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AIDS, Africa and the Value of Abstinence

Peter Knox SJ

A recent call from leading scientists for a month-long sexual abstinence in Southern Africa to help prevent the spread of HIV might seem to have echoes of what the Church has said about tackling AIDS; but the Church and the scientific establishment aren't quite on the same page, argues Peter Knox SJ. Why has the 'ABC' campaign employed by various governments to reduce new infections had limited success, and how can the Church help to promote a different, value-based strategy?

On 5 July 2010, *The Guardian* reported that 'leading experts fighting the world's worst AIDS epidemic have called for African leaders to head a month-long sexual abstinence campaign, saying it could reduce new infections.'[1] That afternoon a friend sent an enthusiastic e-mail suggesting that perhaps 'the scientific establishment might be coming around to endorse something not a million miles away from what the Pope has been saying for years!' Reason endorses faith! Are we so in need of validation?


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On the face of it there might be some convergence between the positions of the Church and of the scientific establishment. Both are encouraging sexual abstinence. But that's where the similarity ends.

In the case of the most recent research coming from Southern Africa, the understanding is that a person recently infected with HIV (the virus responsible for most cases of AIDS) has a 'spike' in his or her viral load during the first month after infection. This is as the virus replicates exponentially in the body of the new host. The research of Alan Whiteside (of the University of KwaZulu-Natal) and Justin Parkhurst (of the London School of Hygiene and Tropical Medicine) shows that '[u]p to 45% of HIV transmission results from sex during the highly infectious "spikes" period.'

They proceed to reason that if these 45% of infections are to be prevented, then people should abstain from sexual relations, or consistently use a condom, during this highly infectious period. As it is impossible to know at any one time which members of a large population are in a 'spike' period, they argue that the entire population should abstain from sexual intercourse for an entire month. This way, everybody who is in the 'spike' period will be included in the whole population, and the cycle of transmission might be interrupted. Whiteside and Parkhurst partially attribute the low rate of HIV prevalence in predominantly Muslim countries like Pakistan, Bangladesh and Indonesia to the ban on sex during daylight hours during the month of Ramadan. (Other contributing factors to this low prevalence rate are the practice of universal male circumcision and strict teachings on alcohol use, homosexuality and extra-marital sex.)

The teaching of the Catechism of the Catholic Church is that '[s]exuality affects all aspects of the human person in the unity of his (sic) body and soul. It especially concerns affectivity, the capacity to love and

to procreate, and in a more general way the aptitude for forming bonds of communion with others.'[2] Further, '[e]veryone, man and woman, should acknowledge and accept his (sic) sexual *identity*. Physical, moral, and spiritual *difference* and *complementarity* are oriented toward the goods of marriage and the flourishing of family life.'[3]

Sexual intercourse is a gift from God for married couples to express their love for each other and for the transmission of life. The divine plan placed an inseparable connection between the unitive and procreative dimensions of the marriage act. Thus the Church 'teaches that each and every marital act must of necessity retain its intrinsic relationship to the procreation of human life.'[4] Only sexual intercourse between husband and wife that is open to procreation is a legitimate use of this gift. Hence the Church teaches sexual abstinence in every circumstance apart from between two spouses.

Not as close as one might think

The reasoning of the Church is deontological: sexual relations, open to passing on life, are good between spouses alone. That is the way things are. This is the divine plan, the way we are created. In and of itself, and irrespective of circumstances, sexual abstinence is the only alternative virtuous conduct. Thus abstinence is the rule. Some might say that this is 'natural law.'

The reasoning of the scientists, on the other hand can be classified as teleological: abstinence is good in the light of a greater good. The argumentation is consequentialist: it may be that abstinence has the desirable consequence of prevention of the transmission of HIV. This is what makes abstinence good under these circumstances.

It is thus evident that there are two different kinds of reasoning at play, which have come to a similar conclusion. The Church's reasoning is absolute, deontological – abstinence is mandated under all circumstances apart from spousal love. The reasoning of the scientists is teleological, consequentialist – abstinence for a complete month is good to prevent the transmission of HIV during a 'spike' period. The Kenyan bishops make very clear the distinction between deontological and teleological reasoning:

> Even if HIV did not make pre-marital sex, fornication, adultery, abuse of minors and rape so terribly dangerous, they would still be wrong and always have been. It is not the risk of HIV or the sufferings of AIDS, which make sexual licence immoral; these are violations of the Sixth and Ninth Commandments which are sinful, and today in Kenya surely the worst of their many destructive consequences is HIV and AIDS. The Church does not teach a different sexual morality, when or where AIDS poses no danger.[5]

Travelling from Johannesburg to Cape Town one can go either via Kimberley or Durban. The destination is the same, but the routes by which one arrives at the destination are very different.

But are the destinations really that similar? Firstly, it is the Christian position that abstinence is the rule for everybody who is not in a marital relationship. Thus, one is to abstain from genital sexual expression until one is married. This is not a month-long abstinence, but a way of life until one's state of life changes. Whiteside and Parkhurst, on the other hand, are calling for abstinence for one month in order to prevent 'spike' transmissions of the virus. They are being pragmatic in the face of overwhelming evidence indicating that millions of people do not remain abstinent outside of marriage. In recommending that people abstain for only one month, they hope this might be more successful than calling for blanket abstinence, as has been the case until now.

Even though Whiteside and Parkhurst are calling for national campaigns of abstinence for one month only, one wonders how realistic this will prove to be. Many men and women are caught in abusive relationships in which they have very little control of when or how they have sexual relations. Others use sex as their only asset for transaction, and in tragic irony, in earning their living, they are hastening their death. Some have no power to negotiate whether they use a condom or not. Others still aspire to copy national leaders who have several, or indeed a dozen wives. For a proposed one-month abstinence campaign to be successful will require extraordinary national willpower, of which there is currently no evidence.

