



Homes as 'cages of violence' during the COVID-19 pandemic: A pastoral care approach to the case of Botswana

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Violence has become a common phenomenon that affects women and children, particularly during the coronavirus disease 2019 (COVID-19) pandemic. While the lockdown regulations were meant to save lives by preventing further spread of the virus, another virus called 'violence against women' encroached the space which is supposed to be the safest for women and children. For women, homes have now been turned into cages of violence and slaughterhouses. Toxic masculinity is seen at play as all dominant and power ideologies are employed against women. This article deals with these challenges of violence against women in Botswana from a pastoral care point of view. Firstly, it provides an overview of the current gender-based violence (GBV) situation in Botswana through empirical data from other social scientists. It then highlights some forms and the causes linked to the problem of GBV in Botswana. Secondly, it brings in pastoral care work, particularly mutual care, as a relevant tool for the church in addressing GBV. Lastly, it suggests ways in which the church could contribute in pursuit of gender justice and building a violence-free society.

Contribution: While the article grapples with the challenges of GBV and persistent toxic masculinities from a theological point of view, the implications of the outcome are multidisciplinary. They aim to respond and raise awareness about the need to build a violence-free society, and to deal with the challenges of oppression, toxic masculinity and manhood ideologies which result in the domination and killing of women.

Keywords: COVID-19; church; domination; gender-based violence; gender justice; pastoral care and counselling; patriarchy; toxic masculinity.

Introduction

When the world was hit by the coronavirus disease 2019 (COVID-19) pandemic in 2020 (see Cucinotta & Vanelli 2020:157–160), that which was known to be normal life abruptly changed. In a short space of time, there was a global catastrophic loss of lives:

Although reported COVID-19 deaths between Jan 1, 2020, and Dec 31, 2021, totalled 5.94 million worldwide, we estimate that 18.2 million (95% uncertainty interval 17.1–19.6) people died worldwide because of the COVID-19 pandemic (as measured by excess mortality) over that period. (Wang 2022:1513)

This was a traumatic period in human life which left people psychologically and spiritually disorientated. During this period, different countries introduced new laws and regulations to restrict citizens' movements as a strategy to prevent the spread of COVID-19 and further loss of life. The regulations resulted in families being locked together for months in their houses. Partners or couples were forced to spend more time together than they usually did before the pandemic. Consequently, this brought serious implications on the lives of both men, women and children who were locked together in their homes. Some used this as an opportunity to enjoy time with their families, while others saw this as a prison of violence and abuse against women. While domestic violence and abuse are not only challenges faced by women, there are also men who are abused in many ways by their partners. For the purpose of this article, the focus and the use of the concept 'gender-based violence' (GBV) will be limited to the violence against women by men. In discussing this challenge of violence against women, the article will be grounded within the area of pastoral care and counselling. In doing so, the article will focus on Botswana and thereby propose ways in which the church could play a role in the fight against the persistence of GBV.

Gender-based violence: Botswana as a case study

Gender-based violence remains a deep-rooted problem in Botswana. In Botswana, women suffer from many gender-related abuses which are related to GBV. The UNFPA Botswana (2020) shows an increase in the number of GBV cases in April 2020 during the lockdown. According to this report, a total of 272 GBV cases per month were recorded, compared to other periods before lockdown where 50–60 cases per month were recorded. In the 29% of victims who experience GBV, only 1.2% of them report their cases to the police. This makes Botswana one of the most unsafe places for women as violence is becoming a norm (cf. Hanass-Hancock et al. 2020:2). Bagai and Faimau (2021:18) state that '[i]n the wake of the COVID-19 pandemic, gender-based violence (GBV) continues to be an alarming national concern'. The rise of GBV cases during the lockdown in Botswana as indicated above are indications that homes became cages of violence. Most of the cases of GBV in Botswana are committed by intimate partners (see Bagai & Faimau 2021:17–35). Obagboye (2021:406) states that '[a]mong women who suffer intimate partner violence, injuries, visits to health personnel, disabilities and deaths are common'.

Thibaut and Van Wijngaarden-Cremers (2020:1) state that women were the most heavily affected during the lockdown period, in many ways in their lives. This includes violence and domestication of women and children (see United Nations [UN] Women 2020). Botswana falls among the countries counted in the rise of GBV, particularly during the lockdown period (see Dekel & Abrahams 2021:1–15).

