers from different backgrounds of faith<sup>463</sup> one will look at how these care-givers fare in the light of the theological assumptions on which the programme of male care-giving is based. How have the care-givers collectively embraced a helpful approach for "when the pandemic started the churches and Faith-Based Communities as a whole took an unhelpful approach"<sup>464</sup> that of stigmatizing and being judgmental?

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<sup>460</sup> Marchy, Heidish. 1997, p 24.

<sup>461</sup> Ezra Chitando. 2007. *Living with hope. African Churches and HIV and AIDS 1*. Geneva: WCC Publications, p 30.

<sup>462</sup> Eriksson, E et al. 2010. A Short Report: Ambivalence, Silence, and Gender Difference in Church Leaders' HIV Prevention Messages to Young People in KwaZulu-Natal, South Africa. *Culture, Health & Sexuality*. Volume 12, No 1, 103-14.

<sup>463</sup> The 45 male care-givers are ministers from various denominations such as the church of the Firstborn, Ethiopian Church of South Africa, St John's Apostolic Faith Mission, Presbyterian Church, and so on. One might wonder how in this diversity they achieve working with a common view of caring especially when it comes to counselling

<sup>464</sup> Bodibo Khopotso. 2010. The church resolves to intensify its response to AIDS. *Living with AIDS # 430*. Health-e. <http://www.health-e.org.za/news/article.php?uid=20032774>

In KZN “HIV/AIDS has a more negative effect on labour productivity than in the rest of the country“ and “ together with the rest of South Africa, suffers from severe unemployment and poverty.”<sup>465</sup> Poverty in the context of KZN should not be overlooked if one wishes to respond efficiently to the HIV and AIDS epidemic. One should deal with the issues of poverty as well. In addition, people living with HIV (PLWH) are sometimes seen by themselves or by others as ‘patients’ and ‘victims’ who do not have anything valuable to contribute to the HIV and AIDS response.<sup>466</sup> These people then consider themselves as pitiful people who should get help from other people without making an effort to participate in their own wellbeing. I think that many HIV and AIDS activists who care for the wellbeing of these people should discourage this and instead look at how to empower them so that they can stand on their own by generating means for their life. Empowerment of these people should be on the agenda of any activist and the FBOs willing to respond to the epidemic through caring for people infected/affected by HIV and AIDS.

In bringing about empowerment to the poor people in the KZN community, KZNCC’s male care-givers should assimilate themselves in the latter, perceive and respect people they care for as people with great wisdom and potential.<sup>467</sup> Linthicum provides a framework called ‘Community Organization’, a process by which people of an urban community organize themselves to deal with those essential forces that are undermining their community and causing their powerlessness.<sup>468</sup> According to the approach, KZNCC would even help the HIV infected people to break the eventual mindset of being useless and thereby make them become the ones who can make a difference in their society.

#### **5.4.3.1 Enhancing the understanding of KZNCC’s male care-giving mission**

In regard to the many challenges such as hunger, sickness, unemployment, homeless, lack of healthcare, women abuse, corruption, injustice, and so on, KZNCC’s male care givers should have a deep understanding of their mission and role. Without confusing the male caring project’s mission with any other thing, the male care-givers should stand and fight for the

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<sup>465</sup> James Thurlow et al. 2009. “HIV/AIDS, growth and poverty in KwaZulu-Natal and South Africa: an integrated survey, demographic and economy-wide analysis” in *Journal of the International AIDS Society* 2009, 12:18. <http://www.jiasociety.org/content/12/1/18> . Accessed on 13/07/2011.

<sup>466</sup> “Mainstreaming the Principle of Meaningful Involvement of People Living with or Affected by HIV/AIDS (MIPA) into HIV/AIDS Programming”. [http://www.safaid.net/files/MIPA\\_Brochure.pdf](http://www.safaid.net/files/MIPA_Brochure.pdf). Accessed on 18/07/2011.

<sup>467</sup> Robert C. Linthicum. 1991, p 23.

<sup>468</sup> Robert C. Linthicum. 1991. *Empowering the Poor: Community organizing among the City’s “rag, tag and bobtail”*. California: MARC.

welfare of all people, especially for the voiceless, the widows, the orphans, the oppressed, and the poor. In obedience to the mission of God, KZNCC's male care-givers have to walk in Jesus' footsteps when they accomplish the mission that is "to preach Good News to the poor, to proclaim release of the captives and recovering of the sight to the blind, to set at liberty those who are oppressed, to proclaim acceptable the year of the Lord" (Luke 4:18-19). In the context of male caring within the KZN context of HIV, KZNCC's male care giving mission is to liberate men in particular and the community in general against all the cultural and gender related issues that hinder the effectiveness of male caring for the wellness and abundant life in KZN communities.

In a context that is indifferent towards gender justice and equality which enhance the spread of HIV in KZN, the mission of KZNCC's male care-givers invariably is to challenge the status quo of the powers within families and eventually political structures. It is one of the main tasks of KZNCC's male care-givers to proclaim the reality of the Kingdom of God. Their mission is derived from and in a sense continuous with the mission of Jesus. If male care-givers from KZNCC claim to be Jesus' followers, they should embark on this mission which is to meet the deepest of people's needs. Jesus did not only dwell on the edge of the issues of people's suffering, injustice, oppression, people's health but was involved, always engaged in battle with the fiercest of the forces of evil and powers of darkness. And so should KZNCC's male care givers by reaching out to the sick/weak and meeting their needs.

