

The Church, Gender and AIDS

What's Wrong with Patriarchy?¹

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Abstract

Many women and children suffer in silence in cultures where patriarchy is condoned and defended as the natural order of things. The inferior status ascribed women and children where patriarchy is imbued as hypernormative, render them vulnerable to contracting the HI-virus – as the case study cited here reveals. While government and civil society, including the church, sometimes react when violence against women and/or children end in the victim of violence being killed, the argument made here is that a pro-active response may go a long way – such as addressing the patriarchy of our (Christian) faith.

Key words: patriarchy; HIV/Aids; sexual-violence; church; vulnerability

Introductory Remarks

Reports of the violent rape and murder of 17-year old Anene Booysen (of Bredasdorp) in 2013 brought gender-based violence onto the agenda of government and civil society organizations. For example, Hannah Osborne reports that, “Anene Booysen’s death in February [2013] caused widespread anger over violence against women in South Africa, with president Zuma calling the attack ‘shockingly cruel and inhumane’”.³ The Anglican Church (amongst others) has also noted the brutality “with sadness”. An example of this is expressed in a pastoral letter to parishes in the Diocese of Saldanha Bay, Bishop Raphael Hess states that the recent spate of rapes of women in Atlantis, Kraaifontein and Bredasdorp reflects a violent society and that there is a need to speak out against gender-based violence.

The premise of this paper is that speaking out against gender-based violence is a necessary response but, that the challenge of living in an AIDS era requires more than just “speaking out” at times only when the rape of women are made

¹ “What’s wrong with patriarchy? - it works!” was a question/statement raised after my presentation at the *National Religious Association for Social Development Conference* held on 6 & 7 October 2010. The title of my presentation then was, “Religion, Gender and AIDS: What More can be Said?”

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³ Hannah Osborne, “South Africa Rape Victim Anene Booysen Was Disembowelled By Hand,” *International Business Times*, October 17, 2013, accessed February 6, 2015, <http://www.ibtimes.co.uk/anene-booysen-rape-murder-trial-johannes-kana-514685>.

public. Many women and children suffer in silence in cultures where patriarchy is condoned and defended as the natural order of things. Moreover, the inferior status ascribed to women and children in the family and community impact on their vulnerability in an AIDS context. A silence often broken when the victim of sexual violence is killed as was the case when the body of five-year old Kayde Williams was found in February 2015 in the same area where Anene Booysen was raped and left to die – exactly two years ago!⁴

It is against this background that I start this paper with the dilemma a student faced when he felt confronted to ‘speak out’ after a class on an ethic of responsibility that focused on individual and social culpability in the spread of the HI-virus. There are three sections in this paper. Firstly, the lived experience of this student and his family is explored through feminist eyes, followed by a section on Patriarchal Power and Vulnerability in an AIDS era. Challenging the Patriarchy of our Faith is the third section, followed by concluding remarks.

1. What is wrong with patriarchy?: A case study through feminist eyes

I have been aware for some weeks now that my father is “visiting” my fourteen-year old sister’s bedroom at night when he thinks everyone is asleep. I often cry as I toss and turn in my bed, listening to my sister’s muffled sobs. I suspect that my mother is aware of what my father is doing, but that she feels “powerless” to do anything. I remember an incident a few years ago. My mother had confronted my father about having an affair with a lady at his work. My father was furious and locked my mother out of the house. Later that night, after persistent knocking and pleading for his forgiveness, my father let her in. I am also afraid to confront my father. I could go to our church minister but would he believe me? My father is a member of the church council and sings in the choir. I thought of phoning Child Line or going to the police, but what will happen to us ... to my mother and my sister if my father is arrested? He is the sole breadwinner and we depend on him financially. I am so confused. I often wish that this is only a dream and that when I wake up the problem would be gone.⁵

The dilemma facing this twenty year-old student, David, is the lived reality of many South African families. In particular this is the lived reality of many women and children, which is: that many women do not have control over their sexuality; that

⁴ Chanel September, “Kayde Williams Raped Before Murder,” *Eye Witness News*, February 6, 2015, accessed February 6, 2015, <http://ewn.co.za/2015/02/06/bredasdorp-murdered-child-was-sexually-assaulted>.

⁵ This is the lived-experience of a first year ethics student who has agreed that his story be used as a case study. David is not his real name.

women and children are often 'powerless' in a culture where patriarchy is maintained and defended as "the natural order of things".

