

**AIDS and religion in sub-Saharan Africa in historical perspective**

**(Philippe Denis). A Response**

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In responding to Philippe Denis, I choose to discuss some of the major points he makes, and refer to a survey undertaken in 2008 by the SACBC AIDS Office as part of work on Catholic Social Teaching and AIDS ministry. My work is in the Catholic Church, and it against this backdrop that I respond.

**Few authors have studied HIV/AIDS as an historical phenomenon, and very few have paid attention to the role of religion in the epidemic.**

Writings on AIDS in my experience have sometimes been pious rather than theological or historical, and aimed at assisting infected and affected people deal with HIV and AIDS rather than engaging church membership as a whole. The importance of religion in the management of the epidemic suggests something other than the long standing medical model of intervention with its limited success, and something other than the socio-economic considerations which seem to underpin the spread of the virus. About twenty years ago Dr Ruben Sher, a pioneering AIDS medical specialist, emphasized the need to look at the social context in which HIV and AIDS was unfolding, and called for a move away from the arrogance of the medical model which while claiming to address the problems was in fact far from understanding the complexities of finding a vaccine. At the same time I would suggest that religion can no more “solve” the problem of the transmission of HIV than can any other method. People practise a religion, but they also live as members of their society and communities.

**The term “faith-based organization” is “ambiguous”, and can include “religious leadership structures, local congregations or AIDS initiatives inspired by religious beliefs...”**

I have a personal aversion to the term Faith Based Organisation (FBO). For me it suggests something less than the “Church” to which I belong. On this account Denis’ use of the term “religious institutions”, covering a number of different responses, themselves divided into a number of categories, is to be welcomed. Over several years in AIDS ministry I have noted that people working on the ground have interesting interpretations of what “Church” means. There are three broad responses: some people see themselves as the Church and responding in practical ways to the mission of Christ; others are more inclined to define the Church as the hierarchy which is sometimes seen as lacking in its response to AIDS; a third group recognizes that there is room for understanding the Church as local and as hierarchical, with everyone needing to get involved in a response to AIDS. There is certainly room for deepening understanding of ecclesiology, and for moving beyond the very technical approach suggested by the term FBO. Church teaching may on occasion be in conflict with ways in which people enact their faith and respond to the needs round them, and it may also on occasion be different from what an organization, even one perhaps defined to all intents and purposes as an FBO, sees as its mandate. Denis is correct to suggest both that religious institutions have an influence on policies and attitudes, and that they have less influence on society and on their own membership regarding policies and practices than is sometimes believed. In some way this is simply that people believe what they choose to believe, and practise what they choose to practice regardless of actual or perceived authority.

**“The most durable effect of religion on the epidemic may lie less in what their members do (or omit to do) in response to HIV/AIDS than in the manner in which the beliefs and practices of this religion shape societal understanding of the disease...”**

I think Denis is making two points here, one indeed that religion has something to say to the broader society about AIDS and about how people live their lives and make choices. And so, for example, one may see enormously generous responses to people infected and affected, underpinned by how people of faith live out the injunction to love God and

neighbour. Conversely there may be evidence of stigma and discrimination shaped by particular interpretations of the beliefs of the faith concerned.

The second point is that society, sometimes not accepting what religion is saying, puts pressure on it and writes off its interventions and teachings. I remember one particular radio interview I did; no matter what I said the interviewer was determined to prove his point that the Catholic Church's presumed position on the use of condoms was irredeemable. Bishop Dowling, of similar situations, has said "they can't hear nuances or alternative ideas because their minds are made up." In other words, the Church is seen to hold a set of beliefs, promote certain teachings, and act in certain ways. But what society believes the Church says or does about AIDS isn't necessarily the reality.

**Religious institutions "shape the discourse on HIV/AIDS" by individualizing it and by moralizing it, reinforcing the common representation of HIV/AIDS "as the result of instances of individual risky behaviour".**

Some bishops and theologians talk of the difference between structural sin and individual sin, and so clearly there is more to the idea of "responsibility" than simply that of any individual person. The socio-economic conditions in which people live, and which are part of what underlies the spread of HIV, clearly are part of structural sin; yet not enough attention is given by religion and theology to this. In the main it does seem that religion gets stuck in a moral discourse around individual behaviours. But is it only religion? I think not, as stigma and discrimination and denial in the broader society all seem to attest. Many people, whether acknowledging their faith or not, are uncomfortable and need to have a scape-goat. Clearly it is easier to apportion blame than to recognize that "There but for the grace of God go I." In our survey some people said that AIDS is a result of sin, while others recognized that society as a whole, not any one person in particular, is called to ongoing conversion.