KZNCC as a Christian council, like the church, is also mandated by the nature of the Gospel to address all issues that hinder the fulfillment of people's hopes as proclaimed by God through Jesus Christ. It is in this that KZNCC should continue playing the prophetic role which is to speak out on God's behalf and be involved in challenging the socio-cultural beliefs and practices and gendered related issues in KZN which are fuelling the spread of HIV. By liberating women, children and vulnerable men who are more susceptible to infection from the HIV and AIDS epidemic they would be caring for the entire KZN population.

#### **5.4.3.2 Empowering and liberating people facing the HIV and AIDS epidemic**

For a fair empowerment of people, those facing the HIV and AIDS epidemic should be liberated from all that hinders of the full development of the human being.

Mwaura in Hinga(2008) points out that the primary response of the church towards the HIV and AIDS pandemic is that of teacher.<sup>469</sup> Through teaching, KZNCC's male care-givers make people aware that the HIV and AIDS epidemic and other issues are related. This does not mean that they are not currently doing so but they should create many more opportunities to challenge abusive cultural practices and beliefs and systems where "the sexist and patriarchal ordering of the world in which women live, where women do not have the right to own their bodies and sexuality."<sup>470</sup> In fact, responses from beneficiaries to the question on how they understand HIV and its spread<sup>471</sup> suggest and they were wide ranging and exposed total ignorance about the HIV and AIDS epidemic, its different ways of transmission and strategies of prevention. In a nutshell, the responses were as follows: *a circumcised male cannot contract HIV; having sexual intercourse with a virgin cures AIDS; AIDS is a punishment of God; HIV and AIDS is caused by 'sent sickness' or witchcraft; and AIDS is an imagination of people who want to discourage others from 'enjoying sex', a 'born again' cannot contract HIV.*

These responses show that among beneficiaries interviewed there are many who might have not been sufficiently informed about HIV and AIDS. One may then assume that there are communities uninformed about the epidemic and a great deal of awareness strategies are essential. To some extent, this raises questions about the strategy of male care-giving when significant spreading of the HIV could still be taking place. In addition, Ayanga points out that the church and its teaching on submissiveness have also not assisted the African woman in this regard. If anything, the church has legitimised and sanctified the culture of silence and the taboo about sexuality.<sup>472</sup> Therefore, I think that to minister well people to face with the HIV epidemic, KZNCC's male care-givers, should review the way they interpret the Biblical message. For example, men should be helped to question the interpretation given to cultural and Biblical teaching about issues of sicknesses and caring for the sick/weak, issues of sex and sexuality and gender inequalities. In this male care-givers might properly understand how they could play an effective role in response to HIV and related problems in KZN.

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<sup>469</sup> Philomena Njeri Mwaura. 2008. "Violation of human rights of Kenyan women with HIV/AIDS through stigma and discrimination". In Hinga, T. M. et al. (eds). *Women, Religion and HIV/AIDS in Africa: Responding to Ethical and Theological Challenges*. Pietermaritzburg: Cluster Publications, p 134.

<sup>470</sup> Hazel, Ayanga. 2008. "Religio-cultural challenges in women's fight against HIV/AIDS in Africa. In Teresa Mbari Hinga et al (eds). *Women, Religion and HIV/AIDS in Africa: responding to Ethical and Theological Challenges*. Pietermaritzburg: Cluster Publications, p 41.

<sup>471</sup> See appendix 3: question 4 for beneficiaries.

<sup>472</sup> Ayanga in Hinga 2008, p 41.



KZNCC should establish its own health care centre where besides the sick being provided with medication they could, at the same time, have counseling and voluntary testing. This in my thinking as it could help male care-givers to counsel many people and also avoid suspicion that there is something suspect behind the male caring as it would be done within an established public health centre. The issue of transport could also, in this way, be somehow sorted out. In addition, I think that many Christians would be more open, confident, and encouraged to support a centre owned by KZNCC and infected people would also be encouraged to be in this health care centre for care. This is in line with the definition of the ministry of the cure of souls or pastoral care that consists of helping acts, done by representative Christian persons, directed towards the healing, sustaining guiding and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns.<sup>473</sup>

#### **5.4.3.3 Empowering KZNCC's male care-givers**

Anthony defines empowerment as “to be active and intentional in the process of enabling another person to acquire power.”<sup>474</sup> The ‘sustaining’ and ‘guiding’ functions of Linthicum’s pastoral care and the ‘Care and Support’, ‘Monitoring and Surveillance’, ‘Human Rights and Access to Justice’ strategies of the National Strategic Plan (NSP) of 2000-2005 sustain this empowerment.

