

# BIOETHICS MATTERS ENJEUX BIOÉTHIQUES

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## **HIV/AIDS and Catholic Teaching on Sexual Ethics**

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Catholic involvement in seeking to eradicate HIV/AIDS has been well documented. From Mother Teresa to the countless numbers of Catholic workers in clinics and hospitals ministering to those with HIV/AIDS, it is clear that the meaning of the corporal works of mercy continues to be taken seriously.

For example, the first residence for financially distressed and sometimes homeless AIDS patients in Toronto was set up by the Brothers of the Good Shepherd in October, 1986.<sup>1</sup> It was done without much fanfare, yet the Catholic Church continues to be criticized for its “harsh” approach to those with HIV/AIDS. This happens frequently: the Church’s approach to sexual ethics is taken to be directed against people, despite all that its agencies do in the field to help those experiencing the consequences of their own behaviour. Catholic teaching on sexual ethics springs from respect for human nature, and from observing what happens to humans when certain behaviours are maintained or rejected. This teaching is based on Natural Law, because it looks to what best promotes human nature. Our human nature is our common element, transcending culture, gender, ethnicity, race and religion itself. This is why Catholic teaching calls itself “universal.”

When the Church looks at the worldwide experience of HIV/AIDS, it looks at solutions to the problems through many lenses. Effective medication has made vast

inroads in treating the disease, although this is not happening universally. For example, while the availability of antiretroviral drugs has drastically changed the rate of HIV/AIDS in the western world, this is not completely true in sub-Saharan Africa.

Recent UNAids reports show that 22 sub-Saharan countries are leading a global decline in new HIV infections by 25%.<sup>2</sup> Poverty and giant reductions in aid money, however, have reduced the availability of necessary drugs, resulting in rising numbers of HIV/AIDS cases for the most part. The same report said that, in 2009, an estimated US\$ 15.9 billion was available for the global AIDS budget, US\$ 10 billion short of the estimated need. In 2009 international investments for AIDS were down from investments made in 2008.

While pleas for more financial aid for necessary medication must be met, at the same time the effectiveness of existing regimes must be assessed. It is one thing to continue to treat this disease, but it is clear that its sources should be examined. Although it is known that sexual intercourse is not the only way of spreading HIV/AIDS, it does remain the principal cause.

### **Problems with ABC**

The current approach to raising people’s awareness about the consequences of HIV/AIDS is known as “ABC,” i.e., Abstinence, Behaviour (be faithful/reduce partners), and Condoms.<sup>3</sup>

Statistics show, however, that educational clinics and the distribution of condoms are

not having the desired cumulative effect.<sup>4</sup> Recognizing different moral approaches to solving problems, *The Lancet* suggested that, for example, Catholic and other institutions which will not foster the use of condoms could be highly involved in educating towards behavioural change, the A and B parts. Successes did in fact occur through behavioural changes A and B in Uganda, with various statistics indicating this.<sup>5</sup> Part of the problem now seems to be that, with budgetary requirements not being met, necessary ongoing education cannot be pursued. Further figures show the rate has begun to increase again in some countries where the disease was beginning to abate.<sup>6</sup>

What does Catholic teaching say about these moral problems? In general, it does not tend to look at technology as the front-line answer to social and cultural problems. These questions demand a personalist response, that is, a response that appeals to our deeper human nature and aids human flourishing in the broadest, universal sense.

Catholic sexual teaching is very clear: sexual intercourse is meant for marriage, and the unitive and procreative dimensions of the sexual act must be held together. It is not an understatement to say that this stance is not widely accepted. Realizing this, how can the Church be realistic in its HIV/AIDS work?

Some think that the Church bans the use of condoms in the prevention of HIV/AIDS because the condom is contraceptive. This is true, but is not the main point here. Others think that the Principle of Double Effect is applicable, that the condom is being used to prevent the spread of a disease, and its contraceptive effect is incidental to the primary purpose. Why not use condoms as a method of risk reduction?

