Is the Use of the Rubber as a Preventive Measure to the Spread of HIV/AIDS Morally Justifiable? Ethical Reflections on the Controversy

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Is the Use of the Rubber as a Preventive Measure to the Spread of HIV/AIDS Morally Justifiable? Ethical Reflections on the Controversy

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Sammanfattning
Since the Human Immunodeficiency Virus (HIV) that causes Acquired Immune Deficiency Syndrome (AIDS) was discovered in the 1980s, the condom has scientifically proven to be the only technological device that can prevent transmission of the virus during sexual intercourse. This technical approach to the HIV has strongly emphasized that prevention is only possible if the condom is properly used. However, as a technological artifact the condom has shown that its use is laden with values. The question of values on condoms has brought in a heated debate on the moral justifications of its use. In Malawi, just as in other African countries, the Faith Community has rejected the Government's plea to promote condoms as the preventive measure against the virus. The Faith Community has emphasized on abstinence and mutual faithfulness as the only reliable means to the prevention of HIV/AIDS. The main argument from the Faith Community is that condoms promote promiscuity. Nevertheless, the Government agrees with the Faith Community on abstinence and mutual faithfulness, but still insists on condom use as a preventive measure against the virus. The Government argues that the condom is the only proven technical approach to the HIV prevention and therefore it should be promoted. The main purpose of this study is to attempt an ethical analysis of the arguments for and against condom use as the preventive measure against HIV. In this case, the study tries to analyse the Government and Faith Community stands on condoms. In relation to the arguments for and against condom use, the study also touches such areas as: the concept of rights and condom use, ethics of condom advertisement, African cultural values versus condom use and the implications of condom use on behaviour change. From the study, it has been argued that condoms should be promoted. The argument comes from that understanding that AIDS has plundered Africa than any war or disease in human history, and therefore, it needs to be stopped. In this case, such theories as, Utility, Love, Autonomy, Rights and umunthu moral conscience have been used to support the argument.

Nyckelord
HIV/AIDS, Condom Use, Ethoscentric, Stigma, Natural Law, Faith Based Organisations (FBOs), Moral Theology, Afro-gnosis, Utility, Ethics of umunthu, Rights, Principle of Love, Sin
# Table of Contents

Acknowledgements .......................................................................................................................... 3  
HIV/AIDS: A Menace to Human Dignity ......................................................................................... 4  
Aims of This Study ......................................................................................................................... 5  
Ethical Problem Analysis ............................................................................................................. 6  
  1. Problem identification ............................................................................................................. 6  
  2. Cause identification ................................................................................................................ 6  
  3. Effects identification .............................................................................................................. 6  
  1. Addressing the issues .............................................................................................................. 7  
Research Methodology .............................................................................................................. 7  
An Introduction to the Condom Debate ......................................................................................... 7  
  An attempt to know the condom: A brief history and definitions ............................................. 10  
The Government Stand on Condoms and the Basis of the Stand ............................................. 12  
  The Government position on condoms in relation to the study of ethics and the implications that may follow. ................................................................. 13  
  The FBOs’ Stand on Condoms and the Basis of Their Stand ...................................................... 19  
  The relationship between the FBOs’ position and the study of ethics on condom use, and the implications that may follow ................................................................. 20  
    A. Afro-gnosis Stand ................................................................................................................. 20  
    B. The Gemeinde Zinaa Teologie ............................................................................................ 22  
    C. Contextualized Western Moral Theology ............................................................................ 23  
A Critical Analysis of the Arguments for and Against Condom Use in the Face of the AIDS Epidemic .................................................................................................................. 27  
  Is the FBOs’ position morally justifiable? .................................................................................. 28  
  Are issues about safe sex immoral? ............................................................................................ 29  
  Is AIDS a punishment from God, the gods or the azimu? ......................................................... 31  
  Denial of condoms is it ‘Theologia Genitalia’ or the ‘Theology of Otherness’? ......................... 36  
  Does the Biblical passage on Onan refer to the moral question of condom use in the fight against AIDS? An attempt to exegete (Genesis 38:8–10) ......................................................... 39  
  Are condoms morally neutral? ................................................................................................ 42  
The Concept of Rights and Condom Use Among the Youth: Is the Right to Use Condoms an Absolute Right? ............................................................................................................... 45  
Condoms: A Sign of Crisis in Our Cultural Values? .................................................................... 53  
Implications of Condom Use on Behaviour Change .................................................................... 58  
Conclusion .................................................................................................................................. 61  
Bibliography ............................................................................................................................... 64
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HIV/AIDS: A Menace to Human Dignity

AIDS has taciturnly terrorized Africa than any other war or disease in the human history. The UNAIDS organization estimates that worldwide, 36.1 million people are living with HIV/AIDS, and 22 million have since died of AIDS since early eighties. 34 million people in Sub-Saharan Africa have been infected with HIV, and eleven and a half million of these people have already died. One quarter of the 11.5 million people were children. Seven out of ten newly infected people live in Sub-Saharan Africa. Among them are children under the age of 15 whom 9 out of 19 are proportionally infected. Of all AIDS death since the epidemic started, 83% have been in Africa. AIDS is responsible for an estimated 2 million funerals in Africa. No country in Africa has escaped this virus that has spread so rapidly like fierce bush fires. In countries like South Africa, Malawi, Mozambique, Rwanda and Zambia, between 1 out of 7 and 1 out of 9 adults live with HIV infection. Unfortunately for poor Africa, there is still a thick bush not yet consumed by this fire of AIDS, to make matters even worse, there are still no reliable extinguishers to stop the fire.

AIDS has tragically traumatized humanity and has forced all of us to ask ourselves what it really means to be human.1 This epidemic poses as a serious threat to economic development, by reducing growth, weakening governance, destroying human capital, discouraging investment and eroding productivity. AIDS also undermines the worlds’ efforts to reduce poverty and improve living standards. At global level, HIV/AIDS has come out as a major threat to both human and national security, so much so that it has become a concern for the United Nations Security Council. In Less Developed Countries (LDCs), like Malawi, continued links between rural and urban areas through improved communication networks, trade and migration have caused HIV prevalence rates to rise rapidly in rural areas. Young people are at the center of the HIV/AIDS epidemic and also gender inequalities are a major driving force behind the AIDS epidemic. By killing people at in their most productive years, it increases poverty, reverses progress in education, lowers labour productivity, threatens food security and slows economic growth. These setbacks, in turn, fuel the epidemic and undermine prevention and treatment efforts.2

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Aims of This Study

The topic above suggests that this project would like to contribute a discussion on one of the major ethical debates related to HIV/AIDS. The basic assumption in this project of study is that, the problem of HIV/AIDS has brought tremendous changes to Africa and rest of the world. The study follows the idea that Africa’s development goals would remain an “impossible hope” until the threat of HIV/AIDS is properly addressed. For this reason, AIDS is therefore a threat to global development and international stability.

The HIV/AIDS crisis calls us all to reflect on who we are, and how we are to respond to the urgent needs that the epidemic has brought to the global village. In this case, HIV/AIDS has posed numerous ethical questions. These questions need serious considerations so that the spread of the disease may be stopped. One of these questions centers on the moral justifications of condom use as a preventive measure to the spread of HIV/AIDS. Therefore, this study would like to analyze and also come up with some of the ethical reflections on the condom controversy between Faith Based Organizations (FBOs), on one hand,

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3 See the article in the “The Nation Newspaper”, 26 June 2002. entitled “UN criticizes Nepad on HIV/AIDS emphasis”, The paper quoted Stephen Lewis, the UN special envoy for HIV/AIDS, who by then was criticizing the New Partnership for Africa’s Development (Nepad) for its modest references to HIV/AIDS. He is quoted as saying, “How can you talk about the future of sub-Saharan Africa without AIDS at the heart of the analysis?” p7.
See also, John Norton, AIDS in Africa, 4/18/1999, Our Sunday Visitor: Webmaster@osv.com, Norton in his opening statement quotes one of the top Vatican officials who describes AIDS as the ‘evil of the century’.
See also, the Text prepared by the Interagency Coalition on AIDS and Development-Ottawa 2001, entitled ‘AIDS as a Development Issue’, the text quotes Tony Klouda ‘AIDS Analysis 1995 at 1’. Klouda is quoted as saying, “AIDS is a symptom of underdevelopment. It shows up where health services are weak, where women’s position is weak, where employment opportunities are limited. Unless you deal with those conditions, you won’t make a substantial difference in terms of HIV reduction” p3. In light of this, this project sees AIDS as a present and clear danger to progress in Africa. And also sees the condom controversy (being at the heart of AIDS debates in Africa) as a health issue that is directly related to the spread of HIV and its effects on the development of Africa.
See also the National AIDS Commission, Malawi National HIV/AIDS Policy, Lilongwe: NAC, 2003. The policy suggests that HIV/AIDS is a development issue as it is fuelled by political, social and economic conditions in society, which in turn are aggravated by HIV/AIDS.

See also Sanvee Kokoe Joseph, Akolatse Yao Agapit, Tatagan-Agbi Komla, Churches and the HIV/AIDS Pandemic: Analysis of the situation in 10 West/Central African Countries, World Council of Churches World Alliance of YMCAs, March 2001. The document points out that AIDS, “poses several related questions which are far from being purely medical or clinical. These questions concern cultural ethical practice, socioeconomic conditions of life, social roles of men and women, sexuality, taboos, forbidden practices and other social justice factors. This implies that the AIDS problem must be tackled from different angles: namely, those of science, economics, demographies, ethics and religion.” p2. This paper would like to centre its discussion on social ethics and religion.
and the Government of Malawi (together with other stakeholders) on the other. The project will attempt to expose why the controversy is a threat to the unified fight against the disease. In the final analysis, practical ethical solutions to the problems that have been identified in the course of the project will also be suggested.

The study focuses on Malawi as a case study, but it also aware that the condom problem has been universal. For this reason, references will be made on how the condom controversy has been taking shape in other countries. It is hoped that the discussions in this project will play a part and help in the fight against HIV/AIDS in our global village.

**Ethical Problem Analysis**

In order to achieve the aims of this project a problem analysis will be carried out as a criterion of mapping out the major areas of the condom debate. There will be four major areas in the problem analysis that will be emphasized and these will be as follows:

1. **Problem identification**
   In the problem identification, we will be asking ourselves such questions as, what is/are the major ethical problem(s) in the condom controversy (especially in the fight against HIV/AIDS)? What are the problems in the condom debate that may affect a unified fight against the epidemic? What are (have been) the ethical implications to the problem(s)? What could be the advantages and disadvantages of these ethical problems to a dignified human existence?

2. **Cause identification**
   After we have identified the problem(s) we will be asking ourselves the question-why? Why are we having this 'condom thing' as a moral problem? What might have been the causes of the problem? What are the ethical implications that have followed due to the causes of the problem? What are the advantages and disadvantages of these causes to human healthy living?

3. **Effects identification**
   What have been the major effects of the problem to the FBOs, the Government, and to the society as a whole? What could be the ethical considerations to the effects of the problem? What are the advantages and disadvantages of these effects to human dignity?

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5 FBOs are also referred to as Faith Communities in Malawi. Most of these stakeholders are like; the secular media, the manufacturing and marketing companies and the Non-governmental Organizations (NGOs), for example, the Population Services International (PSI) that imports and distributes the “Chishango Condoms”, *Chishango* is a local term which means a ‘shield’ in English.
1. Addressing the issues

The problem has now been identified, and the causes together with their effects have been known, what will be the way forward? The question to be discussed in this final analysis is on applied ethics—how can the stakeholders (in the problem analyzed) are to address the problem, and come up with practical solutions.

Research Methodology

The research material in this project has been gathered through primary and secondary materials. Primary materials included random interviews in and around Blantyre City. Those interviewed included Religious leaders, Sexual-workers, Orphans, Widows, the Aged that are caring for orphans, Child-headed household members and the Youth aged between 15-24 years of age. The research also involved listening to local Radio stations and the Television Malawi HIV/AIDS Awareness Programmes. Research assistants were students from Evangelical Bible College of Malawi. Blantyre City was chosen as the research center because it is a commercial city of Malawi, and therefore it has a better representation of all tribes found in Malawi.

Since the research focuses on practical ethics, the secondary material anchors the major part of this project. However, in order to grasp what is on the ground, primary research was important in coming up with a contextualized argument on the moral implications of condom use in Malawi. Some of the secondary material included, Medical and Theological Journals, Theological and Medical books, various articles on HIV/AIDS and Ethics, Internet webpages on HIV/AIDS, (like the UNIAIDS, USAID, Malawi National AIDS Commission, FBOs working in the area of HIV/AIDS Websites). In addition to these, University research papers on HIV/AIDS, and daily newspapers articles on HIV/AIDS from Zambia and Malawi were used.

An Introduction to the Condom Debate

“A Policeman raped me. I was bleeding profusely from the mouth and nose. I was beaten severely and was helpless. He raped me twice without a condom and damped me in the middle of the night. I am scared I might have contracted HIV or may be I can become pregnant.”6…“There is no disease called AIDS in the country as government and other people claim. What we have is a plague. God is very angry with what we are doing. You won’t tell me that people were not dying in the past? What killed them? Was there

6 Weekend Nation, 15-16 February 2003. “Policeman raped me, he did not use a condom”, newspaper article as reported by, Peter Makossah., p5.
AIDS at that time?”7…“The worrisome and dangerous thing is that some of these men sleep with the prostitutes without using condoms.”8…“Mang’omba is HIV+ but his two wives are not…Luckily for Mang’omba his wives still love him and have agreed to use condoms to avoid transmission.”9…“Population Services International (PSI) on Monday night re-launched the Chishango condoms brand in a discreet new packet with a quality control seal and showing a picture of a half-naked woman.”10…“To most people, it is crystal clear that PSI did not consider our cultural norms and family values when designing the face of the new condom…we will not applaud PSI when it comes up with pornographic material…material that is predominantly sexually explicit advert intended primarily for the purpose of sexual arousal.”11…“The problem is that God Himself did not create condoms. It is not His will that man should wear condoms whenever he wants to have sex with his wife. It (condom) came because of HIV/AIDS phenomenon…I feel guilty to wear a condom. I lack peace of mind. The use of condoms, in my view, is sex perversion. In the Bible, sex perversion is evil. It is an abomination before the Lord…It seems difficult to come up with a clear-cut conclusion on the issue as sacred books-Bible and Qur’an, or even Gita-are silent on condom use”12…“The Church should emphasize behavioural change abstinance and marital faithfulness in the fight against AIDS”13…“The present campaign by most non-religious groups promotes condoms as though they were completely effective. It gives a false sense of security and it spreads the idea that promiscuity is normal.”14…"a born-again boy was having sex with his boss’s daughter in the name of the Almighty…”15…“The war waged by the churches was not on the ‘nude advert’. Catholics are generally against the use of condoms…Christians should revisit their stance on condoms other than stigmatise…a person should have the right to choose between using a condom or abstaining”16…“people contract the deadly virus because they have no regard for God and His commandments…unless people grow godly virtues the battle against the pandemic…cannot be

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7 The Nation, 28 February 2003, “No aids in Malawi-Village headman”, This was a statement made by Village Headman Makunganya from Chief Mponda’s area in Mangochi, to a group of Journalists. Reported by Peter Makossah., p5.
9 The Nation, 10 December 2002, A rare case? Stigma and discrimination are big enemies to prevention (of HIV) and care of patients”, newspaper article by George Ntonya., p13.
12 Weekend Nation, 8-9 June 2002, Should married couples adopt birth-controls? Condom divides faith groups, Newspaper article as reported by Herbert Piriminta., p12.
13 Weekend Nation, 9-10 March 2002, Church-Govt to fight AIDS, Reported by Mana., p11.
15 The Nation, 29-30 March 2003, Christianity vs Morality, Newspaper article by unamed Journalist., p12.
won”17…”Young girls are getting pregnant, people are having unprotected sex when they have the virus”18…”In Africa, some Priests seeking partners free of HIV/AIDS have sexually exploited Nuns”19

HIV/AIDS has been known in Malawi as a disease that is spread through sexual intercourse between male and female. In relation to this, the above quotations give us a glimpse of the scenario in which the condom debate in Malawi exists. Unlike in the past when the debate was only centred on the moral question of condom use as a contraceptive measure, the postmodern debate has increasingly centred on its ability to prevent transmission of the Human Immunodeficiency Virus (HIV) and the moral consequences that may follow.