While accomplishing its mission, KZNCC’s male care-giving project faces, like other FBOs and institutions, the burden of poverty in KZN, and it makes difficult for it to continue on its own, the caring work the way it used to do. As already mentioned, KZN people live within a socio-economic environment that is characterized by unemployment and decrease of the manual labour due to the epidemic. Dying of AIDS and being infected by HIV are still observed within KZN communities. I think that it is now time for the project to shift from just being the Good Samaritan, while there are so many people who are struggling in life due to HIV and AIDS and related issues. There are many who cannot find jobs that would allow them to have a better life so they then engage in the sexual market, hoping that this will help them earn a living. This doubtless fuels the spread of HIV. In addition, the assumption is that

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<sup>473</sup> William A. Clebsch and Charles Jaeckle. 1983. *Pastoral Care in Historical Perspective*. New York/London: Jason Aronson, pp 33-61.

<sup>474</sup> Anthony, J. Michael (ed). 2001. *Introducing Christian Education: Foundations for the Twenty – first Century*. Grand Rapids: Baker Academic, p 197.

“people with AIDS can continue their normal lives as long as they have strength. That means that they should continue working.”<sup>475</sup> Therefore, they may have a small business/activity at home to continue with, should care for themselves and their family as long possible as they can since, in the early stages of the disease, people are not totally debilitated.<sup>476</sup> Therefore, KZNCC’s male caring project should, for the alleviation of poverty and other related challenges, empower people facing poverty and hence HIV and AIDS. This reinforces the observation that “providing food parcels is not the appropriate solution”<sup>477</sup> rather enable people to generate income through, for example, growing vegetables, sewing, and handcraft.

#### **5.4.3.4 Caring for the care-givers**

Very often carers care for others and might forget to care for themselves. Even organizations/institutions involved in caring for people, may not remember to care for the ones who are caring for others. It is for this reason that since “the caring job is demanding and can drain one to the end, care givers need to look after their health.”<sup>478</sup> They have to care for themselves so that they are able to care for others. Carretero concurs that “keeping one’s health is one of the most important things one can do. If one doesn’t take care of one’s own health, one will find it increasingly difficult to take care of the health of the one s/he cares for.”<sup>479</sup> Cameron et al suggest that in caring for caregivers one can intervene in many interventions to reduce stress, such as providing training to make care-givers feel more confident, providing leisure time, providing reasonable payment so that financial burdens are lessened and by organising debriefing and teambuilding sessions.<sup>480</sup> In the same way as coordinators<sup>481</sup> mentioned it, the project should think of how to improve the life or the conditions of the KZNCC male care-givers. Otherwise these latter might find themselves in a critical situation to the point that they could not go on with the noble caring role. I agree with Carretero et al.<sup>482</sup> suggesting increasing the coverage of the needs of the main care-giver, especially the psychological care requirements by means of the inclusion of psycho-

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<sup>475</sup> Hope at Home in Deborah Dortzbach and W.Meredith Long. 2006. The AIDS Crisis: What We Can Do. Downers Grove: World Relief, p 106.

<sup>476</sup> Hope at Home in Deborah Dortzbach and W.Meredith Long. 2006, p 106.

<sup>477</sup> Ngoetjana interviewed by Astere Kwizera on 08/03/2011 in Pietermaritzburg.

<sup>478</sup> Kumalo in Male Care-givers Project KwaZulu-Natal 2009 Report, p 29.

<sup>479</sup>“Coping with your Role as Care-giver “in Utah Coalition for Care-givers Support. [http://www.caregiver.utah.gov/coping\\_with\\_role.htm](http://www.caregiver.utah.gov/coping_with_role.htm). Accessed on 09/08/2011.

<sup>480</sup> Sue Cameron et al. 2009. Community care-givers within the South African Health Care Context. South Africa: The Hospice Palliative Care Association, p 105.

<sup>481</sup> Sibiya, interviewed in February 2011 in Eshowe, Dziva interviewed in February 2011 in Pietermaritzburg.

<sup>482</sup> Stephanie Carretero et al. 2008. “The informal care-giver’s burden of dependent people: Theory and empirical review.” Archives of Gerontology and Geriatrics 49. Elsevier Ireland, p 78.

educational programmes to alleviate the emotional discomfort of the informal care-givers and provide them with skills and strategies to face the challenges of care giving.

#### **5.4.3.5 Enhancing theological/biblical principles and assumptions to positively influence male caring**

As pointed out by Hinga<sup>483</sup> the epidemic was associated with sexually promiscuous people, and AIDS was initially blamed on the gay community. In addition the HIV and AIDS epidemic is linked, in people's minds, with sex, sexuality and sexual orientation: all of which are associated, in the Christian tradition, with sin.<sup>484</sup> Phumzile is not exaggerating when stating that most pastors still claim that AIDS is a punishment from God, and that it affects only immoral people who have sinned against God's law. Some even misinterpret the Bible so as to blame women for the spread of HIV and AIDS.<sup>485</sup> I agree with her thinking that this is a misinterpretation of the Bible and hence fuels the stigmatization of and discrimination towards women and PLWH.

Furthermore, it emerged from the evaluation of the male care-givers' project that "historically churches stigmatized the HIV infection as a curse from God for promiscuity and unfaithfulness. It was no different view in the communities where the program project has been implemented."<sup>486</sup> If one is willing to make a difference for the welfare of the community and walk in the footsteps of Jesus whose theology was inclusive, it is necessary to review the theology that churches are preaching and on which they base their actions. The male care-givers concede that whatever one does as a church leader/member must be based or motivated/influenced by the Scripture and our ministry in order to bring about lasting change in people's lives.<sup>487</sup> Willimon characterizes ministers as ones who are called for caring for human beings.<sup>488</sup> This means that it is in their calling and that KZNCC's male care-givers-most of whom are pastors-, should fulfill their calling with a new way of thinking about the HIV and AIDS epidemic when caring.