There are series of ruthless killings of women by their male counterparts and criminals who takes advantage of their masculinity over women. While the lockdown regulations were meant to save lives by preventing the spread of the virus, another virus called 'violence against women' intruded the space which is supposed to be the safest. This does not suggest that women were not targeted before the COVID-19 pandemic, but what it submits is that the lockdown exposed the evilness and toxicity of masculinity. But most importantly, GBV makes men the most untrusted and feared people in society. While men are untrusted and feared, women are frightened of their homes and what might happen to their lives in a space that ought to provide safety and love.

This fear has led to the establishment of shelters, where women and children are given protection from men who have turned their home environment cages of violence against women. According to the UNFPA Botswana (2020):

[T]he Botswana Gender Based Violence Centre (BGBVC) reported an increase of calls for place of safety and full capacity at the Gaborone shelter. To date eight additional shelters have been established in response to the sharp increase in GBV cases within four weeks of the lockdown period. (p. 6)

The moment women begin to live in this kind of fear, their freedom and rights to life are violated as they cannot move or

live freely. This has many serious psychological implications on those whose lives are being threatened.

This is supported by Hossain et al. (2021:327) who state that, 'GBV against women and girls is linked to many poor health outcomes including long-term mental health disorders such as anxiety, depression and post-traumatic stress disorder (PTSD)'. This presents several serious concerns on the lives of women who are most abused and violated. It brings to a standstill many things including the desire for happiness, good life and becoming one's best self (see Huppert & Linley 2011:2). In other words, these challenges rob women of their right to enjoy a fulfilling life.

The challenges raised above are direct results of men's behaviour and attitudes towards women and children in society. There is an undeniable connection between GBV and masculinities that are toxic in nature. Such toxic masculinities are used against women in the domestic space, intimate relationships, work environment and other sectors of society to advance hegemonic agenda of men. This is a cause for concern as toxic masculinity supports the status quo of male domination over women.

The problem of toxic masculinity in Botswana

Before the discussion and definition of toxic masculinity, it is important to deal first with masculinity itself. While Lawrence (2022:17) states that '... there is no universal definition of masculinity', Grewal (2020:1) defines it 'as having the traditional characteristics possessed by a man'. This refers to the ideological trains where men use power and control over others. For Connell (2001:40), masculinity means 'the pattern of configuration of social practices linked to the position of men in the gender order, and socially distinguished from practices linked to the position of women'. In other words, masculinity also emphasises its superiority over femininity and the authority of men over women. Masculinity shapes men's sense of themselves and injects capacity for patriarchal mindset. While masculinity in itself is seen as different from toxic masculinity, there are, however, connected ideologies in terms of power and control over others.

The power and control ideologies that masculinity possesses are confirmed when put into action. In other words, masculinity only finds meaning when it is tested against others. This process in itself has the capacity or potential to breed toxic masculinities. In the context of gender hierarchy, women are the most affected by toxicity attached to masculinities. In the context of this discussion on GBV in Botswana, toxic masculinity is recognised in the continuous violence against women and children. This becomes toxic as it drives women out of their homes and instils fear of men in society. Women suffer from the harsh realities of domination in all spheres of their lives. Ruether in her classical work *Sexism and God Talk* shows how women were traditionally

made to look inferior while men were glorified as significant symbols that define real humanity. She writes, 'femaleness symbolizes ... that which is lower than male (real humanity); it represents the devalued parts of the self and the role that services them' (Ruether 1993:75). This captures both patriarchal societal views and masculine ideologies which are in themselves prisons that continue to enslave women in Botswana.

Grewal (2020:1; cf. Ahmadi 2022:81) states that 'masculinity becomes toxic the moment it begins to harm other people around them' through violence and hegemonic dominance. Grewal's quotation gives an indication of how deep toxic masculinity is rooted in those societies where women are members. Harrington (2021:347) shares a conversation he had with Shepherd Bliss about the origin and ideas of the notion of toxic masculinity. He writes (Harrington 2021:347), 'Bliss ... coined the term to characterize his father's militarized, authoritarian masculinity'. Others define toxic masculinity as a behaviour which '... involves the need to aggressively compete and dominate others ...' (Kupers 2005:713). According to Ahmadi (2022:81), 'Toxic masculinity is an unhealthy practice in society. Hence, in the scope of masculinity, it should be banned to stop the emerging of the man stereotype'. Toxic masculinity is itself problematic and contagious to many boys growing in space that is characterised by many such evil ideologies. The boy child is raised with an understanding that for one to become a man, masculine ideologies must be cultivated and nurtured throughout. What this does is to make toxic masculinity and other forms of patriarchal ideologies persist in society, and thereby breed all forms of GBV.

