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Ethics of HIV/AIDS Prevention

*Paradigms of a New Discourse
from an African Perspective*

AGBONKHIANMEGHE E. OROBATOR

It seems unnecessary to indulge in an excursus on statistics of seroprevalence in Africa. The gravity of the situation prompts many people to facilely equate HIV/AIDS with sub-Saharan Africa. On the “silver jubilee” of this pandemic, statistics continue to paint a frightening tableau of the havoc unleashed by this modern plague on the African continent. Relative to the carnage of this disease, proven successes in the form of a substantial increase in access to treatment and the stabilization or reversal of rates of infection remain marginal and — judging by recent UNAIDS figures — could easily unravel. This reversal, recorded in a handful of African HIV/AIDS flashpoints like Uganda, Senegal, and Zimbabwe, especially among young people, underscores the value of sustained and integrated HIV prevention programs in the face of a massive tragedy that continues to impede the socio-economic development of Africa.

Yet contemporary moral discourse falls short if it overlooks the fact that, far from simply being a hapless victim of a colossal tragedy, Africa has a valid contribution to make toward re-examining orthodox paradigms of sexual ethics and developing new principles of HIV prevention. It cannot be plausibly maintained that the matter has been resolved by a one-dimensional ethics of abstinence and fidelity *only* — certainly not for us in Africa, where native wisdom reminds us that, “A single finger cannot pick a louse from one’s hair.” Nowadays it is difficult to shake the conviction, even among some Catholic ethicists, that traditional norms evoked to establish an exclusivist approach to HIV prevention appear unduly inflexible and, therefore, could pose a hindrance to prevention efforts. This conviction functions like a “stigma”; oftentimes, it obscures the excellent HIV/AIDS ministry of the church in Africa.

Three significant developments indicate the futility of imposing any one line as *the* Catholic approach to HIV/AIDS prevention. First, the absence of

consensus between “orthodox” ethicists and their more “tolerant” counterparts; second, the growing body of evidence-based research that suggests alternative approaches to HIV prevention; and third, the increasing number of senior ecclesiastics who openly question specific elements of the Catholic position on the ethics of HIV prevention.

The intensity of the AIDS pandemic in Africa focuses much of the current debate on the morality of condom use in the context of discordant couples, that is, when one partner is HIV positive; and in the context of at-risk and vulnerable groups, like commercial sex workers. Against the backdrop of longstanding principles of Catholic sexual ethics, which affirm that the transmission of life is central to conjugal sexual acts, another position has emerged that maintains the moral priority and imperative of protecting life within the context of sexual intercourse, whether conjugal or transactional.

In light of the above, a fourth significant development has opened up the possibility of reappraising Catholic resistance to the use of prophylactic devices like condoms. This development is indicated by the recent comprehensive Vatican-sanctioned study, under the auspices of the Pontifical Council for Health Care Ministry and the Congregation for the Doctrine of the Faith, on condom use in HIV prevention. The shroud of secrecy surrounding this “study” does not obscure the significance of this doctrinal appraisal of a device that has gained wide endorsement among medical and scientific experts as an important tool for HIV prevention.

This essay focuses on three interrelated themes: the meaning of life, the wisdom of proverbs, and the lessons of women. Set within an African context, the principal objective is to construct a useful framework or paradigm for the ethics of HIV/AIDS prevention, drawing upon the African conception of life, its font of practical wisdom discernible in the use of proverbs, and the vital role of African women. The approach adopted here prioritizes lived experience as a useful hermeneutical tool for conducting an effective discourse on the ethics of prevention. This will help avert the tendency for discourse to become a disincarnate disquisition over moral niceties. A clear need exists to stress the ineluctable fact that, in addition to the estimated 40 million people *infected* with HIV, millions more are directly or indirectly *affected* by HIV/AIDS — as spouses, children, orphans, parents, grandparents, and entire communities and nations. Simply put, the discourse on the morality of HIV prevention should be conducted primarily as a discourse about people rather than a polemic over prophylactic devices.