This case study reflects the reality of many women and children who are not in a position (in terms of culture, economics or religion) to negotiate safer sex or challenge patriarchal privilege in an AIDS era. It also reflects the reality that many women's sexuality is controlled by men and that many girl-children have no control over their first (or subsequent) sexual encounters. In other words, it reflects the power and privilege given to men in a patriarchal society - power that is often justified and sanctified by culture and religion. Thus, HIV/AIDS intervention strategies should be understood within deeply embedded situated contexts - contexts where women and girls either choose to, or have no choice in performing their expected gender roles steeped in subservience; and where men assume headship roles in the grand narrative of patriarchal heteronormativity as the *natural order of things*. The rigid adherence to traditional expectations for men in relation to women is a force that makes wives appropriate victims (Adams 1994:14). In such cases husband-dominance is also a predictor of child abuse because some men think that their authority is their (God-given) duty and privilege. The question, *What's wrong with patriarchy? - it works!* is a poignant example of such dominant attitudes.

I approach this question, 'What's wrong with patriarchy?' as a Christian, South African woman of colour whose understanding of gender discrimination, inequity and injustice is informed by experiences of racism, classism and sexism and as one who has come to identify the (sometimes) subtle and obscure patriarchal power in marriage, family, church and society through feminist eyes.

The contribution of feminist insights is acknowledged by the Archbishop of Cape Town, Thabo Makgoba when he says that, "[...] the best of feminism brings liberation not only to women, but also to all who are constrained and diminished by the narrow roles and other limitations which patriarchy and all systems of oppression impose on everyone they encompass".⁶ African women's theologies, as espoused by the Circle of Concerned African Women Theologians, have the distinctive characteristic of inclusiveness - in their call for the recognition of the full humanity of both, women and men. Similarly, this call of gender inclusiveness is echoed by African-American Alice Walker when she explains that a womanist is one who is "committed to the survival and wholeness of entire people, male and female". It is with this notion of a vision for wholeness of women, men and

⁶ Thabo Makgoba, foreword to *Ragbag Theologies: Essays in Honour of Denise Ackermann, A Feminist Theologian of Praxis*, ed. Miranda Pillay et al. (Stellenbosch: SunMedia, 2009), 3.

children, of relationships - wholeness of families, and communities that I turn to the topic of HIV and Gender.⁷

2. Patriarchal Power and Vulnerability in an AIDS Era

[...] there are two viruses more dangerous than HIV. The first virus is the one that assigns women to an inferior status in society...This first virus is not only about women's questionable status in society, but is more specifically about the disordered nature of sexual and emotional relationships between women and men... [t]The second virus to spread at a devastating rate is mostly to be found in the developed world. It is the virus of global economic injustice that causes dreadful poverty in many parts of the developing world.⁸

This quote from Teresa Okure [cited by Ackerman] reflects the complexity of the dilemma faced by David as cited in the case study. Like the quotation above, David's story reveals that gender ought to be examined as a constitutive feature and as an organising principle of collectives, social institutions and social practices. To this end, feminist scholars have shown that major areas of life, including sexuality, family, education, economy, and politics are shot through with conflicting interests and hierarchies of power and privilege along gender lines. This is evident in what David, his sister and mother experienced. David's silence or rather his reluctance to confront his father or report him to authorities such as the church, police or Child-line has to be seen in the light of conflicting interest and hierarchies of power. The complexity of 'conflicting interest' is reflected in the economic dependency, shame and powerlessness of David, his sister and his mother. It is a powerlessness which is sustained and perpetuated by the hierarchy of patriarchal power, embedded in culture and religion.

On the one hand David realizes that his father's behaviour is unacceptable and that he should report it for the sake of his sister's well-being and safety. On the other hand he fears that should he make his sister's rape public, his behaviour (as a son and brother) might be questioned. Moreover, there's the fear that, given his father's status in the church and community, David may not be believed and his sister's experience may be dismissed as insignificant or untrue - or even worse she will be made the scapegoat.

What really intensifies David's dilemma is his suspicion that his mother is aware that her daughter is being sexually molested by her husband, but is 'turning a blind eye'. Moreover, his sister is also silent. This is no surprise because in a patriarchal

⁷ Alice Walker, *In search of our mother's gardens* (London: Women's Press, 1983), xi.

