

THE CHALLENGE OF AIDS

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IN THIS ARTICLE I WANT TO FOCUS on one particular way in which AIDS presents a challenge to Christians. It is the challenge arising out of the rapid spread of HIV/AIDS among women in developing countries. This is not the only way AIDS challenges us as Christians. In fact, I will be repeating much of what I say in this article in a book (to be published this year) which looks at the challenge of AIDS on a much broader canvas. This is the way the AIDS pandemic challenges Christian sexual ethics to transform itself so that it can become truly 'good news' both for women, helping them to become liberated from the oppression of patriarchal structures, and also for gay and lesbian people, helping them to accept themselves as gift from God and empowering them to celebrate their giftedness in life and love.

Although, theologically, I interpret the challenge of AIDS as God's voice calling us to renewal and to a life more in keeping with our God-given dignity, in no way do I want to suggest that God sent AIDS to present us with this challenge. That would be a blasphemous suggestion. AIDS is a human catastrophe of global magnitude and can rightly be described as one of the major evils of our day. Paradoxically, however, good can come from evil. Just as a fatal air-crash can reveal a dangerous design fault in an aircraft, so I will be arguing in my book that the AIDS pandemic is revealing some major flaws in the social construction of man-woman gender roles, in the ethical evaluation of our sexual relationships and in our global approach to social justice.

I feel diffident in writing about the rapid spread of HIV/AIDS among women in developing countries. This is because I am an outsider in two ways. I am male and I belong to the so-called developed world. However, my presentation is based on listening to the voices of women from developing countries, sometimes through direct conversation and at other times through first-hand CAFOD (Catholic Fund for Overseas Development) reports and other similar writings. This listening experience has convinced me that, if we are prepared to listen to the voices of these women, we will be profoundly challenged by the AIDS pandemic. Facing this challenge will, I believe, be a liberating process for men just as well as for women. The more the importance of the relational dimension of human sexuality is recognized, the more

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important it is for all concerned that gender constructions which distort male-female relationships should be faced up to and transformed.

Women and AIDS

In most developing countries affected by HIV/AIDS a process is going on which can accurately be described as the *feminization* of AIDS. This is similar to, and closely linked with, the 'feminization of poverty'. Moreover, as is the case with the feminization of poverty, children are also involved as victims of this process. As a result of this process, very many women are becoming HIV+ through factors entirely beyond their control or at least due to radically unjust social pressures. Of course, I am not suggesting that men in developing countries are not affected by HIV/AIDS. They certainly are. And cultural, social and economic factors also play a part in the infection of men too. However, that is not the focus of this article.

The 1994 joint UN/WHO report, *Women and AIDS*, presents a very disturbing picture of the rapid spread of HIV infection among women, mainly in the developing countries:

From being almost absent from the AIDS epidemic in the 1980s, women infected with HIV now number more than six million – with another one million women becoming infected this year. By the year 2000, over 13 million women will have been infected and 4 million of them will have died.

Among the factors responsible for this alarming increase, the report highlights two: the sexual subordination of women, and their economic subordination. Although both factors are not found everywhere in the developing world, my listening to women has convinced me that they are very widespread. The authoritative UN/WHO report confirms this impression. The following are some of the ways this two-pronged subordination of women operates.

'Double morality'

In practice, men do not feel themselves bound by the same standards of morality as women. Women are expected to be virgins when they come to be married and, once married, they must be faithful to their husbands. Men, on the other hand, are expected to be sexually experienced when they approach marriage. This experience often comes from their visiting prostitutes, a practice which is regarded as fairly normal and acceptable for many young men. After marriage, if the husband begins to tire of his wife, it is common for him either to seek comfort

from a prostitute or to have a 'minor wife', with or without the consent of his first wife. No such licence is permitted to his wife. As a woman she must remain faithful to her husband. Because her economic and social security may be entirely dependent on him, she may find it less threatening to keep quiet and not complain, rather than challenge her husband and risk his leaving her or putting her out.

