



## **MMS Bulletin #101**

*Jugend, Lebensperspektiven und HIV-Prävention*

---

# **Youth, HIV/AIDS prevention, and the Church Choose life!**

Von Kevin Dowling

*The Church needs – in terms of its Gospel call and mission – to address the situation of young people in particular as part of its overall response to this pandemic. The objective in whatever the Church offers as a response to young people must be to enable and empower young people to choose life.*

*“If I have killed the snake (the woman), I will not keep on biting it. I must look for another live snake and kill that one too. That is why a man will strip the shack. His female partner is no longer a live snake and is of no use to him.”*

What a startling response to a question in a research project in one of many “informal settlements” (very poor settlements of rusted zinc shacks), just a few kilometres from where I live in the Diocese of Rustenburg, South Africa. The question put to man was this: When a woman finds out that she is HIV positive and tells her male partner, why does he strip the house and leaves her destitute? That was his answer.

Another man answered this way: *“If a woman is HIV positive, it was the woman’s fault for playing around with other men, and she was being punished for being unfaithful.”*

Responses which indicate attitudes and socio-cultural beliefs and practices in severe situations of poverty – all of which contribute to the spread of the AIDS pandemic in sub-Saharan Africa, and among young people (the 15-35 age-group) who are most at risk.

## **Constructions of love, intercourse and entitlement**

A study conducted among Xhosa-speaking adolescent women in South Africa (1) revealed that men use violent and coercive practices to dominate their sexual relationships through certain constructions of love, intercourse and entitlement to which the teenage girls are expected to submit. The legitimacy of these coercive sexual experiences was reinforced by female peers

who indicated that silence and submission were the appropriate response. The teenagers said they did not terminate the relationships because of fear of being beaten, and that they thought that men loved them because they gave them gifts of money and clothing.

In another study, Professor L.N. Maqubela (2) examined the gender stereotypical notions of the African women in South Africa. Maqubela confirms that traditional customs favour male dominance over females. He remarked that this superiority of the male and the inferiority of the female is reflected in everyday speech, e.g. in the proverbs of the languages. He also stated that the language used by men reveals not only the male attitudes, fears and prejudices concerning the female sex, but also perpetuates and contributes to gender inequality. He added that the silent, submissive type of woman is highly recommended in African families. A woman must endure the pain of physical and emotional abuse inflicted upon her by her husband and in-laws.

I have used these findings as a background to the theme of this article, not in any way to belittle African culture in itself. On the contrary – in the South African traditional *ubuntu* cultural values, one will find a great convergence with many Gospel values. The purpose is to highlight that, as in every single culture, there are also oppressive attitudes and norms which diminish and can even destroy the dignity of people, especially the vulnerable in society. And that is what makes the HIV/AIDS pandemic so dangerous and so difficult to deal with – especially in terms of young people who are influenced by so many peer pressures and cultural expectations.

## **Choose a humble, listening, and searching attitude**

It is imperative, therefore, that the Church – in terms of its Gospel call and mission – needs to address the situation of young people in particular as part of its overall response to this pandemic. I think that Church leadership in particular must choose as its starting point a humble, listening, and searching attitude through which to initiate and continue a relationship of respectful dialogue with young people.

Young people have their own expectations of Church, and this may differ in various countries. But I think young people in general have clear ideas about what they would say to the Church. They need a Church which is a community where they feel they can be themselves; a safe place where they can express themselves, their needs and experiences in an atmosphere where they will not be judged; a place where they can bring their search for meaning and hope and find relevant responses which enable them to grow as people, to grow in self-belief, to become involved in what will give meaning to their life and the life of others; a place where their problems and difficulties will be listened to, accepted, and where they will not necessarily find all the answers, but will find acceptance and support.

And the objective in whatever the Church offers as a response to young people must be to enable and empower young people to choose life; to walk with young people so that they are able to reflect positively on their lives, their personhood and dignity, their dreams and hopes, their attitudes and choices regarding their behaviour patterns, and their sense of responsibility for themselves and their relationships with others. And in regard to the AIDS pandemic, their sense of personal responsibility in terms of their use of their gift of sexuality.

## Injustice cries to heaven

The theme of this bulletin - Youth, life perspectives and HIV/AIDS Prevention - is very complex and demanding. It is one thing to discuss this in the socio-economic-cultural-political context of the developed world. It is quite another matter to consider this challenge in the situation of extreme poverty and marginalisation as obtains in sub-Saharan Africa and other countries of the Third World. Nobody is safe. Anyone, no matter who they are or where they live, can be infected with this virus. It knows no boundaries in terms of race, culture, religion, social status, or whatever. However, it has to be asked: why does this virus go primarily to the poor and vulnerable in our world? Why is it that of the 40 million infected with this virus in the world, about 30 million of them live in sub-Saharan Africa? Is this a particularly “African” disease?

Of course not! However, the virus will seek out the poor and vulnerable of our world because the conditions of extreme poverty, malnourishment, lack of proper sanitation and clean water etc., are the fertile ground both for the spread of the virus and for the quick progression from being HIV positive to AIDS and a very miserable death - for millions! In the developed world the HI virus and AIDS has become a manageable disease – why? Because those infected have easy access to powerful anti-retroviral drugs, to clean water, to healthy food, to positive living conditions and all the rest. This means that they can live productively for many, many years. For the poor of the world, there is no such hope. In the shack settlements where I minister with my team, a child who is born HIV positive will be dead within 18 months. This is quite simply an injustice on a massive scale which cries to heaven for an answer.