Reading through the quotations above, we can observe that there is a dichotomy of ethical issues surrounding the HIV/AIDS and the condom. Some of these dual ethical issues are in such areas as: the abuse of human rights versus respect for human rights, helplessness and despair versus empowerment and courage, tolerance versus intolerance, cultural norms versus postmodern marketing (business) ethics, peace of mind versus guilty conscience, religious groups conceptions of right and wrong versus the one from non-religious groups, theological beliefs versus scientific facts, psychological warfare versus spiritual warfare, the will of God versus the will of human beings, hypocrisy versus the reality on the ground and so on and so forth.

To make matters even worse, stigma is attached to each of these above ethical dichotomies, so much so that, it has been difficult to discuss the issues in open. This has been due to the taboos affixed to sexual issues in Africa. However, when we read or hear such stories as above, we still ask ourselves that brain testing question in its various forms: Is it really right for people to use condoms in order to protect themselves from the virus? Or, should we trust the rubber or the human beings to stop the virus? Or, should we leave the responsibility of stopping the virus to the rubber or to human beings? Or, who has the capability to stop the virus, the human beings or the rubber? Or, should we follow what the government is stating or what the FBOs are preaching on condom use? The way we would answer this multifaceted question will be the way we would frame our ideology on the use of condoms.

17 The Nation, 29-30 March 2003, PCM to heal souls, Newspaper article by Bright Kumwenda quoting a Pastor from Blantyre., p13.
18 The Nation, 29-30 March 2003, Grooming future leaders, Newspaper article by Francis Tayanjah-Phiri who was talking to a 16 year old child MP by the name of Tereza Mseche., p13.
19 “A Call to Accountability: End Sexual Violence Against Catholic Sisters-In Religious Life and in the World Community” a web article by the Call to Accountability Campaign-Women’s Ordination Conference-8th Day Centre for Justice. In its opening statement the article states that, ‘we are deeply troubled and saddened by recent reports published in the Nation Catholic Reporter of March 16, 2001, of the sexual harassment, exploitation and even rape of Roman Catholic nuns by Priests…’ The article also says that some of these Priests have actually transmitted HIV to the nuns or made them pregnant.
As noted above, the condom debate in Malawi has been between the FBOs and the Government. In this debate most of the FBOs have strongly preached against condoms, but they have promoted abstinence and marital faithfulness. While accepting the FBOs stand, the Government and other non-religious groups have also encouraged the use of condoms—their stand has been ‘Abstain, Be faithful or use a condom (ABC)’. However, it seems that both sides have mutually agreed to disagree on the use of condoms as a preventive measure against HIV/AIDS. And this is where the unified fight against the epidemic is at stake.

Looking at the two positions one wonder, and ask himself/herself: who is right? At this juncture, the two positions put our minds at a crossroad. While standing at the crossroad this question would logically invite a series of other difficult questions, such as: What shall I do? Which is the right way to take? What is safer-why and how could it be safe? What can I do in real practical situations? What is the right action when I want to perform a sexual act? As noted above, was the Policeman supposed to use a condom? What were the rights of the woman? Is the FBOs' stand practical (especially in the AIDS situation)? Are condom adverts designed with ethical considerations in mind? Are condom adverts well designed so that they can help people to make informed choices? What are my/our rights to a healthy life/living? What would be the influence of Bantu ethics on the condom controversy? What could be the implications of the condom debate to the spread of the virus?

In order to achieve the aims of this project, the following sections will discuss these ethical questions at a broader level. We will first try to understand what a condom is, then, we will look into the two sides of the debate. Having observed the two sides of the debate, we will analyse them in light of ethical principles, and finally we will present some suggestions on what should be done.

An attempt to know the condom: A brief history and definitions
Wearing of penile sheaths from different substances such as linen, gourds, tortoiseshell, leather, silk, oiled paper and animal intestine has been known in many people groups from the past. The oldest illustration of a condom was found in Egypt and it has been speculated that around 1000 BC the ancient Egyptians used a linen sheath for protection against disease. Some time later the Romans are said to have been making condoms from the muscle tissue of warriors they defeated in battle.20

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20 For further information see the article by Lesley A. Hall on condoms in the Oxford Companion to the Body, Oxford University Press. 2000.
There are several theories on how the name condom came about. One theory is that ‘Dr Condom’ supplied King Charles II of England with animal tissue sheaths to keep him from fathering unwanted pregnancies and from catching sexually transmitted diseases from prostitutes. Another theory is that word 'condom' comes from a person known as, ‘Dr Condom’ or ‘Colonel Cundum’. Nevertheless, the term ‘condom’ is probably derived from Latin “condus” meaning ‘receptable’.

The Oxford Advanced Learners Dictionary defines a condom as a sheath, or a rubber contraceptive that is worn on the penis during sex.\(^\text{21}\) The dictionary excludes the idea of women condoms that have also become popular recently. A condom is therefore a thin rubber tube that acts as a mechanical barrier, between the woman and the man when they are in physical penetrative sexual contact. To some religious leaders condoms are ‘immoral and misguided weapon’\(^\text{22}\) against AIDS. In Malawi the term ‘condom’ is translated directly, as ‘kondomu’ or sometimes as ‘mpira wa a Bambo’ literally meaning ‘a rubber for men'. For most Malawians ‘kondomu’, is generally a hidden and bad thing that is not supposed to be talked openly and freely.\(^\text{23}\)

Although research has shown that the use of condoms is highly effective in preventing unwanted pregnancy and sexually transmitted diseases including the HIV-virus,\(^\text{24}\) there has been a general stigma against them. The rising number of HIV/AIDS cases in Africa might be an indication that most people do not use them. If this is the case, then we have a problem. Despite the HIV/AIDS knowledge, high infection rate in Malawi and the whole sub-saharan region might indicate that people practice risky sexual behaviour. There has been intensive civic education on HIV/AIDS and condoms. However, although sexually active people know that condoms can prevent infection, the statistics on AIDS would lead us to


\(^{23}\) There is a saying in our local language, Chewa, that “zakuchipinda sawulura” literally meaning that “what happens in the bedroom is secret-not to be revealed’. Sexual issues in Africa are a taboo. This is also why there is strong stigma around condoms issues. Several ideas on what a condom is were collected around Blantyre during the time of research.

\(^{24}\) Studies have been done using couples that have one person who is infected with HIV. The couples who have one couple HIV positive and the other HIV negative, are called ‘discordant couples’. In a study of discordant couples in Europe, among 123 couples who reported consistent condom use, none of the uninfected partners became infected. In contrast to this, among 122 couples who used condoms inconsistently, 12 of the uninfected partner became infected. See, De Vincenzi I. “A Longitudinal study of Human Immunodeficiency Virus Transmission by Heterosexual Partners”, New England Journal of Medicine, 1994; 331:341-346. See also Uganda’s success story on condoms in “World Pulse, July 6, 2001”. In this Magazine, Aggrey Mugisha, has presented an article entitled, “Fighting AIDS with Christ’s Love”, in the article he is asking “what brought about Uganda’s turnaround from a hopeless cause to becoming Africa’s only nation with a decreasing AIDS rate? Part of the answer he gives is that the government and the churches allied strategically against the disease, condoms and moral change through ethical renewal and a return to biblical values was emphasized. See also the success story of the 100% condom program in Thailand, in the New England Journey of Medicine 335:297.303, Curtis O. Byn, Louis W. Shainberg, Grace Galliano “Dimensions of Human Sexuality”, 5th Edition, London: McGraw-Hill College, 1999.
think that it is most unlikely that condoms are used successfully. This poses as a great challenge in the fight against HIV-virus. Knowledge is power only when it is used.25

The question to be asked here is-why are condoms not used? Apart from the moral question of (right and wrong) on condoms, some people feel that condoms do not work, they frequently break, the HIV can pass through condoms, they are not for religious people and they also promote sexual activity. Here in Africa there are some factors that hinder condom use like, powerful social norms, strong church influence on individuals, commercial sex workers are everywhere due to poverty, and also traditional gender roles that keep women and adolescents from talking about sex or asking for condoms.26 These factors affect condom use in Africa.

The debate on whether condoms are morally right or wrong also surrounds these problems given above. In the next section we will look at both the Malawi government and the faith groups position on condoms.

The Government Stand on Condoms and the Basis of the Stand

“The government and Faith communities will continue to emphasize abstinence and mutual faithfulness as the best means of avoidance and prevention. However, the Government will also promote condoms as a proven technical approach to HIV prevention – a view not share by the Faith Communities”27

This was part of the common statement made by the Malawi government and the Faith Communities on a joint conference held on the 14th of February 2001. The government stand here has two objectives:

(a) The first objective is on promoting lawful sex and discouraging unlawful sex as required by the Malawian traditional and religious laws.28 This means that the government is keen to preserve and

25 The problem we are having is that people know or hear that there is AIDS, but out of denial/negligence (Just as the village headman quoted in this paper above), or a belief that they should not go around carrying condoms because it is immoral (due to religious teaching), individuals are still having unprotected sex in private and later they denounce condoms in public. It is a problem of hypocrisy.

26 For example a report from Malawi states that ‘…many Malawians, men and women, continue to reject condoms or use them seldom or inconsistently. There are many reasons for this. Some simply want families, others think that condoms are unethical and against the teaching of their church. Condoms are associated with promiscuity and lack of trust, they can be inconvenient and difficult to use. And they can reduce the pleasure of intercourse. A few people believe-wrongly- that they are coated with HIV or that they have tiny holes which let the virus through…Women who sell sex usually try to insist on condom, although they may agree to unprotected sex if the client is aggressive or pays extra…Men who sell sex to other men may not use condoms, often because they believe-wrongly- that there is less risk of transmission through anal sex.’ From, PANOS/UNITED NATIONS THEME GROUP ON HIV/AIDS PUBLICATIONS, “Men and HIV in Malawi”, Panos 2000, p 9.


support the moral values that are promoted by religious and traditional groups in the fight against AIDS. The moral values that are emphasized in this arena are, abstaining from pre-marital sex and extra-marital sex. It is important to take note that the government does not deny that these are the best means to the fight against the disease. This is the first ‘right action’ that the government decided to take in the fight against AIDS, and we will call this as the “Best Means Approach”.

(b) The second objective is to stop the spread of the virus by using technical means of a laboratory tested rubber sheath called a condom. This objective shows the governments’ commitment to offer its citizens the right to necessary healthcare. This is the second ‘right action’ that the government decided to take in the fight against the virus, and therefore we call this the “The Proven Technical Approach”.

Here we have observed that the government stand is in two ways. What, then, is the relationship between this stand to ethics? In the next section we will try to discuss this relationship together with some implications that may follow due to this stand.

The Government position on condoms in relation to the study of ethics and the implications that may follow

On the “Best Means Approach”, why is the government insisting that the best means in this fight is practicing lawful sex/mutual faithfulness? We need to answer this question in order to grasp the groundwork of the government decision on condom use. Therefore in the following paragraphs we will try to trace the development of this decision made by the government.

First and foremost, the government might have realized that AIDS is not only a medical problem but it is also a psychological, social and spiritual problem. In this case, when it comes to determine what action should be taken, the question of ‘right and wrong action’ cannot be avoided. This means that AIDS prevention issues are basically ‘ethoscentric’.29

Secondly, AIDS has dehumanized the African people by destroying their original social structures. In this case, the Malawi government as a signatory to the UN charter on human rights has a duty to guard and respect human dignity.30 In this respect, the government of Malawi has to make sure that, important

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29 ‘ethoscentric’ the word has been form using two words ‘ethos’ the Greek root from where we get the term ‘ethics’ and ‘centric’ from the word ‘centre’.
30 All states (whatever their political, economic, or cultural system) are under the obligation to promote and protect all universally recognized fundamental rights and freedoms in accordance with the international human rights instruments. See the “Universal Declaration of Human Rights” Adopted and proclaimed by General Assembly resolution 217 A (III) of December 1948; See also, ‘The Constitution of the Republic of Malawi’ Malawi
traditional and cultural norms on marriage are not violated by the state (or by any other individual). In addition to this, the government has to respect the freedom of expression that the religious groups/faith communities have on sexual issues.\textsuperscript{31} Having discussed this, what would be the relationship between, ‘human dignity and healthcare’? It has been suggested by other scholars that all ethical decisions, including those in healthcare should satisfy both the innate and the cultural needs (biological, psycho-social, and spiritual) of every human being as a member of the national community. It has also been suggested that human health can be achieved only in a human community.\textsuperscript{32} In this case, the relationship between human dignity and healthcare presuppose that the Government at some point in its policy making it has to make ethical decisions related to health care. This is very important when it comes to the Malawian society that relies on the safety net of the existing social structures. In these existing social structures relevant cultural norms have to be respected and preserved by all individuals in order to create a good society. The government realizes this fact, and she is willing to support it, by providing necessary health care support that can keep the society from falling apart.

