



AFRICA REGIONAL SEXUALITY RESOURCE CENTRE

in Collaboration with

HEALTH SYSTEMS TRUST and WOMEN'S HEALTH RESOURCE
UNIT OF THE UNIVERSITY OF CAPE TOWN (UCT), SOUTH
AFRICA

**Understanding Human Sexuality Seminar Series
(South Africa)**

Sexuality and Religion in the Time of AIDS

BARBARA SCHMID

*African Religious Health Assets Programme
University of Cape Town
South Africa*

*Cape Town, South Africa
September 16, 2005*

© ARSRC 2005

The views expressed in this presentation are solely those of the author and do not necessarily reflect the views of the ARSRC or any organisation providing support

Introduction

It is undeniable that Christian churches have made a big contribution towards shaping attitudes around sexuality. Carter Heyward goes so far as to claim that:

Most historians, sexologists, and others who are interested in how sexual practices and attitudes have developed historically seem to agree that in the realm of sexual attitudes, Western history and christian [sic] history are so closely linked as to be in effect indistinguishable. That is to say, the christian church has been the chief architect of an attitude toward sexuality during the last seventeen-hundred years of European and Euroamerican history – an obsessive, proscriptive attitude [Heyward 1994: 12-13].

What Carter Heyward states here for the 'First World', has impacted through Western missionaries and churches on Africa and South Africa as well.

In its first part this presentation will trace the development of sexual norms within Christianity, showing up some of the historic and societal factors that shaped them. The reality of AIDS *within* churches is proof that the norms for sexual behaviour are not necessarily adhered to by their members. Hence the second part looks at challenges that the reality of AIDS has raised and how churches are responding to them. Finally some attempts to develop a new theology of sexuality are discussed.

1. Development of Christian Sexual Norms

It is important to note to what extent the environment in which Christianity developed, rather than its normative scriptures, shaped sexual norms in it.

First of these influences that I want to consider is Greek philosophy which determined thinking in the pre-Christian era. The Early Stoics generally advised avoiding all passions as “excessive and unnatural soul impulses” as they were considered to be not rational and lead to unreflected action. This negative attitude did include sex or eros as passion; but not sexual relations as such [Gaca 2003, 60, 91]. It was later, under the Pythagoreans that “procreationism” was established where the only acceptable form of sexual relation is within marriage, and even then only if it is temperate and directed to procreation. [Gaca 2003, 99-100]

Judaism from which many religious norms were inherited, had a generally positive view of sexuality, viewing the injunction to “be fruitful and multiply” as God’s very first commandment. The focus was on producing children in order to guarantee the survival of the nation under challenging conditions. Constraints were there to ensure patrilineage. Lineage was through the mother, because fatherhood could not be proved. To deal with the resulting insecurity for men, rules enforced the ‘ownership’ of women and their sexuality. As example, adultery occurs by this definition only when a married woman is impregnated by another man – but then punishment is harsh, the children being excommunicated for ten generations. Many other prescriptions around sexual behaviour were linked to other (pagan) religions, where sexual acts were performed as worship to other deities. These acts were condemned as insult to God, rather than as sexual practise per se.

The New Testament itself does not say much on the topic; what is said is mostly by Paul, stating various rules about what is acceptable and what not.

It does not seem as if Jesus was very interested in sexuality. The only gospel story directly related to sexuality tells of a woman caught in adultery [John 8]. It is used by him not to set sexual norms, but to raise the question: "Who is without sin?" Interestingly enough this story did not originally make it into the Biblical canon.

The early Christian church similarly did not regard sexuality as a central concern. Thus, efforts to teach sexual or reproductive ethics on the alleged basis of 'what the Church has always taught' in these areas are historically naive [Maguire 1989].