According to Kupers (2005:716), toxic masculinity, 'delineates those aspects of hegemonic masculinity that are socially destructive, such as misogyny, homophobia, greed, and violent domination; and those that are culturally accepted and valued'.

However, toxic masculinity does not end here, but is deeply embedded in the male psyche. It influences their understanding of the need to be violent and aggressive as a means of confirming their manliness. The violent and aggressive characters usually play out against women and thereby constitute GBV and killing of women in society. The problem that comes with domestic and gender-based violence is the general male mentality of 'owning' women in marriage through such masculinity ideologies.

Toxic masculinity results in showing its evilness to women in their families. In other words, toxic masculinity ideologies influence domestic violence against women. The link between the two concepts can be seen in the qualities that constitute violence. For example, Mshweshwe (2020:2) writes, 'domestic violence is a consequence of men's desire to exercise power and control over their female partners, a behaviour that has been legitimized and justified within the patriarchal system'. This definition shows the level of toxicity

that exists in the concept and its connection to masculinity. With this exist both structural and ideological dimensions that require attention in the fight against hegemonic and toxic masculinities.

On the domestic space and abuse

Domestication and dominance against women find reinforcement through social constructs about the roles which both men and women should play in society. There is a patriarchal belief behind this which propagates the persistent violence against women (see Mookodi 2004:118–138). The problem of social construct is that it emphasises the unequal power sharing by giving the authority to control and to dominate men in the family unit. The system has further sanctioned the use of violence as a means of disciplining women and children, then defines this as love and not abuse (Namy et al. 2017:40–48). Studies are quite consistent in maintaining that boys are likely to be more physically punished than girls (cf. Mhlahlo 2009:85). The psychological implication is that, if more boys had experienced corporal punishment, they are likely to consider physical punishment as an approved normal thing (cf. Moylan et al. 2010:53–63). Actions perpetuated against women and children therefore are connected with power, culture and discipline (*Domestic Violence Act No. 10 of 2008*). It should be observed that there are gender and age dimensions to each of these types of abuses.

Within the domestic space, some men argue that they beat their wives as a sign of love to them. Although in some parts of the African continents such as Nigeria, there are women who '... consider wife beating necessary to enable men establish their masculinity in a family' (Sunmola et al. 2020:87; cf. Guedes & Mikton 2013:377–379). This shows the deep-rooted psychological effects of patriarchal training that women are meant to serve men as their head and law makers. Women could also be beaten up for burning the food, arguing with the husband and going out of their home without telling their spouses or partners (cf. Bagai & Faimau 2021:17–35). Women who experience abuse are also more likely to discipline their children harshly (Namy et al. 2017:40–48). The traditional norm that sanctions the acceptability of wife-beating and male control is problematic as they contribute to high number of cases of violence against women and children. Children who are exposed to violence between their parents are highly likely to be equally violated against (cf. Fakunmoju & Rasool 2018:1–7). They remain even more vulnerable during disasters such as COVID-19 pandemic and the impact will be lifelong (UN Women 2020). The pandemic has affected the economic development of the society which has subsequently led to child abuse and ill-treatment. Low-income families are normally associated with worse parenting behaviours and child abuse. Child abuse and ill-treatment however lead to serious health consequences, such as mental health, chronic illnesses (Springer, Sheridan & Carnes 2007:517–530) and psychological aggression. Psychologically aggressive acts include isolating, shouting, ridiculing, threatening and controlling children. They are normally

intended to degrade and attack children's self-worth (Fielding and Balance 2020). Children who observed parental violence have tendency to abuse their partners and children later in life (Namy et al. 2017:40–48).

The other maxim, 'It takes a whole village to bring up a child', and the Setswana proverb, '*se tshwarwa ke ntsha pedi ga go thata*', loosely translated as the task is easy when there is people collaboration, describe not only communal care, but also give elderly people a permission to punish the young ones who misbehave. Parents have the right to discipline children who misbehave. The raising of children further takes collaboration between schools and parents. Corporal punishment, whether exercised at home, school or traditional legal system, is intended to bring out good discipline in a form of harm. In traditional Setswana legal system, children are severely punished through canning either across their bottoms or their backs, so that they would never repeat the same mistake again. Sometimes corporal punishment is too severe to a point of abuse under this system and repeated acts of corporal punishment may worsen the character of children in the future (Garagae 2008). Some parents who administer corporal punishment are not always in control of themselves when they do so. Serious injuries may result from corporal punishment.