Thirdly, the faith community is the most important player to the national development of Malawi. The FBOs are better placed than the government because they have a firm grip of the people at the grassroot level. And since the faith communities do emphasize abstinence and marital faithfulness, the government has a duty to encourage a ‘shared responsibility’ towards the epidemic. In connection to the statement on government stand, this means that the government has to make sure that the burden of HIV/AIDS is distributed among society institutions (like different church denominations, and the Muslim community)


in a manner of mutual understanding. This indicates the government commitment to the unified fight against the disease as required by the United Nations.\textsuperscript{33}

Fourthly, in this “Best Way Approach”, the government might have realized that AIDS also poses as threat to human co-existence. And since stigma towards AIDS brings about unhealthy relations among people, the government therefore, realizes that a healthy nation will be stable and will easily develop, and on the other hand, an unhealthy nation will run into chaos and continue to under-develop. This is the reason why AIDS should also be considered as one the major threats to national and international development, peace and security.

On the decision made to include the second approach “The Proven Technical Approach”, the government had to trust the scientific medical research that was taken by condom technical experts in the laboratories. In this research, it was proven that if a condom is used correctly it has the capability to barricade the transmission of the HIV-virus during physical sexual intercourse. This means that the condom has the ability of minimizing transmission of the virus.\textsuperscript{34}

In the same ‘technical approach’, the government used ethical principles that are used in the field of biomedicine. And this approach to medical issues is called biomedical ethics. This approach can also be called the ‘bioethical approach’. The term biomedicine comes from two different terms, and these are biology and medicine. On this point, a question might however, arise on the difference of these two terms. Bioethics, on one hand, is a systematic study of the moral dimensions of the sciences and healthcare that includes moral vision, decisions, conduct and policies, and they employ a variety of ethical methodologies in an interdisciplinary setting, while medical ethics, on the other, deals with these issues as they relate to medical policies related to health care issues that have impact on the society and its culture.\textsuperscript{35}

\textsuperscript{33} See Marie-Claude Chartier, Working Papers 3: HIV/AIDS and Human Rights: Promoting Human Rights through the ILO code of Practice on HIV/AIDS and the World of Work, Geneva: ILO Programme on HIV/AIDS and the World of Work, November 2002. The paper gives the guidelines on recommendation on States to promote and protect fundamental rights and freedom in the context of HIV/AIDS, and first guideline states that, “States should establish an effective national framework for their response to HIV/AIDS which ensures a coordinated, participatory, transparent and accountable approach, integrating HIV/AIDS programme response across all the branches of the government”. The Malawi government is trying to do that with the inclusion of the faith communities. In this way fairness in the distribution of the AIDS burden requires consistency in the way the faith communities are treated.


light of this understanding, the decision of the Malawi government on condoms was probably carried out from that underlying understanding of ethics in relation to bio-medical issues.

Moral decisions in Medical practice are made by using ethical principles that are to be considered in making up the final decision. In this way, ethical practice in medicine arrives at the final decision by using ‘principle based’ arguments that result and concludes into ‘principle based ethics’. We would like to put forward some of the known guidelines (used by ethicists in applied ethics elsewhere) that we also think they were used by the Medical practitioners working under the ‘Malawi National AIDS Commission’ in advising the government on what to do with the condoms:

1. First, the Government had to obtain important facts about HIV/AIDS in Malawi and around the world. These important facts had to be both (Medical and Social) in order to come up with a balanced decision.
2. Second, some of the moral issue(s) surrounding various ways of HIV/AIDS prevention were recognized and highlighted. We have argued above that the issues surrounding HIV/AIDS prevention are generally ‘ethoscentric’ in nature.
3. Third, alternative actions to be taken from various moral perspectives were evaluated-this was in the criteria of the 'most good' and the 'least harm' options that respect the human dignity, and also that result into the promotion of the common good.
4. Fourth, the 'good' of other societies, for example, the so called, ‘weak in sexual matters’ (probably not considered elsewhere), was considered.
5. Fifth, then a decision was made based on principles that are bio-medically good for the AIDS patients-and all citizens who are vulnerable to HIV/AIDS. In coming up with this decision a conclusion was probably reached after striking a point of equilibrium-by weighing all the information about HIV/AIDS preventive measures that were available at that time.36
6. And finally, the final stage was to justify the reasoning behind the decision made. This is why the statement above includes three most important words “proven technical means”.

The process laid above is also grounded in the four main bioethical principles that are supposed to be known by each and every Medical professional. The four principles are, autonomy, beneficence, nonmaleficence, and justice. Below is an explanation of each principle in brief:

(a) **Autonomy** means self-rule. When this principle is applied to the context of the government decision on condoms as a preventive measure against HIV/AIDS, it would mean that the government is committed in providing its citizens privacy, personal choice and self-governance. This principle has roots in “Rights ethical approach” in making decisions. This ‘rights approach’ states that each person has fundamental rights that need to be respected as free and equal rational person capable of making his or her own decisions. The Malawian citizen is therefore at liberty to declare his/her interest or disinterest on condoms. In respecting the autonomy of the individual the government is recognizing the individuals’ viewpoints, ability to take action, or make choices based on personal values and the ideas “the good”.

(b) **Beneficence and nonmaleficence**: The difference between these two terms is that, beneficence means acting in the best interest while nonmaleficence means to do no harm or to impose no unnecessary and unacceptable burden. Beneficence includes those forms of action that are geared to benefit another, and also it includes the obligation to weigh and balance the possible goods against the possible harm of action. This is evident in the Hippocratic Oath that government demands its Medical professional to make “I will use treatment to help the sick according to my ability and judgement, but I will never use it to injure or wrong them”. Therefore the decision of the government on condoms was originally not meant for harm, it was meant to benefit the vulnerable sector of the society.

(c) **Justice** means that individuals in similar circumstances should receive similar actions or outcomes. Justice also applies to norms for the fair distribution of resources, risks and costs. It has been suggested that the right to health care flows from the fact that health is a basic good that promotes human development. The advancement of this good is naturally both individual and communal. This means that justice needs to be pursued at all cost for the common good of the people. In the ethics of the common good, the principle states that, what is ethical is what advances the common good. And under the guidance of distributive justice-the common good insists that all citizens have access to basic necessities and provision. For the government to practice justice she has to make sure that the information and the availability of condoms is guaranteed to each and every individual.

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37 Immanuel Kant, *Groundwork of the Metaphysics of Morals*, New York: Macmillan, 1959. In this work, Kant argued that the respect of autonomy flows from the recognition that all persons have unconditional worth, and each has the capacity to determine his or her own identity. To violate a persons autonomy is to treat that person merely as means to an end.

38 See John Collins Harvey, *The Ethics of AIDS Care*, pxxi.
This biomedical approach became a government policy on HIV/AIDS through the Malawi National AIDS Commission, which was then under the Ministry of Health and Population. The Malawi National AIDS Commission is led by a qualified medical doctor. One of the many duties of the head of the Malawi National AIDS Commission (and other doctors in the programme) is to advise the government on policies that need to be implemented in the area of HIV/AIDS care and prevention.

When we read through the lines of the government statement on HIV prevention, and compare with the alarming rate of HIV infection, we will discover that the major guiding principle was the ‘utilitarian principle’. This utilitarian approach to ethics is also called consequential ethics. In this approach, the government concentrated on the consequences that the state policies on HIV/AIDS might bring on the well-being (utility) of Malawians. These are the Malawians who are directly or indirectly affected by the government policy. This principle states that ‘of any two actions, the most ethical one will produce the greatest balance of benefit over harm’. The consequential ethics have recently dominated the ethical debates related to technology, and this kind of ethics is also called the ‘ethics of responsibility’.

The term ‘technical’ in the government statement above indicate that condoms are part of technology. There is one influential view of technology that might have also encouraged the government to consider condoms in the fight against AIDS. This is a view of technology called ‘Utopian view of technology’. The term ‘utopia’, refers to an imaginary place or state of things in which every thing is perfect. From that understanding, the ‘utopian view’ of technology sees technology as the major factor in human development. The basic assumption of this view, may be formulated in this way:

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39 There AIDS Control Programme is now under a new ministry-HIV/AIDS Ministry from April 2003, and a minister has been appointed to oversee the Programme.


41 For more discussion on ‘utilitarianism’ see the works of Jeremy Bentham, Principles of Morals and Legislation, or John Stuart Mill, System of Logic (1843); On Liberty, (1859); Utilitarianism (1863). For example Bentham in the Principles of Morals and Legislation, he opens with the statement ‘Nature has placed mankind under the governance of two sovereign masters, pain and pleasure. It is for them alone to point out what we ought to do, as well as to determine what we shall do.’ As quoted by S. Morris Engel, The Study of Philosophy: An Introduction, London: Holt, Rinehart and Wiston, 1981. p166-167.

42 On what constitutes a technology see, Don Ihde, Philosophy of Technology: An Introduction, New York: Paragon House, p47. See also, Gunter Ropohl, The Ethics of Technology, Linköpings: Linköpings University, CTE Seminar Paper, 2000. Ihde says, that for a technology to be a technology, first it must have some concrete component, some material element, to count as a technology. Second, a technology must enter to some set of praxes or uses which human make of these materials; and thirdly, technology has to be relational—this is the relation between the technologies and human beings who use, make, or modify the technologies in question. p47.

43 On the arguments for and against Utopian View of Technology see, Hendrix A. Dzama, Ethical Consequences and Technical Assessment in relation to the Utopian view of Technology as Progress Towards Human Economic Development: An Attempt to Create Appropriate Technologies for Less Developed Countries, Linköpings: Linköpings University CTE, 2002, The philosophical traditions of utopianism came to surface during the Renaissance period. It was developed by popular scholars, like, Roger Bacon and Sir Thomas Moore.
“with the rise of science all previous superstitions, false beliefs…religion have been deconstructed…instead, a fully rational and progressive set of beliefs have come into being through science, which in its applications to technologies, will (eventually) solve most human problems”.

In this view, technology (such as a condom) is therefore seen as a liberator, whereby technologies become/are devices or tools for lightening human burden(s). However, ethical questions still arise, whether the technologies are value free or not. The modern ethics of technology claim that technology is not ‘value free’ but ‘value laden’. This might be the reason why the condom has brought in several moral questions on its use.

Finally, having looked at the government stand, we see that the government has a problem with this stand. The problem is evident in the last statement of the common action, ‘a view not shared by the Faith Communities’. While this is supposed to be a common action to the fight against AIDS, why is the faith community not happy with the “Proven Technical Approach”? This question leads us into the following section. In this following section, we will try to look into the FBOs stand on condoms as a preventive measure against HIV/AIDS.

The FBOs’ Stand on Condoms and the Basis of Their Stand

If we read the ‘Common Action Statement of Government and Faith Communities on HIV/AIDS in Malawi above, we will realize that the general position of the church in the fight against HIV has two objectives:

A. To safeguard acceptable marriage values, according theological teachings on marital relationships.

B. To let the government (and other stakeholders in the fight against AIDS) to stop the spread of the virus.

Thomas Moore is the one who wrote the book ‘Utopia’. These men began to see science as a breakthrough to a changed and improved human condition.


45 Most of the Christian groups would like to safeguard monogamous marriage and prevent premarital sex, while the Muslims would accept polygamous marriage but prevent any form of sex intercourse outside the wedlock. However, there are also some Christian groups who accept polygamous marriage like the ‘Abraham Church’ taking the example of the Old Testament Patriarch Abraham who had two wives.

46 In the common statement, the church indicates that the Faith Communities did not share this same view that the government had, but it does not show that the Faith Communities did discourage the Government to take any move towards the condom promotion. In principle the Faith Communities might have agreed to the Government stand. However, most of the Faith groups have continued to preach against condoms in their meeting places and on the Malawian media.
The FBOs would like to achieve (objective B) by the implementation of (objective A). Malawi has a population of about 12 million and is generally a religious nation. The main religious groups represented in the population are Christians, Muslims and Traditional Religions. Christians are the largest group that contributes about 82% of the 12 million. Therefore for practical purposes for this study, most of our arguments will concentrate on the Christian faith. To substantiate our argument here, we can also refer to the day the Faith Communities met the government for the first time to discuss issues about AIDS, on this day Christians had the largest representation. However, at some points, the contribution of other religious groups will also be mentioned.

Having looked at this, how is this stand related to the study of ethics and what implications may follow from that relationship? We are going to look into this in the next section in brief. However, a detailed discussion on ethical implications will be discussed in the sections to follow.

The relationship between the FBOs’ position and the study of ethics on condom use, and the implications that may follow

The FBOs rejection of condoms is generally complicated in the theological idea of ‘sin’. Sin is a breach of relationship by human beings against God, or Allah, or azimu-the ancestral spirits. To understand the Faith Based stand we have divided their theological arguments into three parts, and these are the Afro-gnosis, the Gemeinde Zinaa Teologie, and the Contextualized Western Moral Theology. The arguments from the faith communities are generally based on theological ethics. Below is a brief presentation of each of these stands:

A. Afro-gnosis Stand
The term ‘gnosis’ is a term derived from Greek language, it is commonly used in theological circles, and it generally means ‘knowledge’. The term ‘Afro-gnosis’ has been formulated for the purposes of our understanding in this paper. In this case, the Afro-gnosis stand is a theological stand on condoms that has roots from African Traditional Religions (ATR).

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47 See the statistics by, Patrick Johnstone, Operation World, Carlisle: OM Publishing, 1993. At that time, Johnstone indicates that there were about 8 million people in Malawi, and the Christian community was about 81.1% of the population, and the Muslims were about 14.5% of the population, and the Africa Traditional religions were about 4.2% of the population and Bahai 0.2% largely Indian, and Hindu 0.03% largely Indian too.


49 ‘azimu’, is a vernacular term that mean, 'spirits', and in African Traditional Religions this would mean ancestral spirits. ‘azimu’ are technically also refered to as the ‘Living Dead’.
The foundational belief in the African traditional ‘world view’, is that when the living die they continue to have a living relationship with their family. The ‘azimu’ are spirits of dead ancestors. The vernacular word ‘azimu’ is a direct translation of the English word ‘spirits’. The African society is divided according to the principle of seniority. This means that in each and every village there are the ‘living-living’ and the ‘living dead’, who are the ‘azimu’. This division is due to the fact that, honour, prestige and power in African traditional society is through age and long experience. In this case, the principle of seniority makes the azimu the head of the lineage. The azimu are therefore regarded as the senior elders of the living elders, and they also serve as intermediaries between the ‘living-living’ and God.

In ATR the sins of the living, can make the ‘azimu’ unhappy or angry. With this anger, the azimu may ask God to bring punishment on the people. For example, the Ga people from Ghana believe in ancestors-as one scholar writes: "The living never forget that they are the trustees of the dead. The continuity of custom must be faithfully preserved. A custom, rite or ceremony is a link with the dead who instituted it quite as much as it is the right for the god who receives it. The dead are always watching to see that the living preserve what their forefathers established. And since the dead have power to bestow either blessing or adversity-nay, even life or death-the welfare of the living is felt to be bound up with the faithful performance of ancient custom.”