The formal beginnings of this trend can be traced to the Synod of Elvira, AD 309, held at a time where the church was faced with many social and political challenges. [See Farley 1995; Maguire, 1989; Laeuchli 1972]

This was the period leading up to the Constantinian settlement, an agreement by which Christianity became an officially recognised religion, after having been a persecuted underground movement in opposition to the state power and its religious claims. The church was moving from prophetic to establishment status. Priests of the imperial religion were converting to Christianity and bringing many of their old ways with them. Many of its members were becoming urbanised – and hence moving away from the control that is possible in rural communities. The elitist assumptions of well-off Christians were blunting the prophetic edges of Christian spirituality. These new political, social and economic realities made it necessary to redefine Christian identity.

In response, the Elvira synod concentrated on sexuality! Almost half of its canons were on sex, and the subject was treated with extraordinary severity. It was an attempt to carve out a new image for the church, its clergy and adherents and sexual control was a tool in that project. Controlling sexuality became a means of controlling membership in time of chaotic change. Anti-sexual codes were laid down – and as has happened before and since in the church and outside of it – the codes were formulated as anti-female; women were held responsible to maintain the sexual code and blamed when they failed.

Heyward [1994: 14] says that this attitude developed during the early centuries of church history, was the only way authorities were able to stay in control. This was, he says, a way of dealing with a crisis in male identity which was resolved by defining themselves "not in relation to" women, but "in separation from" them. Historically then, social control of sexuality and social control of women is linked. With this the scene was set for centuries. Sexual activity was allowed only in marriage, for reproductive purposes. It was only in the 15th century that the first voices were heard that saw justification for non-procreative sex, valuing sexual pleasure for the well-being of persons and relationships. Soon after the Reformation brought another slight shift, viewing marriage and sexuality as part of God's plan for creation and hence as good; yet also aware of fallen nature corrupting everything, including sex. Hence marriage remains the norm as necessary restraint for sex.

This position reflects the norm still held by many Christians, and shared by many other religions: it prescribes abstinence for all those who are not married and allows sex within a faithful hetero-sexual marriage only. [AIDS ACTION 2000, 6]

2. Challenges Posed by AIDS

The 20th Century has brought a number of new challenges to this basically negative view of sexuality within Christianity. Farley mentions three factors: First, the availability of effective contraceptives has freed sex from the threat of unwanted pregnancy and thereby gave rise to sexual freedom. Second, new insights of philosophical anthropology and psychoanalysis have led to a new understanding of sexuality. Third, while a largely secular society no longer regards the church as normative, even for those within it the realisation that the roots of the Christian sexual ethic are found largely in the historical context rather than in the Bible has challenged its ongoing validity for a changed socio-historic context.

And then, towards the end of the century the rapid growth of the AIDS pandemic has added another urgent challenge. "The churches' teaching on sexuality is being trashed by the reality of AIDS," was the comment of a chaplain confronted with this reality daily in the hospice where he works. Foreman [1999: 79] agrees that human sexuality is the aspect of human behaviour that conflicts most with the teaching of the monotheistic religions. Their ideal of celibacy until marriage and faithfulness within it has never been achieved in any society, neither by religious leaders nor their followers. The reality and wide spread of AIDS even within the membership of churches has shown this up clearly and makes it imperative that this area of church teaching be revisited.

The problem is that speaking about sexuality is taboo. Generally not even married partners do so, except by means of erotic body language and by unspoken and often unconscious assumptions [Bayley 1996: 213]. If even those in long-term sexual relationships have hardly any language to verbalise their sexuality, it implies that in spite of the 'sexual revolution' there is a deficiency in our sexual language ability, whether this be between sexual partners, between parents and children or in the public realms of churches. [Schmid 2002, 34]

Apart from setting boundaries for sexual activity, and placing harsh penalties on transgression of these, little reflection on sexuality as part of human nature has taken place within the Christian realm for centuries. This silence around AIDS and the resulting lack of involvement in AIDS work within churches is most often explained in terms of the dis-ease with sexuality, and the resulting silence around sexuality in Christian theology. [Schmid 2002, 123-4] It is important to note, however, that this trend was not confined to theology, and that all the behavioural sciences marginalised the study of human sexuality during the 50 years before the onset of AIDS [Parker 1996: 137].