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<sup>483</sup> Teresia Mbari Hinga. 2008. AIDS, Religion and Women in Africa: Theo-ethical Challenges and Imperatives. In Hinga, Teresia et al. (eds). *Women, Religion and HIV/AIDS in Africa: responding to ethical and theological challenges*. Pietermaritzburg. Cluster Publications, p 78.

<sup>484</sup> Parterson Gillian. 2005. AIDS Related Stigma: Thinking outside the Box: The Theological Challenge. Geneva, Switzerland: the Ecumenical Advocacy Alliance and the World Council Churches, p 9.

<sup>485</sup> Gedeon Byamugisha et al. 2002. Journeys of Faith-Church-Based Responses to HIV and AIDS in Three Southern Countries. UK:TALC/Pietermaritzburg: Cluster Publications, p 34.

<sup>486</sup> Hove, Rabson. 2010. KwaZulu-Natal Church AIDS Network: Evaluation report of KwaZulu-Natal Christian Council. Unpublished. Pietermaritzburg, p 9.

<sup>487</sup> Kumalo, R. Simanga in Male Care-givers Project 2009 Report, p 25-26.

<sup>488</sup> Willimon, William. 2002. Pastor-

Van Dyk<sup>489</sup> points out that “a religious community may adopt a ‘laager mentality’ in which the community distances itself from HIV-positive people by constructing psychological and physical barriers between non-infected members of the community and HIV- positive people”. Worse, stigma can be used by individuals, communities and the state to produce and reproduce social inequality.<sup>490</sup> This is in contradiction with what Jesus recommended to his followers that they should love one another and live in unity (John15: 12; 17:21-22). I think that with stigma which leads to the negative treatment of the other does not fulfill this commandment of love one another and hence undermines the caring task. In such a context of discrimination and stigma due to a misinterpretation of the Bible one should expect that KZNCC’s male care-givers would not appropriately care for the welfare of the KZN community. Therefore, the theologies of care being developed by the male care-givers are a model to be deepened and a base to be used for deepening both their faith and their actions of giving care. Indeed, the theology of loving one another and the socio-cultural value of *Ubuntu* to mention a few, once well understood and applied in caring, should help KZNCC male care-givers to effectively overcome all these factors undermining the caring task.

#### **5.4.3.5.1 Caring in the line of the Theology of work**

Besides the theology of care and God’s love, Maluleka and Mavuso<sup>491</sup> state that the “theology of work” might be also be influential for involvement in caring. With regard to the theology of work, Gregory<sup>492</sup> points out those human beings are defined as workers. In other words, without work the “person’s self-realization is inevitably distorted.”<sup>493</sup> Since work “is a basic condition of created human existence being human without working is inconceivable.”<sup>494</sup> It is in this that though people might be weak/sick, they are still human beings. As much as possible they must work, they can do it and therefore this makes them not feel different. This theology of care is understood by Gregory Baum when he states that “if the society decided to employ people to repair cities, to take care of small children, the sick

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<sup>489</sup> Alta Van Dyk. 2008. *HIV/AIDS. Care and Counseling: a multidisciplinary approach- 4<sup>th</sup> edition*. Cape Town: Ceri Printer, p 319.

<sup>490</sup> Aggleton, Peter and Parker, Richard. 2003. “HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action”. *Social Science and Medicine* 57, p 17.

<sup>491</sup> Maluleka and Mavuso interviewed by Astere Kwizera on 18/01/2011 in Eshowe.

<sup>492</sup> Gregory, Baum. 1991. Towards a theology of work. In Cochrane, James R and West, O Gerald (eds). *The three-fold cord: Theology, work and labour*. Pietermaritzburg: Cluster Publications, p 156.

<sup>493</sup> Gregory, Baum. 1991, p 158.

<sup>494</sup> Nolan A. 1991. *A Worker’s Theology: The Three-fold Cord: Theology, Work and Labour* (Edited by J R Cochrane and G O West), Cluster Publications, Pietermaritzburg, South Africa, p 92.

and the aged, and to transform social life in a qualitative way, then all members of society would be working.”<sup>495</sup>

So far the caring that KZNCC’s male care-givers are supposed to be called for is influenced by God’s love, theology of care or inspired by the Jesus’ model of caring when He was on this earth and by the theology of work when they are doing their work. Regard to responses given by interviewees on questions about the biblical verses upon which their work is influenced<sup>496</sup>, this male care giving work might be inspired by Biblical verses such as Luke 10:35-37, John 3:16, James 2:14-16, Matthew 9:29, Luke 13:4-5.

#### **5.4.3.5.2 “Imago Dei” as a theological vision in responding to HIV**

As defined by Bongmba<sup>497</sup> “ the *imago Dei*” is a theological motif that offers a different way of thinking about and cultivating relationships with human beings who live in and with extreme pain and sorrow because they have been subjected to an invasive and destructive virus”. “The image of God is present in all its fullness in male and female, and the one is not subordinate to other at the ontological level.”<sup>498</sup> When men in Zulu culture assume being superior to women, it implies that they deny the “ontological equality between the sexes.”<sup>499</sup> Thus the response to HIV and AIDS becomes undermined.