It is important to realize that African customs are basically similar with a few variations here and there. In Malawi the punishment can be in a form of drought, plagues or a dangerous beast that can devour people. These sins can be sexual immorality, murder, or witchcraft. If punishment is inflicted on the people, the villagers lead by their chief make a sacrifice to appease the ‘azimu’, and therefore in return the ‘azimu’ may ask God to remove the punishment. If the people behaviour is in line with the acceptable traditional codes of behaviour, the azimu will continue to ask God to pour in rain and other agricultural blessings on the living. It should be noted here that most of the people groups in the Sub-Saharan region are agrigarian, and therefore rain and livestock are the most important part of their economic survival. The ‘azimu’ serve as intermediaries between God and human beings. The basic worldview in this kind of gnosis is based on the concept of cause and effect that translates into rewards and punishment on any kind of behaviour.

Since most of the traditional people believe that condoms encourage sexual immorality, they cannot accept them. Using condoms is sex perversion, for this reason, condoms are evil to the society. They can

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make the ‘azimu’ unhappy. Violation of sexual taboos can bring an abomination to the society. And the condom does violate the sexual taboos as taught by the traditional sex education.

In traditional sex education, sexual violation can bring disease, like ‘tsempho’ or ‘mdulo’. In the Chewa tradition, ‘tsempho’ disease is the disease that comes from the mother’s putting salt into food when menstruating; or if she or the husband puts salt into the food when guilty of adultery. The word ‘mdulo’ comes from the root verb ‘kudula’ that means ‘to cut’. The word ‘tsempho’ comes from the root verb ‘kusempha’ that means ‘to miss’. This means that a person might cause death or some other disaster to a third person if he/she disregards certain taboos. In some cases, a person can inflict ‘mdulo’ on him/herself. ‘mdulo’ taboos are always related to sexual activity and are believed to bring punishment from ‘azimu’ when violated. AIDS has mistakenly been likened to these diseases, and therefore, the use of condoms put the people at risk to diseases that can be inflicted by the angry ancestors. The implication of this anger is that the living live in fear. The ATR approach to ethics can therefore be referred to as an ethic of rewards and punishment.

Having known that sex perversion can bring a disease and abomination to the society, the implication would be that those who use condoms are not ‘anthu’ or human. Anyone who is really human cannot use a condom, because the condom dehumanizes people. To be human is to follow what the society perceives as ‘good behaviour’. This ‘good behaviour’ is that kind of behaviour that cannot make the ancestral spirits angry. The basic claim here is that anything that is morally right will make the azimu happy and it is ‘umunthu’ (it is human and therefore acceptable). In this case the argument from the Afro-gnosis also follows the Bantu philosophical ethics of ‘umunthu’.

**B. The Gemeinde Zinaa Teologie**

This has been the stand that has been taken by most of the Muslim groups. The term ‘gemeinde teologie’ has been formulated from German language for the purpose of our understanding in this project, and it means ‘community theology’. The middle term ‘zinaa’ means ‘sex out of wedlock’ and it is found in the Hadith. In this way, the Muslim stand on condoms has therefore been mentioned here as ‘community sex out of wedlock theology’.

Islam does not permit extramarital sex. Every Muslim is encouraged to marry and when he marries he perfects his faith. Islam allows polygamy. Muslims are allowed to marry up to four wives. The Muslim tradition warns people against social malpractices and misuse of the body. As Prophet Rasullullah taught,

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51 For more on ‘mdulo’ see J.W.M. Breugel, *Chewa Traditional Religion*, Blantyre: CLAIM, 2001. p169-189. The ‘Chewa’ is one of the largest tribes in Malawi, and the Chewa language is spoken in all parts of the country.

“O my people, be mindful and refrain from Zinaa for it has six detriments, three in this world and three in hereafter: in this world, Zinaa removes the grace, pleasantness, and warmth of one’s personality by destines one for faqr (poverty and reduces one’s life span); in hereafter-severely brings down the wrath of Allah, a distressing account of deed and punishment in fire of Hell.”53 And since condoms encourage Zinaa, Muslim should refrain from it. The approach of Muslims to morality is more practical than the Christian approach.

C. Contextualized Western Moral Theology
This is a stand that has been found among the Christian groups. The Christian rejection of condoms has been in different approaches. We will also divide this stand into three approaches, and these are the, Natural Law Approach, Total Depravity Approach, and finally, Regulative Radical Approach. We would also like to explain these three so that we can have a grasp of their stand.

The Natural Law Approach
This has been an approach that has had much influence from the Roman Catholic Church views on moral theology.54 The basic assumption in this approach is that the material world did not come out of chance, but it was created by a transcendent, omniscient being called God. God created Human beings as rational beings in His own image.

When God created this world, He had set in place laws that will govern the activities of the material universe. These laws are in four categories; the eternal law, the divine law, the natural law and the human law. The eternal law is the law that comes from the God’s will and wisdom and is revealed in the divine law. The divine law was given to human beings in the Holy Scriptures and through the church, but it is also revealed in the natural law. It is from the natural law where human law is derived.55

Natural law is inherent in the essence of created things, in the good ends that are natural for all humans to pursue. This is the potential that humans generically share. And since all beings naturally seek their good, human beings should also always seek to do ‘good’ and avoid ‘evil’. Since human beings exist as substances and all substances seek to preserve their existence, whatever preserves human life and wards off obstacles is in accordance with natural law. Therefore, like other animals, human beings have a natural sexual drive and want to rear their offspring. The natural laws are also referred to as the rule of conduct.

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55 This was the teaching of Thomas Aquinas, Treatise on Law, most of the teaching on natural law and moral theology has been derived from the teachings of Thomas Aquinas. See in David J. Atkinson, David H. Field,
that are prescribed to human beings by God in the constitution of the nature with which He has endowed human beings. The natural law demands human beings to conform to the universal order willed by God the Creator. This would mean that every human being is demanded to live conformably to his/her own rational nature, and to be guided by reason. In this kind of thinking, natural law is said to have its foundations in the very nature of human beings as rational beings.

The rejection of condoms in this approach stems from the general dislike of the artificial contraception brought in by technology. In the Roman Catholic teaching (and other Christian circles), contraception except by total abstention from intercourse, whether permanently or in between somewhat dubious ‘safe’ periods, is intrinsically immoral. The argument is that the primary purpose of marital intercourse, in natural law, is the procreation of children. Marital intercourse is not the mutual expression and renewal of conjugal love. The papal teaching insists that no ‘artificial’ means of contraception can ever be right whatever may be the cost (whether personal or in terms of the marriage relationship).

The argument by the Church points out that artificial contraceptives do violence to human being’s essential dignity and are based on materialistic conceptions of human life. According to this argumentation, the contraceptives have brought in negative consequences to human life like the encouragement of fornication, adultery, and the reduction of the woman to the status of an object. Contraceptives have had also the potential for political abuse. The negative social phenomena such as the dramatic rise in premarital sex, the rise in sexually transmitted diseases (including AIDS), and the serious side effects of the Pill are cited as the evidence by the Church’s teaching. And therefore, condoms are rejected by the mere fact that they are not compatible with the laws of nature and therefore there are a sign of the moral decay in the human society today.

The Total Depravity Approach

This has been the teaching that has been found in some Protestant circles. The term ‘depravity’, in its theological use means that all people are sinful in the eyes of God. According to this teaching, all people


The basic assumption in this teaching is that human beings were made in the image of God. This image does not mean a physical resemblance, but rather, it refers to the capacity given to human beings at creation to know and enjoy God. Human beings were created in righteousness, and it was their privilege to enjoy fellowship and communion with God, but this fellowship was shattered by what is commonly called as ‘the fall of man’. These events are relayed in the third chapter of the book of Genesis in the Bible. This is the chapter where we get the story of the ‘origin of sin’ in the Christian teaching. And when sin entered into this world through Adam, human beings became deprived.

In this teaching 'total depravity' does not mean that there is nothing good in people, nor does it mean that every person is given over to every vice. It does not even mean that unconverted people to Christianity do not have a conscience to tell them what is right or wrong. Nevertheless, what total depravity (in Christian theology) means, is that the inherited sin from Adam has affected every part of human nature. This every part of the human nature is the outward (the body) and the inward (the mind, the will, thoughts, and the affections). For this reason, condoms cannot be trusted in the hands of the people who are totally deprived, hence the logic that condoms promote promiscuity.

And because human beings are deprived, they need to be in 'enchristo'-'to be in Christ’, or to ‘imitatio christi’-‘to imitate Christ’, who was without sin, in order to be saved from the spiritual death that they can now do ‘good things’. The sinless status of Christ (the Son of God), make him to be the greatest moral teacher. In this way, Christ is the perfect example of sinless life that all human beings (who are deprived by nature) should emulate. The ‘enchristo’, and ‘imitatio christi’ motifs, indicates that these two principles also forms the base of this ethical teaching in this approach.

**The Regulative Radical Approach**

This has been a Legalistic-Biblical ethic absolutism that has been in some Protestant circles (for example in some Pentecostal and Charismatic groups). This legalism is an attitude of the mind that gives excessive respect to the law or regulations, and it seeks to enforce conduct of similar kind on others, hence the ‘radical regulative approach’ to ethical issues.

This approach manifests itself in different forms. We will mention here two overlapping theories the perfectionism, and ethical absolutism. The theory of perfection says that, when God puts the law or regulations to be followed, He does not put something intrinsically impossible for human beings. In this
case, sin is avoidable. The Bible sets before all human beings the highest goal in life: ‘Be perfect, therefore, as your heavenly Father is perfect’…’Be holy because I, the Lord your God, am holy’. This 'perfection' has to be achieved here on earth. Condoms in this case are unholy and therefore evil because Gods commands that ‘the body is the temple of God’ it has to be kept clean.\textsuperscript{57} People who cannot control themselves, they should be told to control themselves because God cannot ask them to do what He knows that they cannot do.

Following similar argumentation, the Christian ethical absolutism, claim that God has revealed His will in prepositional, prescriptive statements that are valid for all time. The term ‘absolute’ usually refers to a rule that maintains obligatory force under all circumstances, and therefore it allows no exceptions. Ethical absolutism argumentation can be summarized as follows:

- God’s unchanging character is the basis of moral absolutes
- God has expressed his unchanging moral character in his law.
- God cannot contradict himself.
- Hence, no two absolute moral laws can really conflict.
- All moral conflicts are apparent, not real.\textsuperscript{58}

This argument is taken from what the Bible appears to portray in the Mosaic Law. The Mosaic Law is the law that was given to Moses by God at Mount Sinai, and is found in the first five books of the Bible called the Pentateuch. The Mosaic Law in these five books is presented as absolute and inviolable. In the Old Testament narrative sections, God is often portrayed as intolerant of any slightest disobedience to his commands. The Christian teaching emphasizes that the Mosaic Law of the Old Testament was/is fulfilled by Jesus Christ in the New Testament. This would mean that the New Testament narratives are equally relevant as the Old Testament narratives. Therefore, there is no such a thing as ‘safe sex’ outside marriage, if the Biblical narratives indicate and claim that God forbids fornication/adultery there should never be exceptions to these rules. The condom cannot make sex outside marriage less evil, it will only promote more evil (promiscuity), and therefore it should be rejected at all means. Condoms should also not be used in lawful marriage relationships. A condom encourages sex perversion and God forbids sex perversion.

\textsuperscript{57} See, Matthew 5:48; Leviticus 19:2; 1 Corinthians 6:18-20
In order to illustrate this point a passage in the Bible is normally quoted. Below is the passage that is normally used as a Biblical reference point:

“Judah got a wife for Er, his firstborn, and her name was Tamar. But Er, Judah’s firstborn, was wicked in the LORD’s sight; so the LORD put him to death. Then Judah said to Onan, ‘Lie with your brother’s wife and fulfill your duty to her as a brother-in-law to produce offspring for your brother’. But Onan knew that the offspring would not be his; so whenever he lay with his brother’s wife, he spilled his semen on the ground to keep from producing offspring for his brother. What he did was wicked in the LORD’s sight; so he put him to death also” (Genesis 38:6-10 NIV). This passage, when used literally in Christian circles, it brings one to the conclusion that all those who use condoms, (to keep the sperms from entering the woman), will be judged by God. We will analyse this passage in light of the whole Christian gospel and the condom use in the face of AIDS in the coming sections.

The other implication for the Regulative Radical Approach is that it leads one to conclude that AIDS is a punishment from God to individuals who are disobedient to his commands. This position is similar in some instances to the ATRs' cause and effect approach to ethics. There are also passages that are mainly taken from the Old Testament like (Deutronomy 7:12-15) where the violation of God’s commandments will bring ‘horrible diseases of Egypt’ among the people. On (Leviticus 26:16) God promises that failure to carry out Gods commands will result in wasting disease and fever. In this case, due to a number of theological suspicions on condoms use, condoms should not be trusted, they do not solve the problem, and therefore condoms make the AIDS situation even more complicated and dangerous. Therefore, some Theologians have concluded that those who have AIDS should not consider themselves as a blessing but a curse in the eyes of God and the society.

This kind of theologizing has resulted into stigma towards HIV/AIDS. In the long run it has affected the dignity of AIDS patients, so much so that, it has been difficult to break the silence. And this is also why the church in Malawi has been criticized as 'insensitive' to the prevailing conditions of this age. We will analyze such kind of ethical approach to AIDS and condom use in the sections to come.

A Critical Analysis of the Arguments for and Against Condom Use in the Face of the AIDS Epidemic

In the next sections to come, we would like to focus our attention to the arguments that supports ‘condom use’ and also those that do not support ‘condom use’. We would like to formulate our analysis in the context of HIV/AIDS. As we have already argued above, most of our discussions will focus on the general Christian position because they are the largest religious group in Malawi. After looking into various
aspects surrounding the condom debate in the previous sections, here we will be grappling with the core questions that are related to the morality of condom use.

Is the FBOs’ position morally justifiable?
We have observed that AIDS preventive issues are ethoscentric in nature. In this case we argue that the problem of HIV/AIDS on individuals has also been on how to make ethical decisions. What are the problems that people face when they want to make a personal decision? R.C. Sproul argues that there are two problems that are fundamental in making ethical decisions and these are:
(a) To know what the ‘good is’. For most religious persons (as most Africans are) the struggle is on the psychological understanding what God or gods or azimu requires of them. To know what pleases God or the Ancestors.
(b) To have the moral power or ethical courage to do what is known to be 'true or right'.\(^{59}\)

After presenting these two problems, Sproul consolidates his discussion by asking his listeners an important question: “Do you do what you always know is the right thing to do?” He then answers that he knows that “none of us always and consistently do what we know, we are supposed to be doing”. R.C. Sprouls' observation cannot be rejected as false. If this is the case, then what should we do with the issue about the morality of condom use in the face of AIDS?