The Meaning of Life

As one African theologian has phrased it, African religion and its moral traditions turn on the “purpose or goal of human life.”¹ From an African perspective, “life” symbolizes a *dense* and *expansive* reality. The density of

life relates to its character as an all-encompassing moral category. Life constitutes the principle against which the value of individual actions, behavior, and choices are measured. Their ethical value is determined or evaluated by the measure in which they enhance or diminish the "power" or "force" of life.

The notion of expansiveness of life relates to the fact that life is not construed only as a reality constituted by the living; it also includes the ancestors and the yet-unborn. Furthermore, the category of life extends to and includes the natural universe. In this sense, therefore, from an African religio-cultural perspective, the moral imperative to protect human life also warrants the protection of sacred forests, trees, rivers, mountains, streams, and animals. This moral imperative, or duty, to protect the physical environment is founded on the vital link between the survival of human life and the environment. To protect the environment is to protect human life, since the survival of the latter ultimately depends on the survival of the former.

As a moral category, life is essentially fragile and vulnerable to myriad natural and man-made threats. HIV/AIDS, as a deadly disease, poses a serious threat to this moral tradition of abundant life or the principle of life as *the* foundational moral value. In this context of a holistic and integrated conception of life, the specific character or nature of the threat posed by HIV/AIDS, like any other serious illness, appears as a violation of the balance, harmony, and order essential to the preservation of life in its dense and expansive reality. Quite clearly, in a concrete manner, HIV/AIDS assaults this balance and harmony of the African moral universe, be it in the separation of spouses, parents, and children; the reversal of long-term economic and development fortunes in some African countries (for example, the loss of productive sectors of the economy, such as farm workers, teachers, and nurses); or the distortion of demographic configurations (for example, the sharp drop in life expectancy, to less than 40 years in countries like Zimbabwe and Swaziland).

In its communal or shared dimension, the notion of the density and expansiveness of life is expressed in the familiar saying in many parts of sub-Saharan Africa: "I am because we are." This affirmation generates an ethical principle that acknowledges that the threat to individual life undermines the fullness of the community's life. For, as we say in Africa, "The danger that threatens the hunting dog also threatens the hunter." Theoretically, every member of the community, whether that community is a social unit or a religious entity, is at risk of being infected or affected by HIV/AIDS. It is in the interest of the community (common good) to protect individual life, in which resides the collective destiny and hope for survival of its members. Stated differently, and applied to the purposes of HIV prevention, *principles of the ethics of prevention "are to be sought within the context of preserving human life and its 'power' or 'force.'"*²

Understood in this way, this principle has immediate consequences for the ethics of HIV prevention. Thus, it could be argued that, from this African perspective, the use of prophylactic devices in the time of AIDS could constitute a morally viable and ethically commendable *option for life considered in its totality*. Not that the end justifies the means, but that this particular means offers a concrete possibility of enhancing the community's "life-force." There is a most important ethical issue here. If protecting, enhancing, and preserving the life-force in its density and expansiveness constitutes the primary objective of HIV prevention, the moral necessity to keep the sexual act open to the transmission of life ought not to foreclose the use of prophylactic devices *in specific instances* where this intended transmission of life may pose a threat to the lives of the partners and their unborn child. The position indicated here recognizes the possibility of a compatibility of purposes between transmission of life and the prevention of the transmission of HIV in order to protect life.

The Wisdom of Proverbs

"Words," wrote Chinua Achebe in his African literary classic *Things Fall Apart*, "are like yam. . . . And proverbs are the palm oil with which they are eaten." Successive generations and different schools of African philosophical thought have recognized the validity of proverbs as a dynamic source of African native wisdom. Only rarely, though, has this recognition translated into systematic integration of proverbs as a tool for constructing an appropriate moral discourse from an African perspective. Without being merely quaint expressions, African proverbs, rich in variety and diversity, offer salutary elements of ethical principles in the time of a crisis such as disease or illness.