Regarding to what the involvement of the KZNCC’s male care giving project is in challenging these issues of gender and culture which fuelling the HIV prevalence rate, what is heart-breaking is that though it is biblical that we are all created in the image of God<sup>500</sup> and one should assume that this message is contained in sermons it is even preached, gender related discrimination related is still observed within some churches. For example, people living with HIV and AIDS are stigmatized and discriminated against. This therefore goes against the equality of persons in a community that has been confirmed, renewed, and transformed in the Incarnation, in the life ministry and death of Jesus Christ.<sup>501</sup> In addition,

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<sup>495</sup> Gregory, Baum. 1991, p 158.

<sup>496</sup> See appendix 2: questionnaire for male care givers, question 15.

<sup>497</sup> Elias K. Bongmba. 2007. *Facing a pandemic: the African church and the crisis of HIV/AIDS*. Waco, Texas: Baylor University Press, p 42.

<sup>498</sup> Elias K. Bongmba. 2007, p 47.

<sup>499</sup> Elias K. Bongmba. 2007, p 47.

<sup>500</sup> Elias K. Bongmba. 2007, p 44.

<sup>501</sup> Enda, MacDonald. 2005. “HIV and AIDS-related stigma: possible theological approaches- stigma and Christian theology”, in *UNAIDS. Report of a theological workshop focussing on HIV – and AIDS- related stigma*. Windhoek, Namibia, p 43.

through the notion of *imago dei*, individuals have the human dignity for regarding the simple reason that they are created in the image of God.<sup>502</sup> Therefore, this should help KZNCC's male care givers to work for towards the elimination of discrimination among sons and daughters of the KZN community. One might wonder if it is not by misunderstanding of this doctrine of *imago dei* that such behaviour of discrimination is observed among some men. If my thinking is right, there is then a need to of revisit the understanding of the *imago dei* and then apply it in KZNCC's male care givers' response to issues of gender, inequality and cultural beliefs that are fuelling the HIV prevalence rate in KZN.

Through *imago dei*, once it is well understood and that people live accordingly to it, one would think that the incidence of HIV should be mitigated. Regardless any consideration the simple fact of being created in the image of God should be the cornerstone for the KZNCC's male care giving project to eliminate discrimination for any reason-based in the communities the project intends to care for. This would then lead to a holistic care giving, caring for people despite extraneous factors and even for those who care for others- the carers.

## **5.5 Conclusion**

Although the KZNCC's male care-giving project faced various challenges, it was also highlighted strengths that enable the project remaining in its vision and mission of caring for people affected/infected with the epidemic. Notwithstanding the efforts and energies of the KZNCC's male caring project, the Government, Health sector, other civil society organs working on HIV and AIDS, it is clear that more care-givers need to be recruited and deployed in order to contribute to stopping the spread of HIV and to mitigating the impact of AIDS. The chapter also presented some ways for the improvement of the male care-giving. Liberating and empowering people facing the epidemic, empowering and caring for the care-givers, will help KZN community fully benefiting from the care-giving. Furthermore, education through seminars and workshops for a greater wide awareness about the male care-giving as well as a better understanding of the epidemic and related issues are still anticipated by KZN people in general and to men in particular. Once all people in KZN community and men in particular would have understood the vision and mission of care-giving, one should expect real mitigation of HIV within KZN. Taking in account highlighted ways in which the KZNCC male care giving could be, this would lead to the up-lifting of people's lives in KZN.

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<sup>502</sup> Elias K. Bongmba. 2007, p 49.

## **Chapter 6: Summary, recommendations, and Conclusion**

### **6.1 Summary**

The study on “the KwaZulu-Natal Christian Council (KZNCC)’s work with men on HIV and AIDS: a Critical Analysis” focused on exploring the KZNCC’s male care giving within the HIV and AIDS environment of KZN. The research question was to analyze whether this male care is effective and impacts on the KZN’s people’s lives with a special target of three districts of KZN- KRCC, TAMCC, and SKZNCC. To respond to this question, other sub-questions helped to unveil the socio-cultural and health context within which the KZNCC male care givers are working, who the KZNCC male care giving project, and its players are and what their specific activities in response to the HIV and AIDS epidemic in KZN are. They also enabled us to discover the socio-cultural and religious dynamics of male involvement in care-giving, and the responses/feelings towards the KZNCC’s male care giving project within the communities. Through these sub-questions, the strengths of the KZNCC male care-giving project, the challenges/risks faced by the male care-givers while performing their caring roles, and the ways undertaken to overcome these challenges/risks encountered were also defined.