If things go wrong in the domain of sexual behaviour – and the way in which HIV is spreading through contemporary society clearly shows that they are – it is difficult to deal with it, because it is so difficult to speak about it. The only language that seems to be readily available is that of blaming and of judgement. [Schmid 2002, 34] And that was the initial Christian response to the onset of AIDS. The Christian response to HIV and AIDS that is mentioned most often in literature and amongst the public is Jerry Falwell's statement that AIDS was God's punishment for sinners and for the immorality of society, specifically for the sin of homosexuality and the immorality not only of homosexual acts but also of a

society tolerating this evil in its midst. This discourse has made a huge impact. For many it still typifies the church's response to AIDS.

Hence Jill Seidel [1993] states that the most common discourse about AIDS in religious groups is what she calls the Medico-moral discourse, which adopts the social categories of disease developed in the bio-medical fraternity. It involves blaming others and stigmatisation of those affected by HIV. 'The other' can be variously defined in different times and contexts but often draws on 'risk groups' as defined in the medical discourse. The current upsurge in fundamentalist religious groups in Africa strengthens the view of AIDS as God's punishment for immorality. It stresses the demands on women to be confined to a domestic and reproductive role and focuses on chastity interventions to prevent HIV infections.

Some of this is reminiscent of the Elvira synod decisions, even as the upheaval in society may reflect a similar 'need' for control. It is also a way of speaking about AIDS that allows one to avoid speaking about sexuality, and I suspect that that is in part why it has so much support.

3. Towards a New Theology of Sexuality

There has however been another response, one that looks inward, leading to a growing awareness that this stance has not been helpful, is deeply hurtful to many affected by HIV and contributes to stigma, thereby to the spread of HIV. Three quotes illustrate this stance:

It is deeply ironic that a religion named after one who was incarnate love should have so total a vacuum in its theology of embodied desire, and be so frightened of public discourse about sexuality [Jantzen 1994: 308].

'Sexuality [is] a topic the church has found difficult to address. Its silent and joyless condemnation of sexuality in general has been a contributing factor in the spread of AIDS.' [Susan Cole King, quoted in AIDS ACTION 2000, 6].

Churches lack "wholehearted commitment to human sexuality education" starting from a young age onwards, and by this are limiting the impact they might have on sexual behaviour and hence on the pandemic [Shelp and Sunderland 1992: 185].

It is out of this sector of Christianity that calls for a new theology of sexuality, an open, caring discussion about this area of our human nature, are increasingly heard; and attempts to develop such a theology are starting.

I want to highlight some of the specific issues being addressed in this search for a new way forward.

Homosexuality

In the West homosexuality is the dominant sexual issue debated in the context of the AIDS pandemic. As a result it is dominant in the literature and many discussions, even locally. This may again be a way of avoiding the need to address the real issue - *our* sexuality. It is not a central issue for us in sub-Saharan Africa, and hence I only deal with it very briefly.

The new thinking about homosexuality draws mainly on two sources: insights from psychology indicating that this is not so much a choice people make as a way they are; and new readings of passages in scripture that have traditionally been used

to condemn homosexual behaviour. The latter – with similar findings in Christian and Muslim studies – reinterpret texts by uncovering the real issues at stake or showing that the actions they speak about cannot be conflated with what happens in a loving, long-term same-sex relationship.

The ABC of prevention

Uganda's successful campaign against AIDS has coined the ABC approach, advising people to avoid HIV infection by abstaining from sexual contact until marriage, being faithful to one's partner in marriage, or using a condom consistently. Faith groups have mostly focussed on the first two options, leaving condom promotion to public health institutions.