The United Nations Children's Fund (UNICEF) reports that 'on average, three in four children between the ages of 2 and 14 were subjected to some kind of violent discipline, more often psychological than physical' (UNICEF 2010:xv). Women's Action for Development (WAD) reports that a significant many violent criminals and murderers have experienced excessive corporal punishment as children (WAD n.d.).

It is critically essential to come up with ways that interrupt the cycle of GBV in order to help boys at a young age to develop non-violent conflict management skills. This might help with decreasing GBV incidents in Botswana. Furthermore, reconstructing harmful gender-based norms is essential as a preventative measure against GBV (Guedes et al. 2016:1–15). That could be done when the community is engaged in the critical analysis of gender norms that influence power imbalances.

The above section shows how the domestic space is used to advance patriarchal agenda that aims at maintaining the patriarchal status quo. In the process, women and children are the most affected. There is a need for educational transformative masculinities in the society to deal with aspects of masculinities that are toxic.

Transformative masculinities and gender justice in Botswana

The challenge of GBV against women is connected to some extent with masculinities, patriarchy and the male–female hierarchical order ideologies. With the amount of toxicity that this produces to society, particularly on women, there is

a need for transformative masculinities that are toxic to the social fabric. From the above sections, it is clear that toxic masculinity has portrayed itself as an epidemic in the lives of women in Botswana. The persistent occurrence of violence against women is acknowledged as a serious violation of the right of women in society.

Those in the upper end of the ladder abuse those in the middle and lower ends. In this cycle of violence and abuse, men remain the perpetrator and pain instiller. The behaviour of men is informed by some dominant aspects of toxic masculinity found in people's cultural identities. Given the urgency of curbing the culmination rates of GBV cases among women and children, it is important to revise and transform harmful concepts of masculinities, especially on how boys and girls are socialised to become men and women (cf. Morrell 1998: 605–630). African women theologians and other theologians in the area of masculinity studies call for a transformation of masculinities beyond patriarchy towards gender justice (Moyo 2004:85–102; Oduyoye 1996:11–33; Phiri 1997; cf. Dube 2003).

Oduyoye (2001:86) talks about the need for '... partnership between men and women in ministry ...' Although Oduyoye talks about this partnership in the context of ministry, this is an ideology and vision that has potential to enable the society to begin a conversation about things that are toxic in the scheme of masculinities. In other words, Oduyoye's ideology goes beyond the walls of the church to society at large as toxic masculinities are also influenced by African culture and tradition. 'Partnership between men and women' is built on the premise of the need for gender justice through the lenses of African cultural hermeneutics. Therefore, transforming masculinities that are toxic requires a collective action between men and women in pursuit of total freedom.

As culture and religion are canons of gender inequalities and oppression of women, it is the place to begin the conversation about the need for transformation of gender relations and justice. Gender relations are to be transformed through challenging all structures that inform violence and abuse of women and children in society. However, 'when we engage in the process of exposing the toxicity that lies behind culture and religion, it is important to remember that the action should be purely liberative and transformative' (Baloyi 2022:9). On the other hand, women are to be empowered to take control of their lives in all aspects of their lives. The above discussions however show that men are equally victims of their cultural traditions. Some devious actions propelled by men towards their children and female counterparts are informed by their cultural traditions. It is therefore important to also enlighten men on harmful cultural notions and practices that may inform violence on women and children. Women and men should, therefore, together work towards the transformation of gender relations in order for gender justice to be realised.

Becker (1999:21–88) talks of relational feminism as the type of feminism which aims at benefiting everyone in the

society, be it women, men and children. She argues that there is no way that society could flourish if hyper-masculinity and traditionally feminine qualities are over-glorified. Hyper-masculine attributes repress feminine ones. On the other hand, traditional feminine qualities such as care, caretaking, and valuing relationships repress the masculine ones. Becker, therefore, advocates for relational feminism for its potentiality to improve the life of all regardless of age and gender (Becker 1999).

Becker also highlights that patriarchy thrives in aggression, control and fear, especially in societies where men are conditioned to assume power and status (Becker 1999). In these societies, anyone therefore could be violated against by virtue of being a subordinate. They could also be violated against for challenging men's 'God-given' power. It is also important to think about what goes among men when coming up with ways of challenging hyper-masculinities. Patriarchy is driven by a system of social structures that create and reproduce inequalities to advance men's dominance at the expense of women's freedom and rights (see Becker 1999:24). If men in Botswana are socialised to believe that they are fully human, everything is seen from their perspective and their attributes are seen as most valuable and productive, then this harmful norm should be disregarded. In truth, if GBV has to stop, it is not women alone who should be addressing it, but men as they are the chief perpetrators.