⁸ Denise Ackermann, "A Gendered Pandemic? - HIV/AIDS in South Africa," *Uppsala Studies in Social Ethics* 29 (2003): 124.

system, women's cries of distress are insufficiently heard and they often disappear under a veil of silence.⁹ Often culture and religion collude to portray this silence as a good value to be embodied by a virtuous, dutiful, grateful wife and child. This is what makes women and girl-children vulnerable to contracting the HI-virus. Thus, the risk of David's sister and mother contracting the virus from his father is high. It is possible that, like David, his mother, sister and father are aware of the risks of contracting the HI-virus, because as Cameron claims in chapter two of his book *Witness to AIDS*:

AIDS is known. It has been analysed tested measured surveyed considered reflected documented depicted exhaustively described.¹⁰

What Cameron says is an indication that much has already been said and written about the disease. The vulnerability of women¹¹ contracting the HI-virus is well documented.¹² He also writes that, "Our knowledge of it [AIDS] is clear and precise" but then hurries to add in poetic fashion:

But the disease is also unknown. It is guessed estimated projected approximated sketched debated disputed controverted hidden obscured.¹³

I agree with Cameron, because, for example the high prevalence rate amongst women could be disputed - given that, compared to men, women are more likely to test or rather be tested. While the 'high HIV-prevalence rate among women could be contested, it is true that women are being branded as the 'carriers of the virus.

I want to argue that it is the vulnerability of women that, is not only a result of the inferior status assigned to women, but that it also contributes to perpetuating the inferior status of women - as they are blamed, not only for spreading the disease, but

⁹ The term 'gender' generally refers to an overarching framework from which to view historical, cultural and situational variability in definitions of womanhood and manhood, in meanings of masculinity and femininity, in relationships between men and women, and in their relative power and political status.

¹⁰ Edwin Cameron, *Witness to AIDS* (Cape Town: Tafelberg Publishers, 2005), 42.

¹¹ There was a time when those who called themselves 'feminists' sought to speak for all women, but it soon became apparent that how, why and what women experience in their struggles for gender equality is considerably and markedly influenced by race, class and culture in general and the question of access to resources (in the areas of economics, education, politics, etc.) in particular. For example, womanist, *mujerista* and African women theologues all have different points of emphasis in the struggle for the recognition of the full humanity and human dignity of women, compared to their white Western sisters [Miranda Pillay, "Through the Eyes of a Mother: Re-Reading Luke's Mary as a Resource for Gender Equality in the 21st Century?," in *Ragbag Theologies: Essays in Honour of Denise Ackermann - A Feminist Theologian of Praxis*, ed. Miranda Pillay et al. (Stellenbosch: SunMedia, 2009), 219-232.]

¹² Dirkie Smit (1996:190-204) describes six 'manifestation' of the church as: Worshipping Community (church service); Local Church (congregation/parish); Denomination (e.g. DCR, ACS; Ecumenical Church (e.g. WPCC; SACC; WCC); Volunteer organizations (civil initiatives, e.g. NGO); Individual Members (living there everyday lives).

¹³ Cameron, *Witness to AIDS*, 43.

also for the trans-generational aspect of the disease. Therefore, I agree with Okure that the virus which assigns women to an inferior status in society is deadlier than the HI-virus. We know that in South Africa (and most, if not all, sub-Saharan countries) women's financial dependence on their husbands, partners or male relatives has increased their vulnerability to domestic violence, rape, incest and abuse - all of which the case study 'speaks volumes'.

This brings me to the second virus more deadly than HIV identified by Okure - that of the economic dependence on abusive male partners. Women who find themselves in situations of abuse are often silenced to maintain the financial support provided by the male abuser. As the case study reveals, this financial dependence silences not only the women in the family, but also the financially dependent males. This silence reflects what Iris Marion Young refers to as 'powerlessness' which is a powerful tool of social control. Being powerless is often internalised by the oppressed which leads to the oppressed accepting their subjugation as the 'natural order of things'. One consequence of internalized oppression is the persistent and chronic feelings of shame and guilt - a false guilt which is imposed upon certain people, by those who wish to maintain control over them.

Considering the above, I want argue that patriarchal privilege may be considered a virus more deadlier than the HI-virus because it fuels, justifies and perpetuates not only what Okure calls the 'inferior position of women' but also the economic dependence embedded in its male headship.