This study has been structured on various main objectives which are: investigate the socio-cultural, economic and health context within which KZNCC’s work with men in response to HIV and AIDS is performed in KZN, Survey the KZNCC’s male care-giving project in KZN communities, critically analyze the socio-cultural dynamics in involving men in caring for HIV and AIDS affected/infected people in KZN and how the KZNCC’s male care-giving is received within KZN communities, define the strengths and challenges of the KZNCC’s male care-giving project and suggest ways forward to improve the KZNCC’s male care-giving. The first chapter was an introduction to the study with the background, the motivation for the study, the objectives, the research problem and sub-questions to be answered in the study. The theoretical framework and the methodology were discussed in this first chapter as well and the chapter ends with the structure of the study. The preliminary literature review constitutes of the second chapter. It deals with the definition of the socio-cultural and health context of KZN within which KZNCC male care-givers are performing their caring role, the analysis and discussion of the KZNCC’s male care-giving and ways of improving the KZNCC’s male care-giving for it to be effective and efficient in KZN. Exploring the socio-cultural and health context in which the KZNCC’s male care-givers are working, and the

factors fuelling the spread of HIV and AIDS in KZN have provided the content of the third chapter. The fourth chapter pursued the critical analysis of the KZNCC's male care-giving in response to HIV and AIDS in KZN community through the research findings. The discussion and analysis was of the findings from consideration, position and views on the KZNCC's male care giving project. The implementers of the project and coordinators at the regional level, the male care givers as the players on the field- KRCC and SKZNCC, and the community representatives as beneficiaries of the project in the three regions targeted by the study provided the matter of discussion and analysis. This chapter through these interviewees defined and discussed the implementation of the KZNCC's male care giving project, its motivation, objectives, its actors, male caring activities and how it influences people's life in KZN. This chapter also discussed the socio-religious and cultural dynamics of involving men in caring, a sphere traditionally relegated to women. Investigating how the KZNCC male care-giving project's methods and content are felt and received on the ground and defining the strengths and challenges of the KZNCC male care giving project formed the basis of the fifth chapter. The chapter also suggested ways for improving the KZNCC's male care-givers' performance for effective and efficient caring within an HIV and AIDS context in the KZN community. The sixth chapter is of the summary and conclusion of the study.

In a socio-economic and cultural context like that of KZN province where men engage in caring tasks, one might be curious and interested in how these men are performing this noble chore. Indeed KZN province has the highest HIV prevalence rate in the country and probably in Africa. It operates within a strong patriarchal system whose cultural and religious beliefs and practices should fuel the spread of HIV infection. The responses from these three groups of the interviewees talking about the situation of the KZNCC's male care giving implemented in some South African's regions have enlightened us. This study on the "KZNCC's work with men in an HIV and AIDS context" focused on men who are caring for people in that context and looked at whether these men are efficiently succeeding and impacting on KZN communities' life or not. This research was undertaken only in three districts (TAMCC, KRCC, and SKZNCC) since it would be very wide-ranging to research on the whole province.

After an exploration of the extent of the HIV and AIDS prevalence rate in KZN province, and explaining the socio-cultural and economic factors that are fuelling the epidemic rate, the study explored and described the theoretical, social and theological factors underlying the



KZNCC's work with men in an HIV and AIDS context in KZN province. With a reflection on the KZNCC's male project and together with the findings from the field work undertaken with different people, the study has suggested, in conclusion some further ways of improving the KZNCC's male care giving. It is in the theoretical framework of "effective AIDS prevention education" that these suggestions were provided. Before ending up with this study, there are various lessons learned from it.

## **6.2 Lessons learnt from the study**

- The socio-cultural and economic context of KZN within which KZNCC's male care givers are caring for people is a fertile ground for the spread of HIV. Issues of poverty that are linked to unemployment, socio-cultural practices and beliefs, gender related issues- such as domination of men over women, polygamy, sexual exploitation, illiteracy especially in the rural areas, are worsening the situation in the province. This situation makes the HIV and AIDS epidemic a threat that kills many people in the province and others are sick and therefore the need for caring of KZN people is more than urgent.
- The male caring project established by KZNCC and that is unique and of utmost importance in an HIV and AIDS context, especially in KZN since the HIV prevalence rate here is very high. Women alone, who are traditionally the care givers, are not able to care sufficiently for these people. Men are at the fore front in fuelling the spread of HIV through the cultural practices like polygamy, hegemonic masculinity. As KZNCC has involved men in caring, this is much appreciated and should be vigorously encouraged in order to respond to the epidemic in KZN's socio-cultural and economic environment.
- Though there are still some men who neglect and dismiss the male caring role viewing it as women and girls' chore related, this role is well appreciated within the KZN communities by the male care-givers themselves, their families and in the society in general and is impacting on people's lives. There is an urgent need to continue sensitising these men so that, ultimately, they are also convinced and would like to make their contribution in caring for people so that the spread of HIV is alleviated within these communities.