Men are conditioned to think that they have that 'God given power' which women do not have. This thinking is used to condition women and make them to believe that the powers of men are predestined and cannot be challenged. Although this is a myth influenced by the desire for power and domination against women, it is something that helps men and is maintained in society. But the creation of men and women was done in a balanced manner. The powers that men use were pushed through by sociological constructs of gender ideologies and not by God from creation. This deep-seated conditioning has always been there, even before the culmination of COVID-19.

An Afrocentric perspective of gender justice is rather inclusivity in approach. Instead of focusing on the training of women to protect themselves, the focus and energy should rather be fixed on men to deal with the overflowing attitude of toxic masculinities and sense of entitlement. Men should be educated about the need for gender justice and what it means to live in partnership with women in society (Chitando 2007:112–127). They should further be educated to let go of notions of dominance, power and authority in the scheme of masculinity ideologies (Haddad 2003:149–167; cf. Chitando & Hadebe 2010).

While transformative masculinities are part of the viable method to teach GBV out of societal life, women and children are left traumatised by the GBV situations they face daily. In addition to the transformative masculinities approach, the role of the church in offering its moral voice in contributing to social cohesion is important. Much as the church is understood as a faith-based institution and not a security

cluster or government institution, it remains a voice of reason that should offer a sense of care and healing to women and the society. This is where the role of pastoral care and counselling also plays an important and visible role in a society that is wounded. Gender-based violence against women is becoming an erosion of the moral fibre of the society, leaving many people psychologically and physically wounded and needing healing in their life.

The implication on pastoral care and counselling

Gerkin (1997:142) states, 'if pastoral care is to be truly *pastoral*, it must focus on more than individual and societal concerns'. In agreement with Gerkin, pastoral care should also be contextual in its caring models in order to address different issues at their particular environment. However, pastoral care does not really exist outside the scope of theology, but inside it. But its existence in theology should also be informed and shaped by the realities on the ground. In other words, its existence within the broader umbrella of theology suggests more dimensions of care to the people. This should enable the church to bring out its full ministry to the people. Gerkin (1997) further states:

[T]he pastoral ministry of care is a particular context in which the suffering connected with symptomatic crisis may be contained, their cause and meanings explored, and new patterns of relatedness fashioned. (p. 143)

The crises in this regard should be viewed as a special task for reconstructing a new space within which help seekers are able to find peace and dignity.

The church as a moral institution existing in a society where morality is decaying has a responsibility not only to minister the faith formation, but also to care beyond preaching (cf. Vorster 2018:1–8). If pastoral theology has to contribute in the fight against GBV, it has to make mutual care centre of its theologising. In mutual care, relationships are established and strengthened, that as humans we exist together. The caring model incorporates elements of *Ubuntu*, where the community lives together and cares for one another. Magezi (2016:2) states that mutual care '... is concerned with supporting and sustaining individuals by the community of believers'. It is in the process of support where both men and women become partners in the fight for gender justice and all kinds of violence against women. This does not suggest that the other forms of care (i.e. pastoral care, pastoral counselling and pastoral therapy) are not important, but when dealing with societal challenges such as GBV, this becomes an important approach.

What mutual care does is to bring the victims at the centre of Christ's love, but also to find ways to educate men about the essence of humanity of women and finding ways to live in harmony. The care for the soul remains one of the most paramount tasks of the church. When GBV happens, all kinds of traumatic experience take control in both women and children (see Sabre & Granger 2018:1038–1055). Because a

person is a psychological being, it becomes impossible for the traumatised to find meaning and purpose to life on their own without pastoral care or other forms of helping professions, such as psychology.

According to Charry (cited in McMinn & Phillips 2001):

[H]uman functioning is understood as an interplay among affection (the expression of emotion), cognition (the process of reasoning by which one reaches conclusion about the world and the self), and behaviour. (p. 120)

When one's psyche is overwhelmed by traumatic emotions, it becomes impossible for one to exist and function as a normal human being. In the ministry of caring and counselling the victims of GBV, the process should take into account that healing entails psychological and spiritual wholeness. Understanding a being as a complete unit requires healing in all dimensions of life, that is, '... spiritually, socially, physically, psychologically and in relationship with his/her environment' (Mwaura cited in Waruta & Kinoti 2013:78). Healing which includes the dimensions mentioned by Mwaura above is in context with Christian ministry of healing.