In faith communities condoms have raised much heated debate. Many believe that promoting condom use could result in people practising 'unacceptable' sexual behaviour rather than abstinence. This is part of a framework that fears that talking about sex may result in increased promiscuity, may seem to condone sex outside marriage, and may encourage young people to have sex earlier. This is not a valid assumption: at worst it can be said that there is no conclusive research yet about the impact on sexual restraint [WCC 1997: 61]; there are claims that it has been shown to be untrue by research [Fuller and Keenan 2000: 34-35]; even that research has shown that educating young people about sex, HIV/AIDS and health in general actually leads to a decrease in adolescent sex, unwanted pregnancies and STIs [AIDS ACTION 2000, 6].

Another objection to condoms is that they are not really efficient as a means of prevention as they have a high failure rate, another assumption, which according to Fuller and Keenan [2000: 34] is not tenable.

Some Christian groups are vigorously opposed to the use of condoms in almost all circumstances – even for discordant married couples. Others promote them either as a means for those unable to follow the 'genuinely Christian' calling of abstinence and faithfulness or as main prevention mechanism. Amongst faith-based agencies with a value-based approach (as compared to one based on rights) the outright rejection of condoms is losing ground. More groups are accepting the A-B-C model as an option. That it is not always a heartfelt acceptance is clear from the discourse. I am quoting Bate [2000: 220] who regards this model as "more acceptable ... for those who choose to be promiscuous: a decision, which some people in our society do make but which can never be a Christian one." The use of such judgemental language alienates many of those who need to be reached and cannot be helpful to the cause of slowing down HIV infections.

There seems to be growing agreement, however, that 'throwing condoms at AIDS will not make it go away' and that promotion of condoms needs to be linked to other programmes, promoting change in behaviour and change in social conditions that increase vulnerability [Fuller and Keenan 2000: 35; Saayman and Kriel 1992: 29; WCC 1997: 62]. And there is agreement that faith communities are much better placed to promote these options than many other structures.

Faithfulness, which is promoted by numerous Christian groups as alternative to condoms, also needs to be problematised. Actually, "being in a close relationship, characterized by commitment" can be considered as high-risk sexual behaviour. Studies amongst women from the strongly patriarchal Mexican society have

shown that these women, even though they had knowledge about HIV transmission, did not consider themselves at risk. The reason for this was that they were faithful to their spouses and assumed the same to be true for them [De Snyder et al. 2000: 107]. Similar findings are reported from across Africa.

Celebrating Our God-given Sexuality

The main challenge is to find a way of looking at our sexuality – which goes beyond genital activity – as sacred, as a gift to be valued; and considering love, not legalism, as context for a sexual ethics. A theology of sexuality along these lines would need to consider these issues:

- 1) The Old and New Testament both view sexuality as part of the goodness of the creation, but also as being under the influence of sin. A theology of sexuality has to hold these two aspects in tension.
- 2) Sexuality makes people vulnerable – to each other, to the abuse of this gift, to sexually transmitted infections like HIV. This is why communities and churches have always provided guidelines for the protection of individuals and society. They have upheld marriage as the ideal relationship in which the sexual relationship is expressed [WCC 1997: 31]. Such guidelines serve a purpose, even in this time.
- 3) Talking about sexual matters in a religious context can be done if physical, spiritual and moral health are linked. In a religious context, it is not enough to consider the physical consequences of pregnancy, STIs and HIV/AIDS, without considering the spiritual, psychological and social consequences of sex outside or before marriage [AIDS ACTION 2000, 6].

We have to challenge the sense that the only appropriate relationship for sex is marriage, and similarly that any sex within marriage is in order. The reality is that we live in a context that is very different from that of a century ago, and even more so from that at the time of Paul. (Point 5 below gives some helpful criteria.)