- The caring role is a very demanding task. As the KZNCC's male care givers who are for the most part pastors and whose daily work is also very demanding, there is still the necessity of recruiting more men for this work. The way KZNCC presents the male care-giving will help to lessen the suspicions towards males performing the caring role. As there are youth organizations such as soccer clubs, taxi drivers associations, Christian youth associations, and that are also the most sexual active, KZNCC within its recruitment strategies should also think of involving these groups who might be very influential in sensitizing their peers regarding the imperative of stopping the spread of HIV and care for sick/weak people.
- Most of the information about HIV and AIDS is obtained through the written word stuff so the illiterate people are at a disadvantage. Though KZNCC has tried to spread the information, even through drama, it is very important to add in the caring program teaching the illiterate people how to read and write in the caring programme. This would help all people to get information since the epidemic is not only a concern for educated people but for all people, - the illiterate as well.
- Having their own health care centres in different regions such as in the light of the Hillcrest centre<sup>503</sup>, might be very helpful for people since the KZNCC is a council of Christians from different churches. This would facilitate the male care-givers' job who, instead of visiting people at their homes which may be located at great distances from one another, would meet them at this centre. If this could happen, I believe that the number of people who would be visited, counselled and helped would increase. This does not mean that they should stop with the visiting in homes; they should continue to do so since this helps them to identify those who need help from home or those who can go to the health care centre.
- It is true that KZNCC has started with the male caring project in regions where it is more required because of the high HIV and AIDS prevalence rate, the socio-cultural and economic factors fuelling the HIV spread. It would be also good to implement the project in other regions where people are not yet greatly affected by HIV so that these people would be protected against the HIV infection. I think that as 'prevention is

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<sup>503</sup> During my studies in the second semester of 2010 I visited this centre in the cadre of the course of "The Church and HIV and AIDS". From this visit, I realised how very important it is for churches to have their own health centre. It is from this perspective that I make this suggestion.

better than cure' it is always much better to use energy to care for people before they are infected/affected than when they are already.

- As religion could also be the cause for fuelling the spread of HIV and AIDS, KZNCC needs to continue sensitising church leaders to the need to review their way of dealing with HIV and AIDS and seeing it as a way serving, and caring for weak/sick people.
- The age of the pastors male care-givers interviewed ranges from 43 to 68 and there are even some older than 70. This shows that instead of being care-givers, most of them need to be cared for.
- It is a good thing that KZNCC's male care givers from churches of different faith backgrounds have agreed to conjugate their efforts in response to HIV through the male care giving. Nevertheless one might notice that it is especially male church leaders/members from revival churches who are most involved in the KZNCC's male care giving project. Mainline traditional churches such as the Catholics, the Anglicans, the Baptists, and the Presbyterians seem to be absent.

With regard to these lessons learnt, one might suggest some recommendations.

## **6.3 Recommendations**

### **6.3.1 Funding care-givers**

- For an effective male care-giving in response to HIV in KZN province in the area of material and financial support, churches, especially male members who are financially well off, should be more sensitised to support the KZNCC's male caring project. This would lead to the creation of a fund available for the work of male care giving that would allow not only relying on the government or other partnerships' support which is often protracted. This would be helpful since male care-givers may not have any funding of visiting affected/infected people. When there is a fund available to supporting the male care giving they could draw from it some support and then go for visiting without being empty handed.

### **6.3.2 Recruitment, training and integration of care-givers**

- As the HIV and AIDS epidemic is harming not only people from the churches from which the male care-givers are recruited, it is necessary to have even male care-givers

from other denominations joining the KZNCC's male care-giving project, even if these denominations are not members of the KZNCC. What I regard as important and urgent is not the fact that one is a KZNCC's member, but what is being done in response to the epidemic regardless of one's faith background origin. In order to clarify, a definition of an ecumenical document based on theological principles which define the care-giving should be discussed by churches and religious communities from which male care givers would be recruited.

- The mainline churches (Catholic, Anglican, Methodist, and Presbyterian) should be more sensitised to join their energies in male caring for people facing different challenges due to the epidemic in KZN.
- The male care giving program should be integrated in the information, discussion, teaching and sensitisation within churches, the local communities and even within families so that the male care givers would be supported from everywhere.
- Recruiting younger male care-givers and, before they start with the male care-giving, helping them through trainings workshops to getting skilled and sufficiently trained so that they can effectively and efficiently perform when they are in the field.
- Integrating more PLWH in the male care-givers' group as they are the most informed about to knowing the needs of people infected/affected by HIV. This would help them to seeing that they are not discriminated against and they could easily share their experiences which should improve the way male care-givers perform their caring.
- For an effective caring, there should not be male care-givers without women who are care-givers. Therefore, while recruiting people for care-giving, though the project is mainly to change the behaviour of men, the KZNCC leadership should think of also recruiting also women. Through education and explanation that men and women should work together, especially in response to the epidemic, one would be challenging the socio-cultural practices that insist that there must be a separation of work: some for men and others for women.
- Though the male care-giving is impacting on the KZN communities where the male caring activities are performed, there are many other communities which are affected by the epidemic not only in KZN but within other South African's Regions. Issues of cultural and gender practices and beliefs that are harming and hindering the

effectiveness of male care giving are still encountered. Therefore, one should insisting on the cultural, religious and social values of 'Ubuntu', 'love without limit', gender justice, and gender equality which might promote the stopping of the spread of HIV. The implementation of the project should indeed be encouraged even elsewhere in South Africa.

### **6.3.3 Extension of the male care-giving project**

- Prevention is better than cure. Instead of concentrating efforts and means to care for sick, weak people, it should be very important to empower people so that they could prevent HIV infection and sicknesses related HIV. In addition, the project could be also implemented in other regions of KZN and even more in the whole South Africa. Improving the possibilities of creating small projects to generate income in the KZN communities, especially where people are subject to the risk of HIV infection, should be encouraged. This will help people to get jobs and therefore combating unemployment and poverty that are some of the factors fuelling the spread of HIV in KZN.