Before looking at the Church's response it is important to note that while statistics say that the rate of infection with HIV/AIDS is

receding in some places, it is actually increasing in others despite educational advances and despite the distribution of millions of condoms. This indicates that, along with other factors, the risk reduction appeal of condoms is ineffective.

Catholic teaching places more stress on behavioural change, advocating sexual restraint and reduction in the number of sexual partners. These common sense approaches are often dismissed as unrealistic. Yet in Uganda, when there was an aggressive public media campaign and thousands of community-based counsellors were trained and equipped to educate people, inroads were made and much lower rates of infection achieved. Religious leaders were actively involved, speaking from the pulpit, at funerals of victims, etc. Since these practices have declined, the infection rates have increased.

### **The African Bishops**

The Catholic bishops of Africa have been and are actively involved in the fight against the spread of HIV/AIDS. In the document "This we teach and do: The Catholic Church and AIDS in Kenya," the Kenyan bishops offer moral formation and encouragement as well as practical help and education.<sup>7</sup> They point to human realities that tend to be glossed over in the modern world's liberal approach to sex and sexuality. They state: "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."<sup>8</sup> Blunt? Yes, but pointing to moral and behavioural changes that must be made to halt the spread of this disease, as well as recognizing the essential role of curative drugs.

The Conference was also blunt about the Church's position in these matters. It takes a stand against sexual licence, even if HIV/AIDS were not an issue. The document reminds us: "The Church does not teach a

different sexual morality when or where AIDS poses no danger. But this teaching is not easy for the world to understand.”<sup>9</sup>

In common with the whole Church, the African bishops point to the need for relationships built on fidelity, trust, commitment and selflessness. These are the deeply human virtues necessary for every type of personal and indeed societal relationship, and sexual relationships, to be truly human, depend on these virtues and qualities to flourish, as well as on the quality of love itself. The fact that the real sense of love is somewhat lost in today’s casual approach to sexuality does not negate the need for these virtues to be in place to make human relationships genuine and fulfilling.

The bishops also rely on their people to spread this message in their words and deeds, not in an abstract way, but in the full realization that these virtues are necessary to protect individuals, couples, marriage, children and society. The bishops note: “This is not a question of protective condoms and clean needles only – we have to go to the sources of morality, do a bit of heart searching, consider our attitude towards human relationships and how sexuality fits into that.”<sup>10</sup>

An important point that the bishops make that is sometimes ignored is that African culture has always had positive values around sexuality. Virgin brides, for example, have always been esteemed. The idea that the Catholic Church is bringing something foreign to their culture is inaccurate. It would also appear that the more universal approach of Natural Law may well fit into African culture as such an approach is already embedded. It appeals to those universal realizations that deeply personal and responsible behaviour should be encouraged, rather than the use of condoms as the solution to such a grave problem, especially since it is a solution that does not demand the

life-style changes that are needed to effect fundamental and lasting change in human sexual behaviour.

Their stance recommends education and formation as the basis for a radical change in the numbers contracting HIV/AIDS. Michael Czerny, SJ, said in an interview about the African Jesuit AIDS Network: “The Church as such does not have technical solutions to propose. The Church is a community of people in search of God and themselves, their vocation...The Church is here (in Africa) and accompanies the people.”<sup>11</sup>

### **ABC and Funding**

On July 19, 2010, Catholic News Service published an article showing that a UN AIDS study lent credibility to organizations like the Catholic Church which have long argued that behavioural change is key.<sup>12</sup> Msgr. Robert Vitillo, a special advisor to Caritas International on HIV/AIDS, reported that more attention is now being paid to abstinence and the reduction of sexual partners, as well as to the promotion of condom use. A study released by the Joint United Nations Program on HIV/AIDS on July 19, 2010, showed that HIV among young people declined by over 25% in 15 of the 21 most affected countries. In eight of those, statistics show this is in part due to changes in sexual behaviour, including young people waiting longer to become sexually active and having fewer partners.<sup>13</sup> It is to young people’s benefit in so many other areas, and not just in the possibility of not contracting HIV/AIDS, to wait until marriage at a more mature stage, as the Catholic Church continues to promote in season and out of season.