If none of us do not 'always and consistently' do what we know is the right thing to do, then we should allow people to use condoms when they have encountered a failure in their decision making. The AIDS crisis is speaking to us that although not all people get AIDS from sexual intercourse, and even though we have put sexual laws in place, there is still a high rate of sexual immorality. At the same time, AIDS has generally been known to forms a vicious circle, due to poverty many have resulted into prostitution in order to survive in this hostile environment. A number of Breadwinners have become infected and eventually died living their families in problems. The National AIDS Commission in Malawi indicates that there are over a half million orphans in Malawi, and every year there will be about seventy thousand orphans added to this pool if the AIDS epidemic is not properly checked. In addition to this, most of these orphans have resulted into prostitution in order to survive.\(^{60}\)

There are many innocent persons who have become infected due to rape incidents (as indicated above), even through unfaithful sexual partners, some through blood transfusion due to poor medical facilities.

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Now that HIV-virus is transmitted through bodily fluids like blood and semen, there is a need to protect the virus in such fluids to infect another person. The only device at the moment that can offer a physical protection against the virus during sexual contact is the condom. Sexual issues are not only spiritual, but also physical, and therefore, to have a holistic approach to HIV/AIDS, besides abstinence and mutual faithfulness, condoms should also be encouraged.

This argument would once again lead us into revisiting the Faith community stand on condoms and analyse it according to their doctrines and the reality on the ground. Is the FBOs' stand morally right? We would like to respond by stating that, on the spiritual side, premarital sex or extramarital sex with or without a condom is a sin. In this case, the FBOs' stand on condemning immoral sexual acts can be argued to be morally right. The FBOs' stand helps to fight the spread of the disease but not the virus. Avoiding premarital and extramarital sex may help to fight the disease but not the virus. From this observation, the FBOs' stand on the fight against the virus may appear to be immoral. It may be immoral because it does not offer any solution to the fight against the virus. The condom is the only medical-technical device at the moment that can help to fight against the virus by intercepting it.

Premarital and extramarital sex can be referred to as matters relating to the spiritual and psychological life of the person. Such things as, blood and semen refers to the matters relating to the physical body of the person. Although AIDS affects the spiritual and the psychological part of life, it is the physical body that is infected by the virus. We all need to know that there is a difference between ‘to be affected’ and ‘to be infected’. It is the physical body that is infected by the virus, and as a result of this infection the spiritual body is affected in one way or another. It is therefore important to avoid infection in the first place as much as possible. We should also remember that here in Africa it is now a reality that “all of us, we are either infected or affected” by the epidemic. No family in Africa has been spared of this epidemic. All human beings, if they have blood in their bodies, are equally vulnerable to the HIV-virus regardless of whether they are spiritually mature or immature. Having put this argument forward we would like in the next sections to support it by putting in some facts found in the religious doctrines that we think are often overlooked when the condom debate arise now and then.

**Are issues about safe sex immoral?**

We would like to present here some of the theological insights as given by Gideon Byamungisha, an Anglican Priest from Uganda. Gideon thinks that theologically giving advice on 'safer sex' is not the

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same thing as giving advice on 'safer sin'. Nevertheless, it is an attempt to promote life and to prevent sin. As we have seen above on following Gods commandments, Gideon puts forward one commandment that is forgotten in the condom debate ‘though shall not kill’. Even in the African Traditional Religions murder is one of the serious sins that one can commit. From that understanding, anyone who is religious has a moral duty to protect his neighbour or partner from AIDS and also from any other life threatening disease or activity.

He continues to say that unless we protest to God’s commandment angrily by asking ‘Am I my brother’s keeper’? Then we will not heed this command.62 His argument might as well apply to the advice on condoms. This would therefore suggest that, in applying this religious principle ‘though shall not kill’ through the encouragement of condom use, we also apply the principle of love ‘love your neighbour as you love yourself’.63 We think that these principles are overlooked in the FBOs argument as presented above.

Following the same ethical related thinking above, Gideon continues to argue that no one has a right to take away or reduce the quality of someone else’s life. And also we do not have the right to take away our own (individual) life.64 In this case, to refuse to give advice on safer sex should opportunity arise, it might as well be regarded as sinful since it is shying away from the Church’s mission to protect life, to preserve bodies and nourish souls. Therefore, although it can be claimed that (on religious grounds) condoms must never replace morality, this argument presented here, demands us that we do not disregard condoms all altogether.

Gideon observed that in matters relating to sexual intercourse, the Church in Africa has always fought three evils: Promiscuity, Prostitution and Adultery. We call this as the great PPAs. Having observed this, he argues that in the recent times AIDS has required humanity to fight five: Promiscuity, Prostitution, Adultery, Murder and Suicide. In this way, this epidemic forces a change in approach to the religious teachings that seem to suggest that the Faith community has nothing to say to those who refuse to follow the Church/Mosque/ATRs’ teaching on adultery and fornication.

We think that what Gideon is trying to argue here is that adultery and fornication are evil and therefore not acceptable in the eyes of God/gods or the Ancestors. However, to indulge oneself in adultery and fornication without a condom, one commits three sins beside the sin of sexual immorality. The other sins

62 See the story of Cain when he murdered his brother Abel on Genesis 4:1-15.
63 See Jesus teaching on the greatest commandment of all commandments on (Matthew 22:34-40)
would be suicide and murder. This argument is evident in his argument where he says that, “There is nothing Godly in killing your wife/husband (whether that husband/wife is legal or not) or someone’s daughter or son, whether that killing is by typhoid, by a bullet or through slow blood poisoning with HIV. On the contrary committing murder is as immoral as committing adultery. It is also immoral to commit suicide through unprotected sex. The five evils therefore, should equally be condemned by the Church”.65

We have observed above that ‘none of us does consistently what we know is the right thing to do’. This is evident in the “Nation Catholic Reporter” of March 16, 2001, which states that there is a lot of sexual harassment, exploitation and rape towards Roman Catholic Nuns by male Priests. Malawi has been named in the report as one of the countries that this kind of behaviour is prevalent. This kind of situation is one of the situations that made a group of Southern African Church Leaders that met in Nyanga Zimbabwe in January 2001, to declare that they are equally vulnerable to HIV/AIDS. In view of this, we argue that the FBOs stand on condoms appears to be hypocritical and therefore stigmatic in nature, in this case, it would be wise for some of the FBOs in Malawi to seriously review their stand.

We also argue that by Natural Law, if procreation is meant for the preservation of a particular species, then a condom in the face of AIDS is meant for the preservation of the human species. Even the Ancestral spirits would not be happy to see the living just dying like ‘tsetse flies’. If we would follow the ‘absolute command’, then the Christian teaching claims that the greatest command of all commandments from God is “Love”. This command follows the principle of beneficence and nonmalificence. In line with this argument, Lutheran ethicists have argued that, “When a human being does not regard his or her life as the manifestation of a good or loving act, he or she is not necessarily motivated to do good to other human beings.”66 In the spirit of this statement, we think that it is unfortunate that this principle of Love that forms the basis of Christian doctrine is not clearly echoed in the FBOs’ stand on condoms in the face HIV-virus.

Is AIDS a punishment from God, the gods or the azimu?
AIDS raises the question of the meaning of life on earth. This question has led some people in the religious sector to draw conclusions that AIDS is a punishment from God. God is angry with the people and He has created AIDS. We have seen above that verses are quoted from the Bible pronouncing Gods’ judgment on disobedient people. And sometimes this judgement is pronounced on condom users by some

64 Genesis 9:5; Deutronomy 4:9; Job 2:9-10
65 Gideon Byamungisha, Breaking the Silence..., p60-61
preachers. If we read the statement above from the Village headman when we introduced the condom debate above, we would realize that this idea of Gods punishment is also strong in African Traditional Religions (ATR). 67

We have also observed in our introduction that Africa is the most affected continent on earth. For this reason some scholars have argued that, “AIDS is becoming more an ‘African’ and ‘third world’ disease.” 68 And yet, they are some quarters of the FBOs that are still preaching that AIDS is a punishment from God. This idea of Gods’ punishment becomes more complicated when the condom debate arises. Through our microscopic analysis of the AIDS situation, it is extremely difficult to conceive that the greatest sexual sinners in this global village are only the Africans who have the highest rate of the global AIDS catastrophe.

To illustrate this, we would like once again to revisit Gideon Byamungisha. Gideon points out that it is very hard to believe that the greatest sexual offenders in the world are the African women who are giving residence of 80% of the global HIV+ women. He does not believe that they are the ‘most loose’ in the world. Worse still, he asks, why has God decided to inflict African children with HIV/AIDS when already malaria, measles and diarrhoea are killing 600,000 children every year? To give us a clear glimpse of his argument he compares African AIDS case with the European AIDS case. Taking the example of the United Kingdom where AIDS rates a still low, yet it is where more slightly more than 5% of the population publicly confesses their love for God. It is also where a Cathedral of 900 seats sometimes congregates less than 50 worshipers on Sunday Service and sometimes the Cathedral Choirs are bigger than the congregation. 69 Therefore, as observed here the idea of Gods punishment would be problematic if we see the reality on the ground.

Our argument here against the theology of suffering in the context of HIV/AIDS, does not overrun the fact that the Christian teaching points out that some sickness comes about because of sinfulness (see, Psalm 38; Numbers 12; 2 Chronicles 26:19). However we need to be reminded that, other Biblical references

67 See footnote number 7, “There is no disease called AIDS in the country as government and other people claim. What we have is a plague. God is very angry with what we are doing.” Village Headman Makunganya from Chief Mponda’s Area Mangochi District.
69 Gideon Byamugisha, Breaking the Silence on HIV/AIDS in Africa: How Can Religious Institutions Talk About Sexual Matters in Their Communities, Kampala: Tricolour Designers & Printers, 2000, p56. See also, T.S. Maluleke, HIV-AIDS: A New Kairos for Theological Education and for the Churches in Africa, p10. Who argues that “…it is the poor in the world’s poorest sections who are most at risk. Africans are no more
warn the assumption that a person’s sufferings are related to his/her sin (see, John 9:2; Luke 13:2). This observation challenges all Theologians to carefully strike a balance in any theological deliberation. Unless we believe that Africans are the most sinful people on earth we need to encourage some of these preachers to change this shallow theological understanding of the doctrine of sin and punishment.70

In recent times, we have experienced the rapid growth of prosperity gospel in the face of extreme poverty and so much suffering due to AIDS. In this kind of theological deliberation, “Theology of Suffering” is ignored in favour of the ‘Theology of Prosperity’. The “Theology of Prosperity” teaches that those who are suffering, are suffering because of sin, but for those who are righteous in God sight, God will bless them, and therefore AIDS will not be a problem to them. In this way AIDS is a disease of sinners. As AIDS is a disease of sinners, and the condom is associated with sexual sin, Christians should reject condoms at all cost. Those who use condoms are sinners, a condom cannot protect them, and God will judge them by removing material and spiritual blessings on them.

The problem of prosperity theology is that it floats above the reality on the ground. On (Romans 8:23) Apostle Paul teaches that, even those who have the first-fruits of the Spirit, groan inwardly as they wait eagerly for their adoption as sons, the redemption of their bodies. This reminds Christians on earth that disease and illness are painful and visible reminders that they live in a fallen world. And sickness is a forerunner of life beyond death. Theologians should also not forget that part of the Christian understanding of growth and maturity in Christ must involve an acknowledgement that ‘suffering produces perseverance; perseverance, character and character hope.’ (Romans 5:3-4). Sometimes God’s power is made known in human weakness (2 Corinthians 12:9).71 The idea that AIDS is the punishment of God has in the long run affected the use of condoms. This is why there has been a lot of stigma around the condoms.72 We would also like to remind the FBOs, that the very purpose of condoms in the face of HIV virus is to prevent suffering that may be brought through infection.

**Do condoms promote promiscuity?**

| Condoms | = Promiscous Behaviour |

promiscuous than, for example Europeans; but Africans are much poorer and therefore much more vulnerable to the AIDS epidemic.”


72 For more information on stigma and discrimination in Malawi, see the research made by MANET in, MANET+, *Qualitative Research On Stigma and Discrimination Issues As they affect PLWHA in Malawi*, Lilongwe: MANET, 2003.
Promiscuous Behaviour = AIDS
AIDS = Death

The faith community has rejected condoms on the basis that they promote promiscuity. The basic assumption in this argument is that God created AIDS in order to discourage promiscuity. However, human beings continue to resist and contradict with what God has instituted by introducing condoms on the market so that promiscuous behaviour should continue. In this case, condom manufacturing and use, are a sign of a rebellious behaviour against God. This position is also in line with the theological teaching we have discussed above of equating sinful behaviour to human suffering. Hence, the equation condoms are equal to promiscuous behaviour, and promiscuous behaviour is equal to AIDS, and therefore AIDS is equal to death. The question we might have here is on whether Christian theology teaches that promiscuous behaviour develops from the external surroundings such as condoms or sexy dressing, or from the internal of the human person.

In Christian theology the seat of all human activities is in the heart. The heart controls the intellect, the feelings and the will. The biblical teaching on sin is that a human being is able to resist sin because he/she was made in the image of God. The heart has the ability to choose between godly nature and earthly nature and it is only God who can change a lustful heart. However, due to what the Bible calls as the 'earthly nature' that flows from a lustful heart, human beings may at times sin. Therefore, sinful behaviour is something that flows from an earthly lustful heart. This teaching shares the ideology of the Total Depravity Approach.

The biblical teaching suggests to us that promiscuous behaviour develops from the inside of a person- 'the lustful heart' and then protrudes outside. It can therefore, be argued that promiscuous behaviour is an outward sign of what a person thinks from the inside. In this case, a lustful heart that is bent towards promiscuous behaviour, with or without condoms, will still be bent towards promiscuous behaviour. In connection with this argument, it may further be argued that condoms may also lead a person to promiscuous behaviour depending on how his/her heart "wishes".