The practical effect of this double morality is that it is not uncommon for a woman who has never slept with another man to find herself HIV+ through being infected by her husband. Possibly the first indication she will have of this will be the tragic news that her child has been born HIV+. This news is shattering at a whole variety of levels. Her child's life will almost certainly be short and painful. Her own health and life expectancy is seriously threatened, as is that of her husband. The future of her other children is now put at risk, due to the likelihood of their losing both their parents. And her husband's infidelity to her is now confirmed. Prior to the news of her child's infection, for her to suggest to her husband that they should practise 'safer sex' in order to safeguard her own health as well as for the sake of her children would probably be unthinkable. It would implicitly be challenging her husband's fidelity. It would also be assuming an equality in sexual bargaining power which is completely denied to her as a woman by the 'double morality' ethos.

Sexual subordination of women and the sex industry

The inferior status of women in the eyes of men in general makes the sex industry more socially acceptable, even though this does not imply that women engaged in the sex industry are given any social respect. This again is where the double standard comes in. It is acceptable for men to be customers and buy the services of the women involved. But the prostitutes themselves are said to be living on 'immoral earnings' and, in some countries, are even criminalized. Moreover, the irony is that it is usually men, those who control the sex industry, who benefit financially from prostitution. Most women sex-workers are victims of financial exploitation.

Although prostitutes are sometimes blamed for the spread of AIDS, they themselves will almost invariably have been infected by their male clients. Because of their doubly low status as women and prostitutes, they will rarely be in a position to be able to insist on the use of condoms by their male clients. Consequently, because their trade involves them necessarily in multi-partner sex and because the risk for them is magnified by their biology as (young) women, they are highly

at risk of HIV infection. The tragedy is that many of them will have come into the sex industry out of sheer poverty or, at least, as the only way they can generate sufficient income to care for their dependants. This latter factor is also linked to their sexual subordination, since in many cultures it is the girls in the family who are expected to look after their parents and younger siblings. This burden is further aggravated by the likelihood that they may also have children of their own.

Customs relating to women's sexual activity

At the end of her novel, *Possessing the secret of joy* (Vintage, 1993), Alice Walker mentions that it is estimated that 'from ninety to one hundred million women and girls living today in African, Far Eastern and Middle Eastern countries have been genitally mutilated' (p 266). I am told that female genital mutilation as practised in some parts of Africa yields a total of ten million new cases of mutilation each year! This practice results in the double evil that the woman can now only experience sexual intercourse as a painful, joyless act of assault and the man has to turn what should be an act of love into an act of physical conquest. Moreover, female genital mutilation makes women, especially young women, more at risk of HIV infection for a number of reasons, the main one being the fact that it leaves them with permanent scar tissues which are open to abrasions in the course of sexual activity.

Whenever the HIV virus is widespread in the population, any cultural practices which involve multi-partner sex can only aggravate the situation. In some cultures it is still acceptable for a husband to 'lend' his wife to a guest as a mark of respect, although, thankfully, this practice seems to be dying out. Another 'traditional' custom still found in some countries is wife inheritance in which a wife is 'inherited' by her husband's male next of kin.

Low priority given to women's education

Because of their social subordination, girls are frequently denied the possibility of a full education. It usually falls to them to be responsible for looking after the home and for caring for parents when they fall ill. Even when a girl is given the opportunity of a full education, the sexual subordination of women often results in her being pressurized into having sex with her male teacher or educational official in order to get a credit or to gain entrance into college. Girls denied the opportunity of full education miss the opportunity of developing a critical sense which would enable them to stand back from their culture and tribal customs and evaluate how far these respect their full dignity as women. Hence,

their own personal resources are left undeveloped and so they are more likely to accept their sexual, social and economic subordination simply as part of their lot as women.

A new threat to young girls is appearing on the scene. Men who think they are HIV-negative are approaching younger girls on the assumption that they will be virgins and so free of the virus. This scenario is also coming into the sex industry. Young 'virgins' are in great demand because of their providing an opportunity for safe sex for their male clients. It is reported from certain parts of Burma, for instance, that, unlike the Chinese, parents are rejoicing over the birth of a girl baby. She will be a good source of income when she is old enough to be sold to a brothel in Thailand. The avenues of exploitation which this development opens up are almost unthinkable – yet, tragically, very real in the lives of many young women in some developing countries.