What moral principle does an African reflect upon to make choices in the time of crisis, especially one like HIV/AIDS, which carries the threat of personal death and communal annihilation? My observation in eastern and western Africa suggests that in a situation of crisis, in addition to other sources, an African looks to proverbial sayings for collectively sanctioned warrants, justifications, and precedents to inform his or her reflection, options, and actions. Ugandans, for example, are familiar with the proverb, "The goat grazes where it is tethered," which contextualizes the message of fidelity to one's partner, a.k.a. "zero grazing," and serves as one of the central components of the country's HIV prevention program. Perhaps some would cite other proverbs: "You do not care what means you adopt to neutralize your enemy." From this, one might adduce the following principle: keeping in view the criterion of respect for and preservation of life — assuming the complexity and multiplicity of factors associated with HIV/AIDS — the community ought to defend human life with all available means, as long as these contribute to the fuller growth of the life of the community.

Within this category of moral thinking, exclusivity of means appears ethically untenable, while complementarity of means appears as virtue. For, as an African proverb affirms, "If one thing stands, another stands beside it." Or, "When many spider threads unite, they can tie a lion."

Assuming this logic of complementarity of means, one may not overlook the fact that proverbs lend themselves to multiple interpretations; they may also contradict one another. This raises two cautionary notes: first, one may not use them exclusively; second, the particular meaning that one derives from a proverb is subject to debate in order to arrive at a consensus on its shared meaning. This imperative of debate and consensus conforms to the procedure for establishing principles of morality via a dynamic communicative discourse known as "palaver." The key point to retain here is that there exists within this framework an action-oriented moral discourse that proffers new possibilities for enriching the ethics of HIV prevention from an African perspective.

The Lessons of Women

Prevailing patterns of ecclesial organization, the tenets of orthodox ecclesiology, and the exercise of ecclesiastical leadership combine to reinforce the gospel-based gender bias of "not counting women and children." A close observation of the experiences of women in Africa in the time of AIDS leads to the conclusion that the face of HIV/AIDS — like the one of poverty — is predominantly feminine. However, this face is Janus-like: one side traces a profile of women as prime victims of the AIDS pandemic; the other highlights the commitment of women as primary agents in the frontline of care for "people living with HIV/AIDS" and their resolute quest for a more humane ethical response to the challenges of HIV/AIDS.

Twenty-five years after the outbreak of the deadly HIV/AIDS disease, a general consensus now exists across various disciplines that sero-prevalence embodies an incontrovertible gender quotient. This quotient is commonly accounted for by resorting to a variety of statistical categories, such as the number of women infected by HIV. Absolute numbers may present in bare form the scale of sero-prevalence; but they also can mask or blunt the poignancy of the gender inequality that underlies and aggravates the disproportionate vulnerability of women to HIV infection and AIDS-related deaths. The gender quotient in HIV/AIDS operates as a combination of risk factors manifested at several levels. These gender-based risk factors are *biological/physiological* (compared to men, women are more likely to be infected with HIV during sexual intercourse, especially in cases of sexual violence; they also face the risk of mother-to-child transmission of HIV), *social* (women are more likely to be infected at a relatively younger age, oftentimes due to a pattern of social relationship where older men target young women and teenage girls for sex), *economic* (lack of adequate means

of livelihood and survival renders some women vulnerable to prostitution), *political* (lack of empowerment of women and the concomitant inability to negotiate “safe sex” with partners, spouses, or clients, especially in the case of commercial sex workers and minors), *cultural* (harmful culture-related practices, such as sexual post-mortuary cleansing, wife inheritance, and female genital mutilation), and *religious* (inability to renegotiate the terms of marital relationships where one partner, oftentimes the woman, faces the real threat of HIV infection).