The role of pastoral care and counselling is to provide caring through counselling that aims at creating wholeness and well-being in person. Although wholeness is something experienced differently and from various levels such as '... bodily health ... survival after death, in social and psychic integration ...' (Mwaura cited in Waruta & Kinoti 2013:78), people stand in need of holistic care. Churches have the responsibility to ensure that ministry of oversight is put as a priority to its members. This ministry, according to Gerkin (1997:126), should include '... acts of discipline, support, comfort and celebration'. This ministry of care should not only be visible for one day but should be continuous. There has to be one-on-one approach by pastoral care givers in order that the journey to healing is made easy.

The greatest wickedness the church has is to provide a one-day care which does not even add value to the victims of GBV. For pastoral theology to be effective, it must introduce a ministry that specialises in healing in order to give members attention they deserve. At the same time, churches are looked upon as instruments of transformation and voices of morality in society (see Vorster 2018:1–8). The church could play a major role in the transformation of men's attitude towards women and on the implementation of programmes that could assist to appreciate the value of the power to love and to care, over and above the kind of masculine power that tends towards domination (Chitando 2007).

Biblical teachings and African indigenous epistemologies on reciprocity and partnership between men and women should be brought forth to inform today's discourse. The church is further challenged to promote masculinities and femininities that bring love, partnerships and ethos of reciprocity among

people in the society. It is rather unfortunate that the church has done little in putting effort in dealing with GBV during COVID-19 epidemic. During these times of crises, men and women should come together and discuss problems and ways of dealing with the problems of GBV. Together, they should ensure that justice and equality are realised. Youth, women's and men's groups in the church should come together, develop new ideas of manhood and form outreach activities that aim at transforming the societies in a radical way (Chitando 2007).

In its theologising, the church should embody all aspects of pastoral ministry which Jesus had. This makes the church to live up to the reasons for why it exists on earth today, that is, to spread the gospel, but most importantly, to care for others. The church as the voice of the voiceless should not only care but also speak up and teach against practices that do evil to women.

Conclusion

The culture of rape, violence and killing of women in Botswana should be seen in the same way as the COVID-19 pandemic. It requires the same urgency taken by governments and different stakeholders to fight until it is eradicated from society. At the root of all these lie toxic masculinities which propagate hegemonic sociological gender constructs about what and how a man should be seen in society. Male dominance has provided men with a position of privilege even over access to resources, such as wages and properties. It is therefore important to advocate for change in social norms that perpetuate gender inequality and acceptability of violence. Cultures that perpetuate GBV should be interrogated with proper hermeneutics.

The church should bring men, women and children with an effort of exposing harmful masculinities in favour of transformative masculinities. This should be done through pastoral care as a ministry of healing in the Christian church. Their work should be taken to the structures of the societies. The church should further foster collaboration of all stakeholders such as Stepping Stones, women's, boys' and men's organisations to ensure that women and children are afforded with protection from all forms of violence and abuse, to ensure that gender justice is realised.