Migration

The sexual subordination of women adds a further danger of HIV infection for women when their husbands, as is frequently the case, are forced to work away from home. This is because many husbands will have few qualms about going with prostitutes while they are away or even having a more stable relationship with a woman in the locality in which they are working. This increases the possibility of husbands bringing back HIV infection to their faithful wives.

Increasingly, too, in some economies in the developing world, women are finding that they need to go abroad as migrant workers in order to support their families or to attain sufficient economic independence to be able to set up home on their own. However, such women often find themselves subject to a system of sexual barter if they are to be able to obtain employment or continue in it. Sexual favours might also be asked in exchange for entry or residence permits, or in order to get transport to their employment.

Listening to the challenge

It is unrealistic and even harmful to suggest that, in many of the situations mentioned above, the only real solution to the AIDS pandemic lies in people living in accordance with the traditional 'faithful to one partner' sexual ethic. As things stand, that offers no help to many of the women we have been considering. For them, what is lacking is the very foundation without which such a sexual ethic is virtually meaningless. As long as their full and equal dignity as women

is not accepted in theory and in practice, many of the norms of this traditional sexual ethic are likely to work against their well-being as women and may even provide the occasion for their becoming infected by HIV. I fail to see how there can be any real alleviation of the plight of women oppressed in these various ways until there is a cultural shift to accepting the full dignity of women and adapting cultural norms so that the relationships of women and men are able to be lived out in true equality and mutuality.

Part of the challenge of AIDS to Christians, therefore, is that we renew our Christian sexual ethics so that it is seen to be 'pro-women' before it is 'pro-marriage'. This means that, to adapt the words of Jesus, marriage is made for women, not women for marriage. Obviously, women are not the only persons whose well-being is involved in marriage. Ultimately, we must say that marriage is made for *persons*, not persons for marriage. However, at this precise point in history, there is a growing awareness that, in many cases, the persons whose well-being is least protected and promoted in marriage are women – particularly wives, but also daughters. That is why, in our day, the principle, 'marriage is made for persons', directs our attention particularly to the plight of the many women for whom marriage is oppressive rather than liberating and fulfilling.

At this point in time, therefore, the goodness of marriage is to be judged by whether it respects the dignity of women and whether it fosters their well-being and human fulfilment. As we have seen, many particular marriages violate these criteria. This is also true of marriage itself, at least in its present institutional form in some cultures. If this is the case, the inculturation of the gospel will necessarily be subversive of the institution of marriage as it exists in that culture. Because cultural injustice is most effectively challenged from within that culture, this subversion will probably be possible only through those women who are themselves sensitive to the injustice operative within their culture. That is why, if the Church is to respond to the challenge of AIDS by working for the cultural integration of the full and equal dignity of women, the best, and perhaps the only, way it can do this is by giving all the support it can to women and women's movements within a culture who are working to bring about this end. Sadly, because most power and decision-making in the Church tends to be mainly in the hands of men, such women and women's groups may well have experienced the Church itself as part of the injustice they are trying to overcome. I heard this complaint voiced by many groups of women I was privileged to listen to in the developing countries I

visited. Where this is the case, the Church must face up to its own internal need for conversion by listening humbly to the experience of these women as they tell it themselves. Enriched by such listening, the Church might be led to adopt different priorities. It might, for instance, become more associated with opposing female genital mutilation than the use of condoms. Such a change of emphasis might offer a much more credible witness to the gospel than our current stance.

The practical recognition of the full and equal dignity of women is not something that women can bring about on their own. It demands a deep conversion of heart and mind on the part of men. It is not fair to pile on to the shoulders of women the enormous task of bringing about such a conversion among men. Men who have been healed of their patriarchal blindness must recognize that they have a special responsibility in this task.