With these some lessons learnt from the study and some recommendations, we are now drawn to the end of the study.

### **6.4 Conclusion**

It has been revealed that the KZNCC's male care-giving project is appreciated within the KZN communities- where the male care-giving activities are rolled out- since it is still unique. In fact this project is performing in a society with a patriarchal system where socio-cultural practices and gender related beliefs are fuelling the spread of HIV. Despite an appreciable amount of work already done by the KZNCC's male care-givers, a lot remains to be done especially in convincing men to become involved in the caring work in an HIV and AIDS context within the KZN communities. Indeed, the socio-cultural, economic and health situation of KZN, within which the KZNCC's male care-givers are performing their role, is challenging at different levels in different areas. Unemployment, poverty, sicknesses in addition to the cultural and gender practices and beliefs are harming the wellbeing of KZN people, are worsening the situation and are demanding a huge involvement of many participants to respond to these challenges. Government, social and health departments alone cannot manage to effectively care for needy people whose numbers increase constantly. Thus

the KZNCC's male care-giving project has opted to join its hands to support the work of these other carers. The KZNCC's male care-givers alone, without the women's hand, cannot effectively achieve their goals. Therefore KZNCC's male care-givers, women, and other activists in responding to the HIV and AIDS in KZN are invited to work together for an efficient and effective response to the epidemic. The study has revealed the existence of many challenges that hinder the effective performance of the KZNCC's male caring. Nevertheless, based on the socio-cultural and religious values of *Ubuntu*, working beyond the male physical force and with an ethic of care and preservation of life, directed by the love without limit/unconditional love and based on the Jesus' model of caring for needy people and God's love for all people, one could hope that the KZNCC's male care-giving is effectively responding to HIV not only in KZN but even in the whole of South Africa.

In short, it should be noted that the male care-giving work is gaining success in mobilizing men, and other role players such as government and civil society organisations to participate. The project shows that it is necessary that people work together with others to succeed since male care-givers come from different backgrounds of faith and doctrine. Therefore, churches without necessarily the same doctrine, together with the government, health sector and all those with the aim of improving the welfare of the community are called upon to join hands more than ever before in response to the HIV and AIDS epidemic.

At the moment, KZNCC's male care giving is just a Christian based initiative. It is imperative to call and strengthen all the leaders from different faiths, traditional healers, sheikhs, leaders from Hindus communities and other religious communities, so that there might be a multisectorial spectrum involved in the program. Without neglecting or denying one's initial doctrines and beliefs, all these combatants should go beyond what differentiates people such as Buddhists, Jews, Baha'is, Muslims, Christians, Hindus, African traditional healers and together conjugate their efforts to challenge the communal enemy, the HIV and AIDS epidemic. Thus the project should be largely one of a lobbying and advocacy effort seeking to change the general mind-set of men, by role-modelling the men in leadership positions such as male care-givers. Based on responses from various interviewees, the leadership is largely seen as right in expressing their conviction that the programme is making an impact to the men involved because of the capacity building workshops and the training that help the men involved to see gender justice issues differently.

There are other KZN districts and elsewhere in South Africa with high HIV prevalence rates, and hence a lot of people needing care. Since I do believe there exist other churches members other than those of the KZNCC, it would be extremely beneficial to enlarge the male care-giving project to respond to the HIV related challenges in these other districts. This could also be extended to other regions of South Africa and even to the countries which are willing to being exposed to the KZNCC's male care-giving project.

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## **Interviewees**

Phumzile Zondi Mabizela interviewed by Astere Kwizera on 07/02/2011 in Pietermaritzburg.

Douglas Dziva interviewed by Astere Kwizera on 22/02/2011 in Pietermaritzburg.

Lucas Ngoetjana interviewed by Astere Kwizera on 08/03/2011 in Pietermaritzburg.

Rev Ngema interviewed by Astere Kwizera on 01/04/2011 in Pietermaritzburg.

Sibiya Sthembile interviewed by Astere Kwizera on 18/01/2011 in Eshowe.

Pastor Shezi interviewed by Astere Kwizera on 16/02/2011 in Port Shepstone.

Cele interviewed by Astere Kwizera on 18/01/2011 in Eshowe.

Linda interviewed by Astere Kwizera on 18/01/2011 in Eshowe

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Sinaphi interviewed by Astere Kwizera on 19/01/2011 in Eshowe.

Fille interviewed by Astere Kwizera on 17/02/2011 in Port Shepstone.

Makhosazane interviewed by Astere kwizera on 17/02/2011 in Port Shepstone.

Mukunde interviewed by Astere Kwizera on 17/02/2011 in Port Shepstone.

Ndawo interviewed by Astere Kwizera on 17/02/2011 in Port Shepstone.

Silver interviewed by Astere Kwizera on 17/02/2011 in Port Shepstone.

Ndaba interviewed by Astere Kwizera on 25/02/2011 in Ladysmith.

Ntuli interviewed by Astere Kwizera on 25/02/2011 in Ladysmith.

Mrs Shabalala, interviewed by Astere Kwizera on 25/02/2011 in Ladysmith.

Mkhize interviewed by Astere Kwizera on 25/02/2011 in Ladysmith.

Virginia interviewed by Astere Kwizera on 25/02/2011 in Ladysmith.