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References

- Ahmadi, A., 2022, 'Images of a man in two Indonesian novels: The psychology of masculinities perspective', *Masculinities and Social Change* 11(1), 77–101. <https://doi.org/10.17583/mcs.9446>
- Bagai, K. & Faimau, G., 2021, 'Botswana print media and the representation of female victims of intimate partner homicide: A critical discourse analytical approach', *African Journalism Studies* 42(1), 17–35. <https://doi.org/10.1080/23743670.2021.1884581>
- Baloyi, G.T., 2022, 'Marriage and culture within the context of African Indigenous societies: A need for African cultural hermeneutics', *Studia Historiae Ecclesiasticae* 48(1), 1–12.
- Becker, M., 1999, 'Patriarchy and inequality: Towards a substantive feminism', *University of Chicago Legal Forum* 3(1), 21–88.
- Charry, E.T., 2001, 'Theology after psychology', in M.R. McMinn & T.R. Phillips (eds.), *Care for the soul: Exploring the intersection of psychology and theology*, pp. 118–133. InterVarsity Press, Westmont, IL.
- Chitando, E., 2007, 'A new man for a new era? Zimbabwean Pentecostalism, masculinities and the HIV epidemic', *Misionalia* 35(3), 112–127.
- Chitando, E. & Hadebe, N., 2010, *Compassionate circles: African women theologians and HIV*, WCC Publications, Geneva.
- Connell, R.W., 2001, 'Studying men and masculinity', *Resources for Feminist Research* 29, 43.
- Cucinotta, D. & Vanelli, M., 2020, 'WHO declares COVID-19 a pandemic', *Acta Bio-Medica: Atenei Parmensis* 91(1), 157–160. <https://doi.org/10.23750/abm.v9i1i1.9397>
- Dekel, B. & Abrahams, N., 2021, "'I will rather be killed by corona than by him ...': Experiences of abused women seeking shelter during South Africa's COVID-19 lockdown", *PLoS One* 16(10), e0259275. <https://doi.org/10.1371/journal.pone.0259275>
- Dube, M.W., 2003, *HIV/AIDS and the curriculum. Methods of integrating HIV/AIDS in theological programmes*, WCC Publications, Geneva.
- Fakunmoju, S.B. & Rasool, S., 2018, 'Exposure to violence and beliefs about violence against women among adolescents in Nigeria and South Africa', *Reproductive Health in Sub-Saharan Africa* 8(4), 1–17. <https://doi.org/10.1177/2158244018817591>
- Garagae, K.G., 2008, 'The crisis of student discipline in Botswana schools: An impact of culturally conflicting disciplinary strategies', *Educational Research and Review* 3(1), 48–55.
- Gerkin, C.V., 1997, *An introduction to pastoral care*, Abingdon Press, Nashville, TN.
- Grewal, A., 2020, 'The impact of toxic masculinity on men's mental health', *Sociology Student Work Collection* 68, 1–10.
- Guedes, A., Bott, S., Garcia-Moreno, C. & Colombini, M., 2016, 'Bridging the gaps: A global review of intersections of violence against women and violence against children', *Global Health Action* 9, 31516. <https://doi.org/10.3402/gha.v9.31516>
- Guedes, A. & Mikton, C., 2013, 'Examining the intersections between child maltreatment and intimate partner violence', *The Western Journal of Emergency Medicine* 14(4), 377–379.
- Haddad, B., 2003, 'Choosing to remain silent: Links between gender violence, HIV/AIDS and the South African church', in I.A. Phiri, B. Haddad & M. Masenya (Ngwan'a Mphahlele) (eds.), *African women, HIV/AIDS and faith communities*, pp. 149–167, Cluster, Pietermaritzburg.
- Hanass-Hancock, J., Mthethwa, N., Molefhe, M. & Keakabetshe, T., 2020, 'Preparedness of civil society in Botswana to advance disability inclusion in programmes addressing gender-based and other forms of violence against women and girls with disabilities', *African Journal of Disability* 9, a664. <https://doi.org/10.4102/ajod.v9i0.664>
- Harrington, C., 2021, 'What is "toxic masculinity" and why does it matter?', *Men and Masculinities* 24(2), 345–352. <https://doi.org/10.1177/1097184X20943254>
- Hossain, M., Pearson, R.J., McAlpine, A., Bacchus, L.J., Spangaro, J., Muthuri, S. et al., 2021, 'Gender-based violence and its association with mental health among Somali women in a Kenyan refugee camp: A latent class analysis', *Journal of Epidemiology and Community Health* 75(4), 327–334. <https://doi.org/10.1136/jech-2020-214086>
- Huppert, F.A. & Linley, P.A., 2011, *Happiness and well-being: Critical concepts in psychology*, vol. 1. Routledge, London.
- Kupers, T.A., 2005, 'Toxic masculinity as a barrier to mental health treatment in prison', *Journal of Clinical Psychology* 61(6), 713–724. <https://doi.org/10.1002/jclp.20105>
- Lawrence, H., 2022, 'Toxic masculinity and gender-based gun violence in America: A way forward', *Journal of Gender, Race & Justice* 26, 1–47. <https://doi.org/10.2139/ssrn.4032043>