Earlier I mentioned that I felt diffident about writing on this theme because I belong to the so-called developed world. So far I have been locating the causes for the rapid spread of AIDS among women in developing countries in the patriarchal character of many aspects of their cultures. However, I am aware that the roots of some more fundamental causes for this terrible injustice lie in the West rather than in the developing countries themselves. One of the main causes of the rapid spread of AIDS among women in developing countries is the 'feminization of poverty'. Poverty, combined with the women's inferior status in many cultures, makes a deadly mix. It is poverty which drives many women into prostitution or, worse still, leads their parents to sell their young daughters into the sex industry. It is poverty which forces men to leave their wives and families and seek work far from home. It is poverty which causes women, even married women with children, to leave their families in order to find work abroad to support them. It is poverty which is occasioning the breakdown of many local communities and their cultures which, despite their inherent patriarchy, still have certain built-in safeguards to protect the dignity of women. It is poverty which lies behind the gross underfunding of medical services in many developing countries. In some of these countries, for instance, the health service lacks the funding to test all blood supplies used in transfusions. This means that, in practice, the right to infection-free blood is non-existent for women in these countries. This same poverty factor can also render meaningless the right of these women to adequate health care once they become HIV+.

Against this scenario of the feminization of AIDS, there seems to be a clear link between the underlying causes of AIDS as it affects these

women and our western world. One of the reasons why the Vatican objected to the phrase 'structural sin' in some liberation theologians was because it seemed to suggest that there can be 'sin' without any persons actually being responsible for it. In response to that objection, some theologians now prefer to speak of 'collaborative sin' or 'sin by collusion'. It would seem justifiable to use the term 'collaborative sin' to describe the relationship between the West and AIDS in the developing world. In other words, we in the West are co-responsible for some of the causes facilitating the rapid spread of AIDS in the developing world. The obvious example is the direct linkage between the foundations of western prosperity and the poverty of some countries in the developing world – even though the phenomenon of 'globalization' is beginning to make the expression 'western prosperity' slightly anachronistic.

The purpose of this article is not to manufacture guilt feelings but to raise awareness. Unhealthy guilt can be paralyzing. Awareness can motivate us to action. My association with the CAFOD AIDS department has opened my eyes to the wonderful ways Christians on the ground in many countries in the developing world have responded to the challenge of AIDS. This is particularly the case in sub-Saharan Africa, but it is also true in Asia and Latin America. It has involved them in four different but interrelated levels of AIDS work: education for AIDS prevention by raising awareness and encouraging behaviour change; preventative health care (testing the blood supply, clean needles etc.); caring for the medical, physical and social needs of those living with AIDS; helping children who have become orphans through AIDS.

This inspired and heroic response of these Christians in developing countries to the challenge of AIDS demands a similarly inspired and heroic response from their fellow Christians in the so-called developed world. I would suggest that, over and above our financial support for their work (probably most effectively channelled through CAFOD), there are three specific challenges coming to us from the AIDS pandemic. These challenges are redemptive and life-giving since they force our society to face up to its need for a triple conversion. They are the challenge to reform our current world order so that it promotes economic justice for all; to dismantle patriarchy; and to formulate a more positive and inclusive person-respecting sexual ethic. As individual Christians, we can easily feel helpless in the face of these challenges. However, by definition Christians are not just individuals. We are community people.

A furore was caused at a Vatican conference on AIDS some years ago when a priest who was HIV+ strode up to the front of the hall carrying a poster bearing the words, 'The church has AIDS'. He was hurriedly ushered out of the conference hall, though he was welcomed back later in the week. Theologically, it is true to say that the Church has AIDS. However, to my mind, what is of even greater theological significance is that our human family, God's family, has AIDS. In virtue of our belief in the incarnation it is even true to say that Christ has AIDS.

The faith we share in our Christian community teaches us that we must face our responsibilities in the wider human communities to which we also belong. Perhaps something all of us can do, each in our own modest way, is to play our part in making sure that these three challenges are high on the agenda of our churches and of our wider society.

If we begin to accept these challenges, our churches and our society will be on the road to becoming much healthier morally as well as physically. We will become a world 'living positively with AIDS'.

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