- 4) When these guidelines are taught in a legalistic and rule-based way, when in their application sexual transgressions are judged more harshly than others, a negative teaching about sexuality emerges. This results in a simplistic, legalistic morality that is out of touch with how people are living and is largely ignored by them, hence not serving its purpose [Nicolson 1995: 20].
- 5) There is a need to reassess the current ethic of unrestrained sexuality and replace it with a sexual ethic which emphasises love and responsibility. Relationships are a central concern for this topic. Roger Burggraave [2000: 303-316] deals with this under the title “From responsible to meaningful sexuality”. A first step is to take responsibility for one’s own sexual behaviour. This implies the ‘first do no harm’ principle which is applied to oneself and to the partner. But for a Christian ethics, Burggraave insists, this “cannot even be our starting point”. It needs to aim for meaningful sexuality and this implies sexuality that is relational, appropriate, not based on fear of consequences or instrumentalisation of persons.
- 6) In our context it is crucial to point to the reality of unequal power in many sexual relationships. Patriarchal structures in the church continue entrenching gender inequality, making relational sexuality a pipe dream for many women. Violence is a common partner in sexual relations and contributes to the ongoing spread of HIV. For many women in Africa ABC is meaningless,

because they have no option to abstain when being forced into sex; being faithful themselves does not guarantee them a faithful partner; and due to the power gradient it is often dangerous to even suggest the use of condoms. It is clear that in order to achieve any success against AIDS patriarchy has to be challenged and dismantled.

What Sin?

Which is the problem: the virus or the sin? What is the goal? Is it prevention of disease or salvation? Has the women with HIV been unwise, or powerless to help herself, or wicked? Should responses be interventionist (condoms, pharmaceuticals) or moral (abstinence, faithfulness)? [Paterson 2001, 3]

There is the age-old link between sexuality and death, more specifically sexual sin which leads to death. The conviction that AIDS is 'the wages of sin' brings this connection to the fore again. While it is difficult to disconnect AIDS from death, there are questions that have to be raised about this link.

The problem is that even when sexuality is addressed openly, without judgement or prejudice, the discourse often deals exclusively with individual behaviour. The tenor of presentations is, "If you make the correct choices, you will not be infected." This suggests that if you are infected *you* are at fault because *you* have made bad choices. In such discourse there is no acknowledgement that AIDS is not merely an infection that individuals bring upon themselves, that social factors beyond the control and choice of individuals play a crucial role in this pandemic. [Schmid 2002, 42]. What is more, it is not Christian, bearing in mind that the essence of Christianity is coming alongside the marginalized, rather than following prescriptions.

There are other sins that need to be pointed out in the context of AIDS:

The stigmatisation of others is a sin far greater than most of the so-called 'misdeeds' on which HIV infection is often blamed. After all, the sinful attitudes, most frequently identified by Jesus as being incompatible with His Kingdom, were pride, self-righteousness, exclusivity, hypocrisy and the misuse of power: all of them ingredients in the deadly cocktail that causes stigma. [UNAIDS, Theological consultation]

And further there is sin beyond the personal domain, systemic issues like greed, injustice, poverty that play a huge role in driving the AIDS pandemic. It is beyond the scope of this paper to deal with these matters, but it seemed crucial to at least point in this direction.

Bibliography

- AIDS ACTION, "Talking about sex". *AIDS ACTION* Issue 49 July-September 2000, 6. <<http://www.healthlink.org.uk/AA49%20PDF.pdf>>
- Bayley, Anne. *One New Humanity: The Challenge of AIDS*, SPCK International Study Guide 33 (Advanced) Applied Theology 3. London: SPCK, 1996.
- Bate, Stuart C. (2000) "Differences in Confessional Advice in South Africa". In *Catholic Ethicists on HIV/AIDS Prevention*. Edited by James F. Keenan, 212-221. New York/London: Continuum.