**"Is religious affiliation a co-factor of HIV transmission?"**

A strange question: in my experience religious affiliation isn't a co-factor in the transmission of HIV; HIV clearly affects all communities. Broadly the consensus may be that Muslim communities are less affected by HIV than are some Christian groups and this may have something to do with religious norms. However studies which sample small numbers in particular communities cannot often be generalized. Within religious groupings and denominations one is likely to see a cross section of what is to be found in the society at large, namely particular people who are risk of infection for biological and socio-economic reasons, others who may be at risk but who do not contract HIV, and people who remain largely risk free. One interesting observation in the SACBC study is that while project co-ordinators are by and large Catholic, their staff are from a number of denominations/religions, as are the people being served in the programmes.

**“Regarding condoms, the Christian churches adopted a very ambivalent attitude” with bishops divided or silent, and people on the ground discretely promoting the use of condoms.**

Almost more has been written on condoms than on anything else. And the jury remains out. There will never be one pronouncement on the use of condoms even within one denomination. There will also be the differences between what Church bodies say to their followers at large and what individual pastors may say to individual congregants. Our own position in the SACBC AIDS Office is that people need to be informed about the efficacy of correct condom use; they also need to be informed about what their particular Church's position is on abstinence and fidelity. People need to make their own choices, and do in fact, sometimes despite what they know.

I believe that actual condom use, or failure to use condoms, has very little, if anything, to do with what the Churches have to say. People who choose to use condoms see them as helping to prevent HIV infection, regardless of religious beliefs, and regardless of whether they are in faithful relationships or not. In my opinion people who don't use condoms are more likely to think “it won't happen to them”, that there is no risk of

infection, that it is against their cultural practice or that sexual pleasure will be lessened, than they are to be following Church directives.

**Religious institutions “initiated, complemented or supported western-based biomedical programmes” and played an important role in treatment and care.**

I was invited to Washington by Franklin Graham, son of Billy Graham, some years back to a large conference. Many of the participants were in fact Catholics, and one of the objectives was to have Evangelicals learn from the experience of members of mainline Churches heavily involved across sub-Saharan Africa in particular, in the response to AIDS. What I personally found challenging to understand and engage with was the Evangelical lobby in respect of the US political agenda. The realities described by numerous people involved across sub-Saharan Africa seemed far away from life in Washington. So, the president’s Emergency Plan for AIDS Relief (PEPFAR ) comes out of a particular religious belief system, but certainly mainline Churches, including the Catholic Church, have benefitted from the funding support.

Some research has suggested that religious institutions provide up to 85% of the response to AIDS in Africa. Statistics emanating from the Global Fund suggest that religious institutions still receive less than 5% of its funding. Religious organisations are doing much of the work, with few resources.

Over the years I have been involved I have noted a softening of attitudes towards the Catholic Church in some quarters, and a genuine appreciation of the work being done by the Church.

**Christianity can be “an asset” in the fight against AIDS, but religious institutions sometimes shape the discourse on HIV/AIDS in unhelpful ways.**

I would agree that sometimes religious institutions shape the discourse in unhelpful ways. But membership of the same institutions also shape alternative discourses which are often

not heard, perhaps because people don't want to hear them. In our SACBC survey, some respondents suggested that some people don't actually want to be converted.

People presenting for treatment meet others in the same situation, and are often happy to go to Church sites; some believe they get better because the "Romans" pray over the drugs before they distribute them. I remember some of the anxiety felt by site staff when the Catholic Church treatment programme began concerning how to protect people's confidentiality around their status in small and over-crowded facilities. Circumstances perhaps forced the issue, but by and large people seemed not to mind who knew about them when they were in the same boat. The same may not have been true in their homes and local communities.

### **SACBC AIDS Office Study**

The SACBC AIDS Office undertook a survey in 2008 as part of some work on Catholic Social Teaching and AIDS ministry. One hundred and nine responses were received from a cross section of people involved in or supportive of AIDS ministry, most of them Catholics. The following were the findings in response to a series of questions posed:

- An understanding of the social context in which people live and work and are exposed to HIV and AIDS.
- A belief that youth in particular are not being sufficiently supported and educated in the Church.
- A belief that morality in society is under stress and that for many people life has little meaning.
- An understanding that ignorance, belief systems and cultural practices, and poor social conditions fuel risky behaviour.
- An understanding that the Church does care about people, evidenced in its various programmes responding to AIDS.
- That some respondents get angry about the dilemmas they face when Church teaching doesn't solve problems, for example in the area of HIV prevention.

- That some respondents think that society doesn't want to face up to the issues demanded by real conversion.
- That respondents view conversion as real transformation in their lives, helping them to live in Christ, and also helping them to address the behaviour changes demanded if AIDS is to be addressed.

Undoubtedly, more debate is needed. What is clear is that religion plays an enormous role, not always understood and appreciated by membership or by society, in the fight against AIDS. Were the response of religious organizations to be removed from the total equation, the world's response to AIDS would look very different.