Msgr. Vitillo added that other studies show that behavioural change has been more effective in countries such as Uganda and Kenya in reducing HIV infection than the use of condoms.<sup>14</sup> He indicated that many do not acknowledge this strategy, and are indeed

quite hostile, but there are, increasingly, many supporters from agencies in the countries concerned.

A growing problem, however, is the drying up of funding for all the different types of HIV/AIDS prevention strategies. Part of the reason for this is the outcome of the ongoing global economic crisis, and aid is further hindered by other demands on available funds, including perhaps a lessening of interest now that HIV/AIDS is much less of a crisis in the west due to the availability of antiretroviral drugs. The result is that there is much less funding for medication and for the local education that is necessary both to outline these strategies and to persuade people of the benefits of behavioural change.

Emphasizing these dangers, the Canadian Medical Association Journal (CMAJ) carried an article on September 24, 2010, with the headline “Uganda at risk of reversing HIV/AIDS progress,” confirming other news that much real progress in life-saving work is being thwarted.<sup>15</sup> The article noted that the availability of antiretrovirals is drying up, while the first generation of HIV-positive young people is becoming sexually active in an era when education towards reduced number of partners and other behavioural changes is not being given. It is feared that the disease may take more prisoners if funding does not improve, yet at the International AIDS conference in Vienna in July 2010 further substantial cuts were made to the global HIV/AIDS budget.

## Conclusion

There is clearly no place for complacency anywhere about this disease. It may be under control in Western countries due to the use of antiretrovirals, but the HIV/AIDS is apparently spreading in Eastern Europe and Central Asia. Education about the different ways of contracting this disease and personal responsibility for outcomes are of utmost importance from a prevention viewpoint,

along with necessary medication for those who have already been infected. To keep informed about Catholic involvement in preventing and treating HIV/AIDS, the reports from the African Jesuit AIDS Network (AJAN) are extremely well documented, as are those from UNAids. The Kenyan bishops offer us this thought: “We invite our own people, and anyone else so disposed, to a thoroughly faith-filled involvement in all aspects of the AIDS struggle.”<sup>16</sup>

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<sup>1</sup> Brothers of the Good Shepherd, Barrett House Brochure, <http://www.goodshepherd.ca/media/BarrettHouse.pdf>.

<sup>2</sup> UNAids Today, September 17 2010. <http://unaidstoday.org/?p=819>.

<sup>3</sup> Comment, *The Lancet*, Vol. 364, Number 9449, 27 November 2004.

<sup>4</sup> Global HIV Prevention Working Group. June 2007. Bringing HIV prevention to scale: an urgent priority. Kaiser Family Foundation. Available from: [www.kff.org/hivaids/upload/pwg062807.pdf](http://www.kff.org/hivaids/upload/pwg062807.pdf).

<sup>5</sup> Halperin DT, Steiner MJ, Cassell MM, Green EC, Hearst N, Kirby D, et al. 2004. The time has come for common ground on preventing sexual transmission of HIV. *Lancet* 364:1913-5.

<sup>6</sup> Cf. UNAids Outlook Report, 2010, Page 11 and <http://www.thehindu.com/opinion/editorial/article799283.ece>.

<sup>7</sup> Kenya Episcopal Conference. “This we teach and do”. Volume 1, Policy document of the Kenya Catholic Church HIV/AIDS Taskforce, 2006.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Fabio Colagrande. Interview with Michael Czerny, SJ. AJANews 87, December 2009.

<sup>12</sup> Paul Jeffrey. “Catholic AIDS Expert: Study lends credibility to faith leaders’ work.” Catholic News Service, July 19, 2010.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> CMAJ. “Uganda at risk of reversing HIV/AIDS progress.” September 24, 2010. [http://www.cmaj.ca/earlyreleases/24sept10\\_uganda-at-risk-of-reversing-hiv-aids-progress.dtl](http://www.cmaj.ca/earlyreleases/24sept10_uganda-at-risk-of-reversing-hiv-aids-progress.dtl).

<sup>16</sup> “This we teach and do.” *Supra*.