We as the Catholic Church have a wonderful and powerful set of values: the Gospel and Catholic Social Teaching, with some of its principles being: solidarity, the primacy of the poor, the common good. These values are central to the objective of building a global community of solidarity and sharing. And until we have such a global community, the HIV/AIDS pandemic will continue to decimate the populations of the poorest and most vulnerable communities on our planet.

However, values have to be translated into concrete advocacy positions in the quest for justice for the poorest in our world. Why is it that so many African countries are trapped in grinding poverty – which as I indicated feeds the AIDS pandemic. It is because of the global political and economic system which renders poor countries incapable of finding a way forward.

The Catholic Church is widely known for its wonderful caring programmes and response to HIV/AIDS. But if the pandemic is to be turned around the major focus, in addition to sustaining these caring programmes, must be on prevention strategies and behaviour-modification, especially among young people. However, it is of little use to simply pronounce moral injunctions about what young people should or should not do. If we are to move young people towards life-giving choices for themselves and others, then we have to offer them realistic and challenging alternatives, and then the support to live out those alternatives.

We need to start where they are and then offer them a process through which full, accurate and non-judgemental information about every aspect of the HIV/AIDS pandemic and prevention can be communicated to them and understood by them. This can and should be done through peer ministry, ministry by trained and motivated young people among their peers. Hopefully, they can then be empowered to reflect on their behaviour patterns, their choices, their understanding of sexuality in the light of the HI virus, and what they need to do both to protect themselves from infection and from infecting others through irresponsible sexual activity.

Such programmes do exist in the Church in Africa and can be offered to others. For example, the “Education for Life” and “Youth Alive” programmes – a five-day process in which young people are taken through three stages of reflection and decision-making. The first stage looks at their life as it is now, their choices, values, and how they see themselves in relation to others. The second phase leads them to a critique of their style of life, behaviour patterns and choices, and the effects of these. The third phase is designed to enable them to make conscious decisions about what they need to do or to change, to motivate them to decide on those changes, and then to go out and act upon their decisions. They are invited to meet regularly in “Youth Alive” clubs – a support structure to help them stay with the journey and to continue choosing what is life-giving.

## Spell A, B, C, D

The tertiary level Catholic students at universities in South Africa designed the “ABCD” programme – a much more comprehensive approach to the traditional “ABC” method favoured by many governments. Again, this is a peer process in which students are asked to reflect upon themselves, their life, their sexuality and all they do, but in a holistic way – in the context of their relationship to self, to culture, to God, to creation, to people - and then, to look at the choices they are going to make.

- **“A” means:** ABSTAIN from everything that is not life-giving; from crime, corruption, substance abuse, littering, vandalism, irresponsible sexual behaviour etc.
- **“B” means:** BE FAITHFUL to yourself, your body, your family, your friends and your community.
- **“C” means:** CHANGE YOUR LIFESTYLE (if need be or you could in danger) by: making conscious choices, developing your conscience, living your positive cultural values, experiencing a culture of love, etc.

- **“D” means:** DANGER (of not living your life to the fullest – John 10:10) of: becoming a criminal, or a drug addict, spoiling the environment, or contracting HIV/AIDS.

Programmes such as these will hopefully support and enable young people and young adults to make responsible and life-giving choices concerning their lives and their use of the gift of sexuality, in order to live and relate responsibly to self, to others, to the environment.

We have not yet been able to do any kind of scientific research on how effective these programmes are, and if young people remain faithful to their choices and the change of behaviour they have decided upon.

Another challenge remains: how do we counsel people, what do we say to those who decide not to live according to the values of abstinence before marriage, and faithfulness to a single partner within marriage as the only foolproof way of avoiding this infection? And what about the hundreds of thousands of extremely poor and vulnerable women who do not have jobs and are forced into “survival sex” – forced into sexual liaisons with men who will pay them for sex which will enable them to survive for another 48 hours?

The challenge is indeed great, but the Church has a unique opportunity to make a significant contribution to both care and prevention programmes – the only way we will, in the end, move towards overcoming the effects of this pandemic.

*\* Bishop Kevin Dowling of Rustenburg, South Africa, has become a "leading opponent" of the Catholic Church's ban on the use of condoms to prevent the spread of HIV. After witnessing the suffering of the AIDS patients in the health clinic run by the church, he became the first African Bishop to call on the church to lift its absolute ban of condom use: "The use of condom can be seen ... as a means to prevent the 'transmission of death' to another." Contact: diocrust@mweb.co.za*

#### **Notes:**

1. Wood, K., Maforah, F. et al (1998), “He forced me to love him”’: putting violence on the adolescent sexual health agenda. *Social Science and Medicine* 1998; 47:233-242.

2. Maqubela, L.N., Redressing patriarchy and sexism in African Lore – RAU Sociology Seminar 2002/2, <http://general.rau.ac.za/sociology/Maquebela&Malatjie.PDF>

## **Kontakt**

**Deutschschweiz**

**Suisse romande**

**Suisse romande**

Medicus Mundi Schweiz  
Murbacherstrasse 34  
CH-4056 Basel  
Tel. +41 61 383 18 10  
info@medicusmundi.ch

**Suisse romande**

Route de Ferney 150  
CP 2100  
CH-1211 Genève 2  
Tél. +41 22 920 08 08  
contact@medicusmundi.ch