Notwithstanding the hindrance imposed by these factors, African women’s creative commitment and approaches to HIV/AIDS information, education, and communication — born of their experience and burden of providing primary care for people living with HIV/AIDS (for example, spouses and orphans) — serve as a counterwitness to the self-righteous condemnation of PLWHA and the harmful politics of stigma and discrimination. Leaving aside the reductionist assumption that women’s response to HIV/AIDS is the social corollary of their maternal instinct, a more useful and valid analytical focus for understanding the role of women in HIV/AIDS lies in the solutions they adopt at the time of crisis. As a general principle, in the time of AIDS, women’s radical and non-risk-averse engagement in combating HIV/AIDS offers critical lessons for constructing and evaluating the ethics of prevention. Essentially, they teach that, as a community of faith, we need to risk shedding burdensome and outmoded interpretations and applications of traditional moral principles in the time of crisis in favor of active and compassionate solidarity with those infected and affected by AIDS. The concomitant principle can be formulated as follows: *in the time of crisis the community called church acts in solidarity with the most affected, which solidarity entails the risk of sacrificing attachments to traditional norms for the sake of promoting, protecting, and preserving life.*

The position indicated here evokes aspects of Catholic social teaching, in particular the notion of solidarity (and compassion), which, as John Paul II has argued, “is not a feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far. On the contrary, it is a *firm and persevering determination* to commit oneself to the *common good*; that is to say to the good of all and of each individual, because we are *all* really responsible *for all*.”³

Concluding Remarks

To conclude this essay on the ethics of HIV/AIDS prevention, it may be useful to make three salient observations.

First, to the extent that the position advanced in this essay is credible and practical, we should expect Catholic sexual ethics to (a) risk sacrificing some of its disincarnate moral fixations for a context-based approach in view of a radical and preferential solidarity with millions of Africans infected and

affected by AIDS; (b) refocus attention on the protection and preservation of human life construed in its communitarian dimension, and (c) adopt a dialogical and consensus-building (or palaver) stance vis-à-vis concrete realities of life as a fundamental precondition for its teaching on methods of HIV prevention.

Second, this approach does not prescribe a particular course of action. Rather, it argues for a less polemical framework or paradigm for understanding the ethics of HIV prevention. It should create a more conducive and understanding pastoral space for the discussion of controversial issues, like the use of condoms. The ongoing comprehensive review by the Vatican of condom use in HIV prevention may yet facilitate the emergence of a less polemical discourse on the ethics of HIV prevention.

However, it is important to stress that condoms are not the solution to the problem of HIV/AIDS. While they offer an effective, albeit temporary, means for controlling HIV transmission, they do not address the root causes of the disease. As a complex disease, HIV/AIDS exposes inherent deficiencies and lapses in global, continental, regional, and national patterns of socio-economic and political organization. To speak of HIV/AIDS is to implicate a multiplicity of socio-economic and political ills, such as illiteracy, poverty, inadequate or nonexistent healthcare and treatment delivery systems and facilities, gender discrimination, sexual gender-based violence, human rights abuses, and multiple forms of injustice. These ills are not treated by massive distributions of condoms to impoverished African countries — the preferred strategy of many international agencies and non-governmental organizations. The AIDS pandemic delineates a complex reality of which the discourse on the methods of prevention represents one facet. To reduce the problem of HIV/AIDS to only the condom debate amounts to an oversimplification of a complex picture and a grave injustice to millions of people living with AIDS and millions who have already succumbed to this deadly disease.

Third, my position does not prejudice the tradition of Catholic sexual ethics; it is intended to facilitate an open and compassionate reappropriation — in the time of AIDS — of traditional principles of “lesser evil,” “double effect,” “cooperation,” and “tolerance” — principles with a distinguished, if somewhat anguished, history in Catholic moral theology.

The agonizing reality of HIV/AIDS, especially in Africa, points to the need for an “ABC” of moral discourse, comprising: *abstinence* from entrenched positions, *being critically faithful* to longstanding categories of morality, and *consistent and correct use* of African moral traditions of abundant life. The ethics of HIV prevention should neither be so inflexibly attached to orthodox positions as to ignore contemporary realities of life, nor so excessively indifferent to tradition as to offer no meaningful reference point for reflection, action, and judgment. It is a delicate and precarious balance: there are no shortcuts to the top of a palm tree.

Notes

1. Laurenti Magesa, *African Religion: The Moral Traditions of Abundant Life* (Maryknoll, N.Y.: Orbis Books, 1997), 31.
2. Ibid., 31–32.
3. John Paul II, *Sollicitudo rei socialis* (December 30, 1987), 38.

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