Living in an AIDS era - has created an awareness that a crisis presents challenges and opportunities. This paradox may possibly be understood in the light of the threat that the AIDS pandemic holds to human life in all its facets, as well as the opportunity it offers to challenge the patriarchy of our (Christian) faith that collude with cultural beliefs and practices.

3. On Challenging the Patriarchy of our Faith

We must repent of the historic patriarchy of our faith which so often colludes with discriminatory attitudes in our cultures. We must expose and oppose gender violence and all forms of inequality in our midst.¹⁴

This was a call made (in 2005) at the 31st Synod of the Anglican Church of Southern Africa by the then archbishop of Cape Town, Njongonkulu Ndungane. For me, the question, 'How do we repent of the historic patriarchy of our faith'? Is what matters - if we hope to move beyond public statements captured in official documents.

¹⁴ Irene Kuppam, "It is said women are more sinful than men," *ioI News*, July 7, 2005, accessed February 6, 2015, <http://www.ioI.co.za/news/south-africa/it-is-said-women-are-more-sinful-than-men-1.247525?ot=inmsa.ArticlePrintPageLayout.ot>.

The fact that patriarchal privilege is what perpetuates and sustains skewed gender relations and, arguments that patriarchal power (in its many facets) is what renders women vulnerable to contracting the HI-virus, is well documented.

We are also aware of the various responses from different churches. We know that many church denominations are responding to the HIV/AIDS pandemic from one or more of the six operational concepts of *church*, of which many are doing a lot of *caring* work. Some have *awareness* campaigns and workshops to address the issues of stigma that surround HIV/AIDS and the impact it has on the lives of those affected and infected. Public pronouncements about *what the church ought to be doing* also reflect some churches' response to the challenges around HIV and AIDS. Some church leaders' public profiles (like the Pope, Archbishops and Bishops) afford them an international platform from where the church's voice is heard.

At grassroots level, the churches' response of care, compassion and service is vital in terms of reacting appropriately to the pandemic and is indeed part of what the church ought to be doing. Education, awareness campaigns and workshops have contributed toward 'breaking the silence' around the disease. There is however still a deafening silence about our 'common vulnerability' from some church groups/faith communities who treat the disease as 'something out there'. While raising funds; and making donations to the poor and vulnerable AIDS 'sufferers' (especially the innocent AIDS orphans) are important responses, it raises other concerns.

When members of a particular congregation continue to see AIDS as a problem 'out there' it creates new categories of exclusion maintained by those who think it cannot happen to them. For example:

The young man who thinks it's socially acceptable for him to 'sow his wild oats'; the young woman who thinks that she 'has to please a man' if she wants to keep him; the middle-aged man for whom an extra-marital affair is the cure to his looming impotence; the older man who lures young girls with gifts and money; the faithful wife/husband who thinks it cannot happen to her/him; the white woman who thinks it happens to black women; the heterosexual person who thinks it happens to homosexuals; the economically affluent who thinks it only happens to the poor.

These are the attitudes of many churchgoing Christians which contribute to the perception that AIDS is a disease of sexually promiscuous individuals from particular 'at risk' communities, such as homosexuals, the poor, the youth, prostitutes and black people.¹⁵

What I have said thusfar, raises two questions for the Christian church: *how to 'see' differently, and how to repent of the historic patriarchy of our faith.*

¹⁵ Miranda Pillay, *Rethinking Stigma: A Socio-rhetorical Reading of Luke 10:25-35 in the context of HIV/AIDS in SA* (University of the Western Cape: unpublished, 2008), 171.

For the church to respond to the theological challenges presented by the AIDS pandemic, it has to respond from the basis of its unique nature and identity as *community*. Local congregations are communities of people who come together to worship in fellowship. Collective identity is shaped during the worship service. During worship, Christians remember God's great act of love and because of this remembrance of God's salvific love, there is hope. For Christians, this hope is drawn from the story of God's love through Jesus Christ.¹⁶

Christian worship provides creative opportunities for (re)considering how *we see* God, ourselves, others and the environment, in which and with which we interact, and it also provides unique opportunities to help us *look in the right direction*. It is within the *space* created during worship that the opportunity exists for the changing of the hearts and minds of Christians.