Condoms therefore do not promote promiscuous behaviour, but the lustful heart promotes promiscuous behaviour, however, as an external element, condoms may in certain circumstances aid the heart in promoting that kind of behaviour in a person. Nevertheless, we have already observed that a woman in Police custody complained of being sexually molested by a Policeman without a condom, and also some

74 Read, Proverbs 6:25; Colossians 3:5; 1 John 2:16; Numbers 15:39; and Psalm 199:11.
Catholic Priests have sexually exploited Nuns without condoms. As we read in daily papers, about an increase in rape cases, and massive sexual immorality among our society today, these two examples (of the Priests and the woman in Police custody), would indicate to us the reality of 'condoms use' on the ground. Certainly in Christian theology, it is only God who has the solution to promiscuity, but that solution should not quickly be referred to as AIDS. Although people might have their own part to play in the elimination of the problem, such a conclusion that (God created AIDS in order to discourage promiscuous behaviour) may suggest a theology that limits what God can do. It would therefore be problematic for us just to accept that condoms promote promiscuous behaviour. In fact, from the look of things, condoms demands a sense of personal responsibility on the part of the users and therefore the opposite might be the truth.

From the theological equation above we can observe that the main argument from the faith community against condoms is what has 'unfortunately' brought in stigma towards AIDS. And this is why the FBOs have generally not been so successful in the fight against AIDS. The rise of the infection rate every year testifies to the fact that the FBOs war on AIDS has been a major failure. And this is why the FBOs need to revisit their stand on the preventive measures against the disease. It is therefore a duty of the church to see to it that condom manufacturing, promotion and use should not be directed towards promoting promiscuity but protecting people from the virus. In this way, the FBOs need to come up with rational theological arguments that can help in the fight against stigma and the disease, without compromising their basic theological teachings.

In addition to these arguments presented above, we would also like to add up some practical examples from other countries. For example, Gideon gives a practical example of his home Uganda where the condom promotion programmes have been successful. He encourages all religious groups not to fear that the promotion of condoms will promote promiscuity. Quoting studies that were conducted there, Gideon points out that the studies indicated that the use of condoms that goes hand in hand, with proper sex education, may not necessarily read into increased sexual activity but may lead into a decrease of sexual activity. It is also a known fact that intensive condom distribution in some countries has lead to a dramatic decrease of infection rates that are related to sexually transmitted diseases. We would like to suggest that the argument from Uganda might equally apply to Malawi, because most of the people groups in Africa are similar in their cultural and psychological set up. However, we still think that this kind of

75 Gideon Byamunisha, *Breaking the Silence...*, p60.
76 For example, see footnote number 24, on the success stories of condom use.
research needs to be carried out in Malawi, as well as in all African countries. This would help the national bodies that are geared to the fight against AIDS to come up with proper prevention strategies.

Denial of condoms is it ‘Theologia Genitalia’ or the ‘Theology of Otherness’?

These two theological terms are the making of Professor Randall C. Bailey. He is the Associate Professor of Old Testament and Hebrew at the Interdenominational Theological Center in Atlanta, USA, and he is also a visiting Professor of Scripture at the College of Transfiguration in Grahamstown, Republic of South Africa. Bailey in his article entitled, "Some Theological and Ethical Reflections on AIDS", is writing on ethics of AIDS in relation to Biblical Theology. As a Biblical scholar, the problems he sees in Church statements related to AIDS, is that most of the times they come out through faulty understanding of the underlying meaning of Biblical passages.

He thinks that this kind of faulty Biblical interpretation has brought in what he calls ‘theology by genitalia’ and the ‘theology of otherness’. By ‘theology genitalia’ he argues that this theology claim that when one gets to the gates of heaven, God will be there asking to see one’s genitals and receive a report on what one has done with them. And on that report will rest ones’ salvation. When we apply this to our context of the Natural Law in this project, it would presuppose that God might be there to ask if, one violated the Natural Law, by covering ones genitals with a rubber sheath.

Bailey observed that if we would ask most Christians to list sins, the sexual sin would likely be on top of the list. In this kind of thinking, he sees that it is very difficult for one to develop a sense of a healthy sexuality. From this understanding, he asks, “If sex is always listed in the sin category, how do one move to a theology that recognize sexuality as a vital, creative, and essential part of life?” And without responding directly to this question, he says that when AIDS is associated with sexuality and death this lethal theological strand (of theologia genitalia) is reinforced. Therefore, he argues that unless one sees sexuality outside of the patriarchal boundaries of the biblical context and puritanical views of the self, one will always be locked into what he calls the ‘theological conundrum’.

Even in the African Traditional Religions (ATR) ‘sexual taboos’ are one of the top most ‘considered’ evils of the society. This kind of position of viewing sex as the most negative part of human life is what has made most of the religious groups to reject condoms. This stand is not very helpful in the face of AIDS because it has a narrow approach to sexual issues and the HIV-virus.

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However we would like to put forward this argument that, human life, the body and health are gifts from God the Creator. This being the case, the body is subject to human management with personal responsibility to the Creator. Just as Martin Luther pointed out in his ‘Small Catechism’, “I believe that God has created me and all that exists; that he has given me and still sustains my body and soul, all my limbs and senses, my reason and all the faculties of mind…”78. This would suggest that we are all responsible to care for our genitals that God has entrusted to us. By using our reason, we have to make sure that when we know that we have decided to misuse our genitals we should remember to protect them (from venereal diseases) by using a scientifically tested rubber sheath called a condom. In this way we will show to our creator that although we were born sinners, we care. This kind of action would further show our respect towards human dignity through our efforts to follow the greatest (absolute) commandment of love-love to thyself and to others (being the one whom sex is performed with).

On the ‘theology of otherness’, Bailey argues that it is closely associated with the ‘theology by genitalia’. In this theology ‘one’ is depicted as part of the out-group, and therefore ‘hateable’. This ‘one’ depicted as of the ‘out-group’ in our context might be a condom user or an AIDS patient. Taking the example of the Christian missionary attitude towards religions of other parts of the world, Bailey observed that they posit as an "in group/out group" mentality. And this he says is expressed in the dictum, “I’m OK, but you’re not. And the reason I know that I’m OK is that I’m not you!” These are the religions that teach intolerance of people who practice another religion, depict followers of other religions as heathens, pagans, infidels, ‘kaffirs’, or savages.

Now Bailey thinks that these religions have at their root a demonology of ‘otherness’. He continues to argue that once one is able to place another in this outsider category, oppression of them becomes not only normative, but also theologically sanctioned. Therefore one is able to practice what he calls a ‘holy hatred’ of them. Is this not the same kind of attitude that some of the religious leaders have indicated towards condom users?

During our interviews in and around Blantyre, some Pastors indicated that condoms are demonic. The theology of ‘otherness’ here applies in such argument as, ‘the reason you are using condoms, is because you’re sinners, but for me I am fine, I do not indulge myself in such dirty act as using condoms’. This kind of theological thinking result into such undesirable human conditions as:

• Guilt and shame (how will people take me/us if we allow the use of condoms to fight against the virus, or how will people take me if they know that I use condoms in private even though I speak against them in public).
• Fear and worry (and therefore positive thinking and action towards condoms is paralysed).
• Denial (it cannot be happening to me/to us, therefore there is no need of using condoms).
• Deprivation (lack of knowledge, skills, space, services and therefore negative approach to condoms is always out of ignorance and lack of concern).
• Presumption (I/we know why this is happening, the gods, God, or azimu are angry and therefore AIDS is a disease of sinners. Therefore, in such circumstances, holy hatred to those using condoms to protect themselves becomes normative).
• Anger and bitterness (how could the government/marketing organisations do this to us, that is, to openly declare that condoms might be helpful in the fight against AIDS. This declaration will lead into massive immorality hence the anger and the bitterness towards these ‘misguided earthly institutions’).
• Underestimation (things will be fine, AIDS has been overblown, it is a disease of the ‘wayward few’-who are willing to use a condom and thereby bringing home the ‘theology of otherness’)
• Finally, mis-priotisation (I/we have more urgent/important ‘issues’ to address in our religious organisation, and therefore it is a waist of time to be talking about such sinful things as condoms).79

When we revisit R.C. Sprouls’ idea that none of us does 'consistently', what we know is the right thing to do. The ‘theology of otherness’ with its ‘holy hatred’ can therefore be labeled as hypocritical. In fact, it does not help in this era of AIDS, because it brings stigma towards HIV/AIDS. The word ‘hypocrite’ comes from the Greek word ‘hypokrite’, and it means a ‘play-actor’. In Greek drama the actors held over their faces oversized masks painted to represent the character they were portraying. In life, the hypocrite is a person who masks his/her real self while he plays a part for his audience. A hypocrite does not act spontaneously from the heart but with calculation, to impress observers (Mat 6:1-3). He/she think only of the external trappings of religion, ignoring the central, heart issues of love for God and others (Matt 22:18-22); and she/he uses spiritual talk to hide base motives (Matt 22:18-22).80

79 See Gideon Byamugisha who has used these areas in explaining stigma towards the people who have HIV and here it has been modified to fit into our context, Gideon Byamugisha, Breaking the Silence in HIV Prevention and AIDS care: Progress and the Way Forward, Seminar Paper, Montclair Hotel-Zimbabwe, 28 January, 2002, p1.
This was the kind of behaviour that the Pharisees had, and therefore, Jesus condemned them (Matt 23:27). From this passage, we can see that the Pharisees practiced the ‘theology of otherness’. Some sectors of the church see AIDS as a disease of the sinful society and not of the church. And yet, despite the call by the church to “abstain and be faithful” there has been an upsurge of the AIDS problem in the church. Stigma towards condoms is therefore a sin of hypocrisy, because it leads into the negative theologies of ‘genitalia and otherness’.

Does the Biblical passage on Onan refer to the moral question of condom use in the fight against AIDS? An attempt to exegete (Genesis 38:8–10)

It is very important to accept that it is not easy to understand Biblical texts today. This is so because the postmodern human being was not there when the Bible was written. There are therefore many gaps that need to be considered before one interprets a Bible passage. The first gap is the historical gap, what happened in the historical period of Genesis would definitely be different from our historical period today. Secondly, there is also a cultural gap. Culture is dynamic and therefore it differs from place to place and from time to time. The culture that was prevailing during Onans' time in this story from Genesis is different from our culture today. Thirdly, is the language gap, the Bible books were originally written in Hebrew and Greek. Therefore, it is quite challenging to translate a Biblical passage without obscuring the original meaning of the text. And finally, there is also a philosophical gap. The worldviews that existed during Onans' age in the story of Genesis are not the same as the worldviews that we embrace today.

Therefore in order to try to grasp the meaning of this passage we should try to find what was the intention of the original writer in giving us this story. In this case we need to find out about the specific cultural-historical context of the passage. This would demand us to have better knowledge of the marriage customs that prevailed at this time. Since Onan was put to death, we also need to know the level of spiritual commitment and beliefs that prevailed at that time. In addition to this, there is a need to go into the lexical-syntactical anlysis. Lexical-syntactical analysis is the study of meaning of individual words (lexicology) and the way these words are combined (syntax). And finally, after considering all these aspects that are related to biblical interpretation, the theological analysis to the passage can be carried out. The problem we see with the interpretation of this passage today is that theological analysis is carried out first before considering the background tasks of Biblical interpretation (as briefly indicated above). This is what has brought major misunderstandings of what the passage mean when it says that Onan spilled his semen on the ground (Genesis 38:9).
We will not go into full details of this passage. However would like to point out some of the important aspects in the passage that needs to be considered. The first one is why did Judah asked his son Onan to have sexual contact with his brothers wife? Was this normative? According to the Old Testament variety the brother-in-law of the childless widow was expected to marry her to produce children for his dead brother. The reason for this was to produce children for his dead brother. This kind of marriage has been called as levirate marriage. The term ‘levirate’ comes from the Latin word ‘levir’ which means ‘brother-in-law’. In many societies (ancient and modern) the custom of levirate marriage is known. This kind of marriage is similar to ‘chokolo’ marriage that was popular before the AIDS epidemic took its toll in Malawi. The details of its practice in the order times have been described in the book of Deutronomy (25:5-6). In this passage the Levirate marriage was laid down as a legal obligation within Israel (cf Matthews 22:24).

This custom is also illustrated in the book of Ruth, though in this book it is illustrated as marriage to the nearest living relative (Ruth 3:12). The passage in Deutronomy regards such marriage as desirable but not compulsory. However, it seems that in earlier time of Judah and Tamar the brother-in-law had an absolute duty to marry his widowed sister-in-law. And this is why Judah asked Onan to fulfill his levirate duty over his brothers’ wife. Judah refused to carry his responsibility of fulfilling the levirate duty. For this reason, God killed him. The action that God took towards Onan was probably in line with the spiritual commitment of the people during this time, and therefore, this would suggest to us that it was evil in the sight of God to see Onan refusing to exercise his levirate responsibility. And finally, the act of asking Onan to sleep with Tamar might be argued as morally right because it was in line with the accepted standards of the traditional norms of his days.

The second important aspect is the act of spilling semen on the ground. Why was Onan spilling his semen on the ground during sexual intercourse? From the passage, we can understand that Onan did not refuse to have sexual intercourse with Tamar, but it seems that when Onan reached the ejaculation level, he was pulling off his penis and then spill the semen on the ground. The passage also indicates that the purpose for this intercourse was to bear children. We might have a number of questions here: where did Onan acquire the knowledge of ejaculating outside in order to control birth? And what was the practice of his day when people wanted to prevent unwanted pregnancies? If there was a certain way of controlling birth was it normative?

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The act of ejaculating outside the woman might have been the known practice of controlling birth during Onans’ age. The Bible does not tell us clearly and exactly what were the birth control methods by this time. Onans’ behaviour on this passage might indicate to us that he was practicing the birth control skills of his day, but in this case he was not supposed to do so. We might therefore argue that, the problem was not the act of spilling the semen on the ground, (because this act might have been the accepted birth control standard) but the problem was that he spilled the semen on the ground when he was told to fulfill his levirate duty. Therefore we may continue to argue that the act of ejaculating outside the woman was moral if it was meant for family planning methods, but it was immoral if it was meant for not fulfilling levirate duty, (as it is in this case). Onans’ action contravened the spirit of (Genesis 1:28) where God commands the ancient people to be fruitful, and also the letter of the levirate custom and the promise that God made to patriarchs that were assured that they would have a numberless descendants. So Onan died because he had resisted God’s declared will.

We should therefore be careful when we associate this passage to condom use. We do not think that God created us that whenever we have sexual act children should be born. We should also be careful in applying the Natural Law Approach, because sex is not only for procreation. If that was the case families could have a child in every year of their marriage. We need to be responsible, to plan well when it comes to bearing children. The condom promotion today has mainly centred on birth control and HIV-virus prevention. The passage on Onan does not refer in anyway to condoms. And the context of HIV/AIDS is totally different from Onans’ context. Condom use in the context of HIV/AIDS is not only a theological issue, but it is also a healthy issue. Just as Onan had the duty to preserve life, the sexual act through condoms in light of HIV/AIDS has the same moral duty of preserving life. For God said, 'be fruitful and subdue the earth'. This shows that God would like to see human life flourishing on earth. And therefore we can not claim that condoms are immoral from this passage.