The problems with ABC

In many Southern Africa countries, the standard (secular) message, for preventing the transmission of HIV has been summarised in the 'ABC' rule:
A – Abstain from sexual intercourse.
B – Be faithful to your partner.
C – Condomise, i.e. use a condom if you are not abstaining or being faithful.

With the highest reported number of people living with HIV in the world, South Africa's 'prevention campaign' has been woefully inadequate. The message of abstinence – the first pillar of the ABC rule – has obviously not been successful, given that 5.7 million, or 18.1% of South Africa's population between the ages of 15 and 49, are HIV-infected.[6]

Regarding the second pillar of the ABC rule, recent messaging has focused on a new expression of what it is to be faithful. Articles such as Paul Kenyon and Sizwe Zondo's 'Riding HIV's Superhighway' [7] have zeroed-in on multiple concurrent sexual partnerships as a major vector for the transmission of HIV. They propose a new strategy for reducing the risk of transmission. This will involve a cultural shift so that the acceptable African practice of concurrent partnerships will be changed. Elevating teleological reasoning over deontological, they say that this culture-change should be 'driven by evidence and not values':

> A central component of this strategy will need to be 'one partner at a time.' This is a very different policy to the value-driven imperative to 'be faithful' – with its implications of immorality if one has more than one partner.

The third pillar of the ABC rule, to condomise, has received the most concrete support from the various national health departments. But the wholesale distribution of millions of condoms around the countries of Southern Africa has obviously not stemmed the tide of HIV. Condoms, when available, are used incorrectly and inconsistently and in some cases they are defective. They have not proven the effective barrier that scientists and healthcare workers had hoped they would be. In *Thinking Faith's* 'The Pope and AIDS in Africa: A human and spiritual wake-up call', Father Michael Czerny SJ, former director of the African Jesuit AIDS Network, discussed Pope Benedict XVI's contribution to the condom debate, and it is not necessary to repeat it here.[8]

It is my impression that the implementation of the campaigns has always jumped to the third pillar, C (Condomise), for a number of reasons. Firstly, it is something concrete that can be shown: health department X has distributed Y number of condoms in the previous Z months – this is quantifiable information and therefore gives the impression that something has been done. Steps A (Abstain) and B (Be faithful) are much harder to address. They involve speaking about the taboo subjects of relationships and sex (although the taboos are rapidly being broken down). They involve changes of attitude and values and not just behaviour. They require longer-term educational programmes and cultural shifts, and are altogether less popular, not to mention being more difficult to report on or to measure than the third pillar.

So, the lack of success thus far of the ABC strategy should not be attributed to an inherent flaw in the principles of abstinence and fidelity – on the face of it, if they were properly addressed and somehow implemented, it would seem quite clear that they would have the desired effect of stemming the spread of HIV – but rather to the fact that there has been a lack of commitment to the first two principles.

A new approach needed

In many Southern African countries, these ABC campaigns, secular to their core, have failed to grasp the imagination of Africans who are 'notoriously spiritual.' Nor, it seems, have the 'Thou shalt not...' messages of religious organisations prevented millions of Christians from contracting HIV. A new contribution is needed that *is* value-driven (*pace* Kenyon and Zondo), that appreciates the cultures and spiritual sensibilities of African people. Christian churches are uniquely placed to make this contribution, since they are intimately associated with the lives of people across the subcontinent. Church institutions provide education, medical care, pastoral care, financial assistance, social networks, opportunities for prayer and spiritual guidance

A new approach cannot afford to ignore, deny or belittle traditional African cultural and religious beliefs, but should rather seek to harness them in creative ways.[9] Nor can it afford to ignore, deny or belittle the empirical data provided by human and life sciences. It should be informed by the best science, and critically accept the evidence even when it seems to fly in the face of cherished cultural or religious positions.[10] It is too costly to oppose faith and reason. As 'grace builds on nature', transforms and elevates it, the best efforts of Christians across the subcontinent take reality into account. When they appear to converge with cherished Christian principles, we should support the work and research of scientists such as Whiteside and Parkhurst, and challenge them to elevate their ideas to higher proposals in accord with human dignity.

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[1] 'AIDS experts call for month of sexual abstinence' http://www.guardian.co.uk/world/2010/jul/04/hiv-abstinence-aids-africa

[2] Pope John Paul II *Catechism of the Catholic Church* (*CCC*) 2332. http://www.vatican.va/archive/catechism/p3s2c2a6.htm#I

[3] *CCC* 2333.

[4] Pope Paul VI *Humanae vitae* 12, citing Pius XI *Casti connubi*.

[5] Kenya Episcopal Conference - Catholic Secretariat, Commission for Health, 2006: *This we teach and do*. See http://www.kec.or.ke/viewdocument.asp?ID=19

[6] UNAIDS Epidemiological Fact Sheet for 2008, p.4, see http://apps.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_ZA.pdf

[7] *Mail* and *Guardian*, 20 November 2009, see http://www.mg.co.za/article/2009-11-20-riding-hivs-superhighway

[8] See http://www.thinkingfaith.org/articles/20090325_1.htm

[9] In *AIDS, Ancestors and Salvation: Local beliefs in Christian ministry to the sick*, (Nairobi, Paulines: 2008), I argue that the cult of the ancestors can give insight into the mystery of salvation in the context of the AIDS pandemic. Why should African Christians not try to articulate how their ancestors would promote the twin traditional values of fecundity and celibacy in the light of the AIDS pandemic?

[10] For example, a much-debated point among moral theologians at the moment is the situation of a woman whose greatest risk of being infected with HIV is in her own home, from her own husband, and whether it is right to insist that married couples do not use some form of barrier to prevent the transmission of this deadly virus.