- Burggraave, Roger. "From Responsible to Meaningful Sexuality: An Ethics of Growth as an Ethic of Mercy for Young People in this Era of AIDS". In *Catholic Ethicists on HIV/AIDS Prevention*, edited by James F. Keenan, pp. 303-316. New York/London: Continuum, 2000.
- De Snyder, V., et al. (2000) "Understanding the Sexuality of Mexican-born Women and their Risk for HIV/AIDS", *Psychology of Women Quarterly* 24, pp.100-109.
- Foreman, Martin, ed. (1999) *AIDS and Men: Taking Risks or Taking Responsibility?* London: Panos, Zed Books.
- Farley, Margaret A. (1995) "Sexual Ethics." In *Encyclopedia of Bioethics*. Vol. 5. Rev. ed. Ed. Warren Thomas Reich. New York: MacMillan, pp2363–2375.
- Fuller, Jon D. and James F. Keenan (2000) "Introduction: At the End of the First Generation of HIV Prevention". In *Catholic Ethicists on HIV/AIDS Prevention*, edited by James F. Keenan, 21-38. New York/London: Continuum,
- Gaca, Kathy L. (2003) *The making of fornication: Eros, ethics, and political reform in Greek philosophy and early Christianity*. Berkeley: University of California Press.
- Heyward, Carter. (1994) "Notes on Historical Grounding: Beyond Sexual Essentialism". In *Sexuality and the Sacred: Sources for Theological Reflection*, edited by James B. Nelson and Sandra P. Longfellow, 9-18. Louisville, Kentucky: Westminster/John Knox Press.
- Jantzen, Grace. (1994) "AIDS, Shame and Suffering". In *Sexuality and the Sacred: Sources for Theological Reflection*, edited by James B. Nelson and Sandra P. Longfellow, 305-313. Louisville, Kentucky: Westminster/John Knox Press.
- Keenan, James F., ed. (2000) *Catholic Ethicists on HIV/AIDS Prevention*. New York/London: Continuum.
- Laeuchli, Samuel (1972) *Power and Sexuality: The Emergence of Canon Law at the Synod of Elvira*, Philadelphia: Temple University Press.
- Maguire, Dan. (1989) "The Shadow Side of the Homosexuality Debate" in Jeannine Gramick, ed. *Homosexuality, the priesthood, and the religious life*. New York: The Crossroad Publishing Co.
- Nicolson, Ronald (1995) *AIDS: A Christian Response*. Pietermaritzburg: Cluster Publications.
- Parker, Richard G. (1996) "Sex Research in Response to AIDS". In *AIDS in the World II: Global Dimensions, Social Roots, and Responses*, edited by Jonathan M. Mann and Daniel Tarantola, 137-38. New York/Oxford: Oxford University Press.
- Paterson, Gillian (2001) "HIV/AIDS and Churches in Sub-Saharan Africa", London: Christian Aid.
- Saayman, Willem and Jacques Kriel (1992) *AIDS, the Leprosy of our Time?* Johannesburg: Orion Publishers.
- Saayman, Willem (Aug 1999), "AIDS – still posing unanswered Questions", *Missionalia* 27 No. 2 pp. 208-219.
- Schmid, Barbara (2002) *The churches' response to the HIV/AIDS pandemic: A case study of Christian agencies in the Cape Town area*. MSocSci Thesis, UCT.

Seidel, Gill. (1993) "The Competing Discourses of HIV/AIDS in sub-Saharan Africa: Discourses of Rights and Empowerment vs. Discourses of Control and Exclusion", *Social Science and Medicine* 36, pp175-194.

Shelp, Earl E. and Ronald H. Sunderland (1992) *AIDS and the Church: The Second Decade*. Louisville, Kentucky: Westminster/John Knox Press.

UNAIDS, (December 2003) "HIV and AIDS related stigma: A Framework for Theological Reflection", Theological consultation under the auspices of UNAIDS, Windhoek.

WCC. (1997) *Facing AIDS: The Challenge, the Churches' Response*, WCC Study Document. Geneva: WCC Publications.