The problem encountered in justifying whether it is morally right or wrong to use condoms has lead some sectors of the faith community to claim that condoms are morally neutral. This position argues that, as far as condoms are concerned, they are morally wrong or right depending on how they are used. This idea also streams from an African understanding of seeing technological devices as morally neutral. Having discussed the morality of condoms according to the Old Testament passage, we would like to examine this position in light of the theological teaching.
Are condoms morally neutral?

In Christian theological circles there are two schools of thought when it comes to the neutrality of technological artifacts. One school of thought argues that there are many things that the Bible is silent and therefore they should certainly be left to the freedom of conscience that every Christian has in practice of his/her personal liberty. The second school of thought is the one that goes in the direction of the ‘Regulative Radical Approach’. This school of thought argues that there is nothing under the sun that is morally neutral. For the Bible says that everything has to be done to the glory of God. These two theological positions have also influenced the theological stand on condoms to some Christians in Malawi.82

We would like to concentrate on the first argument that claims Christian liberty—that there are certain things that are morally neutral and they should be left to the 'individual conscience'. Such passages as (1 Corinthians 8:1-13, 10:23-26) are used to express this neutrality. And the ‘catch-word’ that is used is a Greek term called ‘adiaphora’. This term literally mean, ‘not different’, it can further be translated as, ‘so not a thing of importance’. The other term that is connected to ‘adiaphora’ is ‘amoral’, and it literally means ‘without morals’. These words have sometimes been used interchangeably when referring to neutrality of technological devices.

Nevertheless, Puritan Theologians of the Reformation period were the first to use the term 'adiaphora'. They argued that obedience to the whole Bible truth (and only to that) was essential to the believers obedience to Christ, and that permissible ‘adiaphora’ are limited only to those things of no moral or spiritual significance which do not conflict with Scripture teaching or with the glory of God. The things (artifacts) that have no moral significance in themselves are to be decided upon by the individual through common sense. From this understanding, some Christians have argued that condoms are in this moral neutral area of ‘adiaphora’.

We would like to present some theological insights of this concept of the neutrality of artifacts. We are going to use the diagram that R.C. Sproul used in explaining about the things that could be evil, neutral or good. R.C. Sproul called this diagram as the ‘ethical continuum’. But we have recalled it as the ‘ethical litmus test’ with a few modifications added to the original diagram that R.C. Sproul suggested. Below is the diagram:
In the diagram, the black area represents evil, and the white (clear) area represents the good. The middle gray part represents 'moral neutralness'. R.C. Sproul refers the 'gray area' as the area that the Bible calls, "matters of behaviour that are adiapherous". An adiapherous behaviour he says, has to do with external things that in themselves do not carry any particular ethical weight and therefore morally neutral. The very middle part represents the zone of ethical ignorance, hence, the term we have come up with ‘ethos-agnosis’.

This diagram is the ‘ethos litmus test’ because we can determine (according to our condom context) whether condoms are morally neutral, evil, or good by moving through the arrows in either direction. R.C. Sproul suggests that the gray area in the middle is the area of confusion, or ignorance in our minds about the right and the wrong. The zone of the ‘ethos-agnosis’ we have added to the gray area is the most crucial area because it is the state of absolute ignorance of any ethical value. If a person is in this zone, he/she does not even think that a particular artifact (like a condom, for instance) can be morally neutral, evil or

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82 These ‘schools of thought’ were also taught by R.C. Sproul in his video teaching series, Building A Christian Conscience, Ligonier Ministries. Sproul was explaining according to the American context, but here it has been explained according in the Malawian context.
good. This is so, because, one has not yet decided to move either directions, or one does not even see the need to move either direction. This might be due to lack of information or that the artifact in question is taken for granted that it is not ‘value laden’. Any human action (in this context) can therefore be tested whether it is good or evil using this kind of testing.

When we apply this diagram to the moral debate on condom use, we would therefore claim that condoms are either in the in the black area or in the clear area. We might as well claim that they remain in the gray area depending on how one use them. We might also claim that there are people who do not see any values in condoms, may be because they lack of civic education. In this way one would test and place the condom moral issue in this litmus test, the way the placement would be, will determine his/her moral perception on condoms.

We have seen arguments already that put condoms in the dark (evil) area. We have also observed some arguments that put the condoms in the clear area. Now what would be the reason in putting them in the gray area? The argument would go like this: Condoms are morally neutral, but they become morally evil or morally good depending on how one uses them. Therefore using our ‘ethos litmus test’ diagram above, by following the arrows one would move from gray areas to black areas by using condoms in the premarital or extramarital sexual acts. This action is morally evil because it leads one into the black area. But also one might move from the gray area towards the white area by using condoms as a contraceptive in a lawful marriage-that action would be considered as morally good.

Whether one likes it or not, it seems that it is undeniable that some of the religious people (not only in Malawi but also globally) hold that condoms are morally neutral. If this is the case, what would be the advantages and disadvantages of this position to the fight against HIV/AIDS? The most important factor in the notion of the neutrality of condoms is that they are not quickly put into the sin category, thereby removing the stigma that has surrounded their use for a long time. The idea of Christian liberty gives the individual a choice, whether to use it or not. In this way the basic freedom of the individual is not violated, hence the position respects individual rights which most of the religious groups overlooks when it comes to condom use. This position may also gives the user not only freedom but also responsibility. The concept of responsibility in this respect is very important, for freedom without responsibility would lead to dangerous consequences in the face of HIV/AIDS.

There are also several disadvantages to this position. The Natural Law approach to condoms as taught by the Roman Catholic Church for example, does not see condoms as morally neutral. In this case the
The neutrality of condoms is rejected ‘by all means’ by most of the Catholic moralist. Even the Regulative Radical Approach would have problems to condoms because this approach sees nothing neutral under the sun. The basic understanding in this approach is that there are no ‘gray areas’ in God. The gray areas only exist in human beings because they refuse to comprehend the laws from God. This kind of interpretation claims and believes that God’s absolute laws forbid condoms. This argumentation stems from such Biblical passage we saw above in the Book of Genesis (Genesis 38). The other argument is that the body is the temple of God, and therefore the condom cannot be morally neutral for it desecrates the temple of God. In the same way the ‘Total Depravity Approach’ would claim that condoms promote promiscuity because human beings generally born with depraved minds. If condoms promote promiscuity, as most the religious groups claim, therefore they can never be morally neutral because they always lead ones’ mind into doing evil.

The Concept of Rights and Condom Use Among the Youth: Is the Right to Use Condoms an Absolute Right?

I have the right to think for myself.
I have the right whether to have sex and with whom to have it.
I have the right to use protection when I have sex.
I have the right to buy and use condoms.
I have the right to express myself.83

The concept of rights in relation to the condom in the fight against AIDS has always been a point for confrontation.84 The confrontation has always been between parents and their children. The above statement from the, ‘Teenager’s Bill of Rights’, claims exclusive rights to sex and condom use, and it serves as a one of the important indicators of possible confrontation. According to the reports from the National AIDS Commission highest infection rate in Malawi is among the Youth.85 For this reason, some quarters of our society have decided to distribute condoms in schools. The distribution of condoms among the Youth has prompted some people to question the ‘right’ to condom use. The question we would like to address is on whether the right to use condom is absolute or prima facie.

84 For example see the article by Peter Gwazayani, 'Condom distribution in schools sparks controversy among kids' in the Daily Times Newspaper, dated August 21, 2003. p4.
A right is a justified claim on others. Rights can also be characterized as powers or privileges to which an individual has a just claim such that he/she can demand that they not be infringed or suspended. Rights can be negative or positive. Negative rights are rights that require restraint by others, while positive rights imply that others have a duty to do something to or for the right holder. Rights that are negative or positive can also be either absolute or prima facie. The right that is absolute is the right that always holds, while a prima facie right is a right that holds unless the ground of the right is outweighed by some contrary reason.

If the right to use condoms is an absolute right then it would be valid without any exceptions and therefore it cannot be restricted in any circumstances. However, there are circumstances that a right might be overridden. A right is overridden when it is justifiably infringed, but it is violated if it is unjustifiably infringed. The question we might have is on whether the right to use condoms can be overridden. A right may be overridden if for example:
(a) The right contradicts with the law.
(b) The right conflicts with another right.
(c) The right contradicts with the ordinary practical thinking of the society, or it is against the general interest of the society.
(d) The right does contradict a valid moral principle.
(e) The right may lead to any possible disastrous consequences.

The criteria above criteria would give us direction on whether the right to use condoms among the Youth is an absolute right. According to religious and traditional marital laws, unmarried persons are not supposed to indulge themselves into sexual intercourse until marriage. Young men today are advised to use condoms when they are having sex with prostitutes. However, prostitution in Malawi is illegal. It is morally valid to encourage people to avoid sexual immorality, and also our society is generally interested in discouraging sexual immorality. In this way, the restrictions on condom use among the youth could be in accordance with the acceptable marital laws.

The faith groups have also argued that 'with or without rights' there is no such a thing as 'safe sex' outside marriage. And this is why, the government and the faith community agreed that the best way to stop the virus is only through abstinence. There are also posters around Blantyre city that encourage girls 'to say no to sex', and the poster continues to say, 'if you can't, use a condom'. This presupposes that the 'right to abstain' should always come first before one considers the 'right to use a condom'. In addition to these arguments, the modern philosophy on rights generally claims that there is no such a thing as absolute rights. The argumentation would lead us to claim that the right to use condoms cannot hold at all the times, and therefore it is not absolute.
If we claim that the right to use a condom is a prima facie right it would mean that the claim to exclusive sexual rights among the teenage should be overruled in some circumstances. For example, no parent would allow his/her teenage daughter to have exclusive rights on sex because this might lead into disastrous consequences such as unwanted pregnancy or HIV-infection. Bearing in mind that condoms sometimes do break, and not all kids would use a condom properly, the parent has every right to restrict sexual rights on his/her daughter. In this case, the right to use condoms may be overridden by the right to abstain or by the right of the child to receive a socially and emotionally satisfying life from the parents. Parents therefore, have a duty to counsel their children on matters related to sexual and reproductive health.

However, due to autonomous choices that every individual has, the daughter might decide on her own to have sex without the parent knowledge. The girl might have a 'positive right' against her partner, this would mean, to ask for condom in order to prevent infection. Her individual rights might be violated if she would be forced into unprotected sex. The 'individual choice' also give every individual the responsibility to 'use or not to use' a condom. This is why there is a need to teach people 'condom negotiating skills', because the right to use condoms may become basic when one has already decided to do sex.

Exclusive rights to condoms might lead into disastrous consequences to our children. We therefore urge all the parents to discourage premarital sex at all means. However, we would like to suggest that parents should also give their children 'rights' to sex education in the home. This will ensure that the children have the right message on their responsibility towards their bodies. This would also demand the African parents to break the traditional distance on open discussions related to sexual issues with their children.

**Condom Promotion: Are the Moral Challenges in Condom Advertisement Well Addressed in Malawi? An Attempt to Develop Ethics of Condom Advertisement in the Context of HIV/AIDS**

In this section we will try to visit the ethical issues that have surrounded the condom advertisement business. The basic assumption here is that information is power, and that the purpose of information dissemination is to communicate an important message. And when that important message is communicated to the receiver he/she should act on it. In our context, the message that is supposed to be communicated is on the use of condoms as a preventive measure against the HIV-virus. The power factor
means that the individual is empowered by the message to reason and make a choice in an informed manner. This ‘informed choice’ can only be achieved when the message of condom use has been properly communicated to intended recipient.

The information about condoms in Malawi has so far been advertised through the radio, television, magazines and billboards. In our discussion below we will divide these communication mediums into two information dissemination categories. On one hand, we will have the ‘visio-audio devices’, these are the communication devices that one can listen to or can see with his/her own eyes while listening to them, such as the radio and the television adverts. And on the other hand, we will have the ‘picto-letter devices’, these are the communication devices that one can see pictures as well as read the letters that may accompany the picture, such as the billboards, posters and the magazine adverts. The question we would like to address is on whether these communication mediums have been presenting the message properly that it can empower the prospective user to make an informed choice.

We have observed that technology is not morally neutral but value laden, and because of these values in information technology, the ethics of information technology should certainly be born. Information technology comes into play of ethics because it also mediates and instruments these human actions. And in the context of condoms it mediates and instruments sexual action. In this case, the instrumentation of sexual activities through the condom promotion/use has tried (and is still trying) to change the traditional conceptions of sex. In this way, the original natural sexual act is also affected. These changes have unfortunately brought in ethical controversies among the people. For this reason, we would like to argue that the introduction of condom advertisement in Malawi has created policy vacuums. The ethical issues that have surrounded the condom advertisement sector are the policy vacuums. Therefore, in order to discover these ‘policy vacuums’, our analysis of these two categories will largely be based on what has been delineated in the condom advertising business.

Has the condom advertisement as the preventive measure against HIV/AIDS on the ‘visio-audio’ device been a strategic failure? The problem we might encounter here is on whether the condom adverts on the radio or the television are meaningful that they have a potential of bringing out positive response from the receiver. The solution to this problem might lead us to the probable answer on the question of failure of condom adverts to communicate the intended message to people.

86 On the question of ‘information is power’ see for example, Deborah G. Johnson, Is Democracy Embedded in the Internet, in Göran Collste, ed., Ethics in the Age of Information Technology, Linkopings: CTE, 2000, p98-99.
87 For further discussion on ‘policy vacuums’ see, Deborah G. Johnson, The Future of Computer Ethics, in Göran Collste, Ethics in the Age of Information Technology, p 18, 27-30.
The growing stigma towards condoms in some sectors of our society (like the Church) indicates a failure in factual information dissemination. Despite a number of programs related to HIV/AIDS on the visio-audio sector, recent reports in the local press indicate that there is still a lot of ignorance in matters relating to the AIDS epidemic.\(^8^8\) We suggest that this has been due to the concept of ‘otherness’, that occurs in Radio and the Television studios, a concept that goes with a mentality-‘the people out there are the ones affected, and not us’. It seems that, this concept of ‘otherness’, has come out due to the dubious communication experts of, ‘we know it better attitude’, that design adverts that lack proper health strategies, umunthu ethical theories, gender sensitiveness, transparency, guidelines in analysing the data and method-driven communication programming. We would like to mention a few visio-audio programs we listened to in the course of our research. The programs were like, Phukusilamoyo, literally meaning life packet, Tipewe, literally meaning ‘let us avoid’, ‘Anti-AIDS Program’ a radio program produced by FM101, Tikuferanji literally ‘why are we dying?’ produced by both the Television Malawi, and Radio MBC, and Zimachitika, meaning ‘it happens’ produced by the Radio MBC.