- Magezi, V., 2016, 'Reflection on pastoral care in Africa: Towards discerning emerging pragmatic pastoral ministerial responses', *In die Skriflig* 50(1), 1–7. <https://doi.org/10.4102/ids.v50i1.2130>
- Mhlahlo, A., 2009, 'What is manhood? The significance of circumcision in the Xhosa initiation ritual', Masters dissertation, University of Stellenbosch.
- Mookodi, G., 2004, 'Male violence against women in Botswana: A discussion of gendered uncertainties in a rapidly changing environment', *African Sociological Review / Revue Africaine de Sociologie* 8(1), 118–138. <https://doi.org/10.4314/asr.v8i1.23240>
- Morrell, R., 1998, 'Of boys and men: Masculinity and gender in Southern African studies', *Journal of Southern African Studies* 24(4), 605–630. <https://doi.org/10.1080/03057079808708593>
- Moylan, C.A., Herrenkohl, T.I., Sousa, C., Tajima, E.A., Herrenkohl, R.C. & Russo, M.J., 2010, 'The effects of child abuse and exposure to domestic violence on adolescent internalizing and externalizing behavior problems', *Journal of Family Violence* 25(1), 53–63. <https://doi.org/10.1007/s10896-009-9269-9>
- Moyo, F.L., 2004, 'Sex, gender, power and HIV/AIDS in Malawi: Threats and challenges to women being church', *Journal of Constructive Theology* 10(1), 85–102.
- Mshweshwe, L., 2020, 'Understanding domestic violence: Masculinity, culture, traditions', *Heliyon* 6(10), 1–5. <https://doi.org/10.1016/j.heliyon.2020.e05334>
- Mwaura, P.N., 2013, 'Healing as a pastoral concern', in D.W. Waruta & H.W. Kinoti (eds.), *Pastoral care in African Christianity: Challenging essays in pastoral theology*, pp. 72–100, Acton Publishers, Nairobi.
- Namy, S., Carlson, C., O'Hara, K., Nakuti, J., Bukuluki, P., Lwanyaaga, J. et al., 2017, 'Towards a feminist understanding of intersecting violence against women and children in the family', *Social Science & Medicine* 184, 40–48. <https://doi.org/10.1016/j.socscimed.2017.04.042>
- Obagboye, T.G., 2021, 'Addressing gender-based violence in Africa (Nigeria and Botswana)', *Saudi Journal of Humanities and Social Sciences* 6(10), 405–413.
- Oduyoye, M.A., 1996, 'The impact of women's theology on the development of dialogue in EATWOT', *Bangalore Ecumenical Association of Third World Theologians (EATWOT)* 19(1), 11–33.
- Oduyoye, M.A., 2001, *Introducing African women's theology*, Sheffield Academic Press, Sheffield.
- Phiri, I.A., 1997, *Women, Presbyterianism and patriarchy: Religious experience of Chewa women in Central Malawi*, CLAM, Blantyre.
- Ruether, R.R., 1993, *Sexism and God-talk: Towards a feminist theology*, Beacon Press, Boston, MA.
- Sabre, B. & Granger, D.A., 2018, 'Gender-based violence and trauma in marginalized populations of women: Role of biological embedding and toxic stress', *Health Care for Women International* 39(9), 1038–1055. <https://doi.org/10.1080/07399332.2018.1491046>
- Springer, K.W., Sheridan, J., Kuo, D. & Carnes, M., 2007, 'Long-term physical and mental health consequences of childhood physical abuse: Results from a large population-based sample of men and women', *Child Abuse & Neglect* 31(5), 517–530. <https://doi.org/10.1016/j.chiabu.2007.01.003>
- Sunmola, A.M., Mayungbo, O.A., Ashefor, G.A. & Morakinyo, L.A., 2020, 'Does relation between women's justification of wife beating and intimate partner violence differ in context of husband's controlling attitudes in Nigeria?', *Journal of Family Issues* 41(1), 85–108. <https://doi.org/10.1177/0192513X19868831>
- Thibaut, F. & Van Wijngaarden-Cremers, P., 2020, 'Women's mental health in the time of Covid-19 pandemic', *Frontiers in Global Women's Health*, <https://doi.org/10.3389/fgwh.2020.588372>
- UNFPA Botswana, 2020, 'Ensuring rights and choices for all amidst a global pandemic: Botswana 2020 Annual Report', viewed 13 September 2022, from https://botswana.unfpa.org/sites/default/files/pub-pdf/2445-unfpa-botswana_ar_0.pdf.
- UN Women, 2020, 'Covid-19 and ending violence against women and girls', viewed 15 February 2022, from <https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls>.
- Vorster, J.M., 2018, 'The church as a moral agent: In dialogue with Bram van de Beek', *HTS Teologiese Studies/Theological Studies* 74(4), 1–8. <https://doi.org/10.4102/hts.v74i4.4809>
- Wang, H., 2022, 'Estimating excess mortality due to the COVID-19 pandemic: A systematic analysis of COVID-19-related mortality, 2020–21', *The Lancet* 399(10334), 1513–1536. [https://doi.org/10.1016/S0140-6736\(21\)02796-3](https://doi.org/10.1016/S0140-6736(21)02796-3)