A study document of the World Council of Churches describes worship as "a special moment for celebration - an attempt to place daily life on the stage". It further states that:

Worship can help churches to remove the barriers we create in the everyday life of our human communities by opening our eyes, our ears and all our senses to the extraordinary significance of the 'ordinary' experiences and to ways of expressing God's presence amidst the people and creation.¹⁷

It is during worship that the space is created for opportunities to *look in the right direction* in order to (re)shape the worshipping community's thoughts, beliefs, attitudes and actions. I want to suggest that the worship service has the potential of an enabling moment for Christians to 'see' patriarchy for what it is. But Christian clergy - men and women - should be challenged to reflect on 'the will to look and see differently' because, be warned ... Christian worship is an ambivalent phenomenon - while it has the potential to change the way we see things, it can (and has been) used to avoid what we should see and thereby sustain the status quo.

I believe that worship is about relationships - it shapes our relationship with God and with one another.

I have, on previous occasions said that AIDS is not merely a medical problem with social ramifications, but that HIV/AIDS is also about relationships. It is about intimacy, sexuality, vulnerability, pain, discrimination, suffering, death, life, love, prejudice, stigma, etc. And if the church can't say anything about these human conditions from the pulpit it will become irrelevant (as a church) in an AIDS era. Moreover, addressing hierarchies of power (patriarchy, sexism, classism, racism, age-ism and any other 'ism') theologically from where it matters, will ensure that

¹⁶ Pillay, *Rethinking Stigma*, 171.

¹⁷ World Council of Churches, *Facing AIDS: The Challenge, The Churches' Response. A WCC Study Document* (Geneva: WCC Publications, 1997), 78, 79.

the church's response to HIV and AIDS does not remain broad public statements; that its response is not buried in official church documents; and that its response does not only include the rendering of services that are no different to that of the many NGOs responding to the challenges facing those who are sero-positive.

In this regard I make two observations. Firstly, the church has to rethink and rediscover its identity. Secondly, priests' tasks of pastoral care, teaching and preaching are to be informed by sound theological reflection on issues relating to illness, healing, cure, life, death, sex and sexuality.

It is within the space of the local church where people gather voluntarily that the spirit of community (and inclusivity) must be rediscovered. However, for such discovery to be meaningful, it is imperative that the church (in all its manifestations) uncover the patriarchy of our faith as a questionable historical reality that has been sustaining male headship as normative and patriarchal control as God-ordained. It is my view that the realities of the AIDS pandemic demand of the institutional church to become intentional about moving beyond public statements that echo sentiments about the 'wrongs' of violence against women in the light of reported rapes and domestic violence. The church (in all its manifestations) has to ask of itself to repent of the patriarchy so entrenched in its liturgy and doctrine - lest its 'speaking out' remains lip service. The church (in all its manifestations) has to repent of its patriarchal leadership style - lest the voices of woman clergy remain on the margins. The uncovering of the 'what is wrong with patriarchy' may lead to the discovery of opportunities where people are inspired and enabled to embody behaviour patterns that are congruent with an identity that embodies Christ. Such a discovery is imperative in the recovery to wholeness not only of broken women and children, but also of men - as we seek healing and wholeness of relationships in families, in communities and society.

Concluding Remarks

There is no doubt that patriarchy works. The question is: who is it working for and, who is it working against. Not only does it contribute to the violation of women's personhood, sexuality and human dignity, but patriarchy also renders women, men and children vulnerable to contracting the HI-virus. Thus, in my opinion, there can be no doubt that there is 'something' wrong with patriarchy and that the church should be intentional about repenting of the patriarchy of faith that colludes with culture. This has become an urgent matter not only because of recent reports of sexual violence and murder but also because the reality of sexual and economic vulnerability of women and children exposes patriarchal privilege as 'wrong' and sinful.

The paradox presented by the threat that the HIV/AIDS pandemic holds to human life, as well as the opportunity it offers to reflect anew on 'who we ought to be'

creates a dynamic tension within which the church (in all its manifestation of being church) could explore issues of faith and culture that discriminate and oppress.

One way the church could respond to the call to 'repent of the historic patriarchy of our faith' is for the church itself to rethink and challenge its own culpability and complicity in justifying and sanctifying patriarchal hierarchies through the interpretation of Scripture and androcentrism in worship- and leadership style that serve to sustain and perpetuate the inferior status assigned to women and children in the family, the church and society.