One writer has argued that such programs as Tipewe have unnecessary long shots, close ups, talking heads and deficient sound production. In addition to this in some instances the program fails to make people establish between cause and effect because it is not grounded in health communication paradigms.\(^8^9\) The impression we got from listening to most of these programs was that, they are at times full of jokes that lack the serious approach to the epidemic. Some programs are also at times so dry and very boring. This lack of seriousness may result into diminishing the dangers of AIDS. The other thing is that the presentation of condoms is much of ‘fun oriented’ than ‘prevention oriented’, and therefore, they overlook some of the important social and human values..

In addition to this, some radio adverts on condom that appear on such programs as, ‘Youth Alert’, may be misleading to the youth. For example, one advert states that, no one has the right on the Youth to decide for them on matters related to sexual reproductive health. Another advert by the Population Services International (PSI), the distributors of ‘Chishango condoms’ states that ‘Chishango condom is ‘the source

\(^{88}\) See for example, articles by Taonga Sabola, “Faith Community against promotion of condom use”, in the Daily Times Newspaper, May 26, 2003. Also, Saukira Banda, “Religions gang up on AIDS”, in the Daily Times Newspaper, June 5, 2003. Taonga Sabola reports that “members of the faith community…vowed never to preach condom use in their churches and mosques but to promote behavioural change.” And Saukira Banda reports that religious organisations that refuse to speak openly on HIV/AIDS do so because they know very little about the epidemic, and she quotes Sophia Nthenda a suggesting that religious leaders need to have expert information on causes and prevention.

\(^{89}\) Linje Manyozo, Fighting against, fighting with or fight along? Problematics of Malawi’s HIV/AIDS communications, Newspaper article, Malawi News, June 21-27, 2003. p4
and sustainer of life’. This kind of advertising has stolen the show, and therefore instead of fighting AIDS the nation has experienced a war on ethical ideals. Civil war is the worst of all wars because it divides the very same people of similar ethnic origin. Unfortunately, the nation has wasted a lot of energy on these issues than on the fight against the HIV-virus.

For this reasons above, we can conclude that most of the adverts on the local radios are not well produce and have a greater potential of portraying negative messages on AIDS that can mislead young people. It is not surprising therefore, to find that some sectors of the faith community still lack behind in the knowledge of condoms and HIV/AIDS. We therefore, strongly condemn some of the condom jingles that appear on these communication devices like the Television Malawi, Radio MBC, Capital Radio FM, FM Power 101 and MIJ 90.3FM, that they are misleading to the whole concept of HIV prevention through condoms. In this case, something needs to be done in the area of redoing all the adverts so that the current trend can be reversed. We would like to take this opportunity to acknowledge the efforts of the individuals who are producing the radio and television HIV/AIDS programs despite the weaknesses we pointed out earlier. We hope that our criticism will motivate them to work even harder and improve production.

In the second category of ‘pictorial-letter medium’ we would like to ask ourselves the same question on whether condom advertising has been a success or a failure. The condom adverts in this category are in form of pictures that have usually been accompanied with ‘marketing catchy words’. When driving along the highways one will notice that there are numerous condoms billboards (especially the adverts by Population Services Internationals’ Chishango Condoms). There are also numerous condom posters in such places as taverns/bars, retail-grocery shops, hospitals, and resthouses. Reading through what has accompanied the pictures on most of these posters one would discover that the Radio and Television adverts mostly quote the inscriptions on these boards. This similar approaching to condom advertisement makes them to have the same basic message.

The most crucial ethical controversy on condom advertising occurred in May 2002, when the Population Services International (PSI) launched the Chishango condom brand in a new packet that showed a half-naked woman. The launch followed the erection of very big billboards that showed this half-naked woman in the major cities of Malawi. The Deputy Director of PSI, Jones Katangwe described the half-naked advertising as appropriate for its targeted users. Therefore, the key word for the reason of putting a half-naked woman on the advert was ‘targeted user’. In Katangwes’ explanation, the ‘targeted user’ were the
sexually active young men. This meant that women who shoulder the highest percentage of infection were not considered as beneficiaries from this new development.

The adverts sparked a lot of controversy between the marketing organisation and the general public lead by the faith groups. There were several FBOs that issued press statement condemned the naked advert. There has also been a general outcry from the public on the way the Chishango condom had been advertised. Those who were against the advert argued that the advert was disgusting, pornographic and it ridiculed the cultural and moral values that the people hold in Malawi. In this case, the advert was seen as portraying a more of sexual enticing gesture than the abstinence message that the religious groups have all along been advocating. In response to this, those who advocated for the implementation of half naked advert argued that emphasis of the debate should not be on the nudity of the picture but on the efforts of PSI in the area of reproductive health in Malawi. Some people have also argued that the war that was waged by the faith groups was not on the nude advert, but they are generally against condoms. Those who were for the advert, generally agreed that the purpose of the advert was to attract the targeted users. And this is why the PSI issued a statement (after the launch of the nude advert in July 2002), that indicated a rise in sales of condoms from bout half a million packets a month to 1.4 million packets per month. However, through the help of the Malawi Censorship Board the adverts were removed from the streets. The advert was later replaced by new pictures that had no half-naked part. Nevertheless, these new adverts had the same basic inscription that the nude advert had.

The general outcry from the public was that some of the important stakeholders in the fight against AIDS were not considered in the design and implementation of the condom advert. Even after the Malawi Censorship Board had intervened and asked the PSI to remove the nude advert, the new advert was also put without consultations. The basic ethical claim in demanding consultation is that, if we could get designers of information technology to think about the ethical and social implications of their designs before they become a reality, this world would be a better place. In this case we suggest that the condom advertisement projects should not be ‘up-down’ but ‘down-up’. This would mean that the Information

90 See the, The Nation Newspaper, 15 May 2002, article by Aubrey Mchulu, “Chishango wears new face”, p10. And see the article entitled, “Chishango Nite”, in the, QUEST Magazine, First quarter 2002
91 See the statement by the Churches Development Co-ordination Committee in the, The Nation Newspaper, 31 May 2002, p25.
Technology designers should through ‘interactive assessment’ consult the masses at the grass root level so that social and human values can be considered at an early stage before implementation.

Since, the design of the adverts have been poor, as evidenced in the statement that the adverts were meant to attract/entice users, we would like to argue that, condom advertisement has not been successful in the fight against HIV/AIDS. When we look at the new Chishango billboards erected after the nude advert was removed, we might discover that they have a better picture, but the inscriptions that follow are misleading. For example, one advert states that ‘Talk Lifestyle…Talk Chishango’, and the other one in Chichewa proverb, ‘Okaona nyanja Anakaona ndi Mvuu Zomwe’, literally meaning 'those who goes to see the lake, they also go and see the hippos'. The adverts may suggest that it is abnormal for one to go to the lake and come back home without seeing the hippos. Malawi as one of the poor countries hit by the AIDS epidemic with sex workers running around social cohesion places (like beer drinking bars), this kind of thinking gives a green light to sexual immorality. The real meaning behind these adverts, suggests that it is normal to have extra or premarital sex as long as you buy Chishango condom, because Chishango is the post-modern lifestyle. At this instance, we would like to agree with the faith community in Malawi that has argued that the adverts have only promoted promiscuity.

The PSI had boasted in the boom of sales in July of 2002 due to the nude advert. However, one report indicates that most men engage with prostitutes while they are drunk. We therefore, argue that it is very difficult for a person who is drunk to follow all the steps that are required to use a condom. Even if a condom breaks in the act, it would still be difficult realise the problem (especially in such kind of a drunken condition). In this case, despite the rise in sales of condoms due to the nude advert, the question still remains on how many people used it correctly. From this observation, the other question would be on whether the high percentage of sales in condom automatically translates into low infection rate. To achieve the required response to the fight against AIDS, the message in the adverts should contain elements that can effectively promote abstinence and therefore bring down the infection rate.

In addition to this, the half-naked advert like most of the adverts are meant for arousing sexual desire in young men, therefore they make young people more vulnerable to HIV/AIDS. Sex arousing adverts take advantage of the biological nature of men and therefore they lead to exploitation. The Malawian cultural
aspect of modesty has generally not been respected in condom advertising, and this is why there has been a wide protest against them. This would lead us also to think that the condom advertisement is 'market profit oriented' than 'HIV-virus fight oriented'. Therefore, it can be argued that although the condom can help in the fight against AIDS, the advertising business that has surrounded it does not help the nation to make successful concessions into the fight.

We therefore conclude that condom adverts need to be 'utility' oriented. The utilitarian approach should be in the sense that the adverts must maximize the chances of having good health to those who are vulnerable to HIV/AIDS. This should include men and women regardless of their status or position in the society. And in addition to this, the utility oriented adverts should focus on minimizing harm, by warning users that they are not hundred percent secured especially in cases whereby the condom breaks or when one is drunk. The design should also reflect a respect on individual rights to privacy and autonomous choices. In this case, the adverts should not depict an impression of forcing sexual activity on individuals.

**Condoms: A Sign of Crisis in Our Cultural Values?**

Culture is everything that is part of one’s everyday traditional life experiences, and it includes such things as food, clothing, hopes, dreams and norms. Due to the modern influences since the close of the First World War, African traditional life is said to be on the course of ‘breaking down’. The general consensus in the African contemporary life today is that the modern influences have scandalized the traditional norms thereby creating a cultural crisis that has destroyed the very foundations of Africa's social life. The main presupposition in this argument is that African traditional customs were/are good as compared to the modern customs that have developed due the Western influences.

It has generally been observed that the major propagating weapons of modernity have been the newspapers, magazines, music and the television. Most of the traditional people complain that these weapons have been portraying a human life that has ‘sexual pleasure’ at its centre stage. In this case, these people think that a form of Epicurean thought ‘the human body was made for pleasure’ has dominated the postmodern human being. This might have been the reason why condoms as a sign of ‘modernity/western influence’ have generally been received with caution. In this section we would like to analyse about five areas that are related to the effects of condom usage on the African cultural norms. At the end of these five areas we will try to grapple with the question on whether the African traditional norms have really gone down the drain.
First, we would like to visit the complaint that condom usage or modernity has contributed to the depletion of the African cultural norm of decency. For example, one writer complains that Population Services International (The distributors of Chishango Condoms) did not consider African cultural norms and family values when they were designing the face of the new condom advert.95 A Senior Group Village Headman-Mateyo N’goma of Chief Ntwalos' area in Mzimba was once quoted as complaining that, “These modern customs which our children are just adopting anyhow, are the ones that are making marriages to be shaky and encouraging infidelity between couples…if marriage is not stable, couples are easily enticed into extra-extramarital affairs, hence the risk of catching HIV.”96 Another writer thinks that the modern way of dressing that the women have adopted from European countries leaves a lot to be desired. And he attributes the increase of rape cases due to this kind of dressing. In this way he advises all women to dress in a way that symbolises the decency of the Malawian culture.97

In African traditional life, sperms are considered to be a symbol of power, for this reason it is believed that it is against God’s original plan for man to relieve himself in a plastic tube and then throw his power (sperms) away.”98 And this is why it is reported that a woman in Lilongwe refuses the husband to use condoms although she knows that the husband is HIV positive.99

Second, there has been a general fear from some men that condoms might change the traditional gender roles that have all along favoured men at the expense of women and children. For example, a woman in Kenya is said to have received condoms from a medical doctor to use at home. Upon arrival at home, the husband was very angry with her because she did not ask for permission to bring the condoms home. A Parish Priest in Kenya is also quoted as saying that the, “female condom will increase immorality among women and single mothers. It is worse than the male condom, giving women the opportunity to do what they want. We are going to preach against these condoms-the church cannot condone theirs use.”100 Due to this kind of thinking that has engulfed most of the influential African people, women in Malawi are not expected to carry condoms around, it is men’s job to see to it that a condom is readily available.

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95 See, the article by Taonga Kaiphangiri, New Chishango angered some, offended others: On PSI, faith groups, in the “Weekend Nation Newspaper, dated 8-9 June, 2002.
97 See, the article by Yammie Kalulu, “Check your dressing”, in the “The Nation Newspaper” dated 27th June, 2003. p15.
Third, the general fear from men has resulted into a culture of abuse towards women (especially their partners). Unlike in the past, it has been reported that today cases of wife battering are so numerous in both rural and urban Malawi. It has also been reported that young wives have been forced into extra-marital affairs to find food for their families due to husbands’ inabilities to win bread.\footnote{See, the report in the article by Francis Tayanja-Phiri, entitled “Poverty putting marriage on the rocks: Cultural erosion another cause,” in the “The Nation Newspaper” dated 3 July, 2003. p13.} The UNFPA country representative in Malawi is said to have pointed out that men’s sexual behaviour in Malawi is also largely responsible for the spread of the virus because men have more sexual partners in lifetime than women.\footnote{See the article by unnamed reporter entitled, “Men largely to blame for HIV spread” in the “Daily Times” dated June 18, 2003. p5.} It has also been reported that sexual workers have repeatedly complained that some men abuse them even if they ask for a condom.\footnote{See the article by Desert Nkolokosa entitled, “Making ends meet the hard way: The plight of sex workers” in the “The Nation Newspaper” dated 29th May, 2003.} There are numerous reports in the Newspapers and the Radio that some male teachers are having sex with ‘school girls’, thereby exploiting them and putting their future in jeopardy.\footnote{See the article by Joseph Chimbuto, “Teachers’ seduction spawning HIV/AIDS”, in the “Daily Times Newspaper” dated, May 13, 2003. p4. In this article he is quoting this statement from the government minister Honourable Dumbo Lemani.} It is also important to note that when HIV/AIDS came into Malawi, it was (and still is) referred to as ‘matenda a zimayi’ literally meaning ‘the disease that you get from women’, in this way all the blame is put on women.\footnote{See the article by, Adamson Muula, Ending Stigma and discrimination, in the “The Nation Newspaper-World AIDS Day Supplement, 2 December, 2002” dated, December 2, 2002. p1-2.} And finally, it has recently been established that there is gross abuse of children’s rights in some parts of Malawi such as Karonga district. Some parents are forcing their daughters as young as 12 years old, to marry elderly men in exchange for food, cattle or money loaned to them. One villager had revealed that this practice is an old tradition that has resurfaced in the last two years despite the threat of AIDS. The practice is locally known as ‘kupimbira’ and girls who resist this forced marital practice are threatened with death or magical curse that is referred to as ‘chighune’. Reports from that area indicate that there is a man who has about 14 of such girls through this practice. In this kind of helpless situation it is very doubtful that condoms can be used as to protect the young girls from catching the HIV-virus.\footnote{The UNFPA country representative in Malawi is said to have pointed out that men’s sexual behaviour in Malawi is also largely responsible for the spread of the virus because men have more sexual partners in lifetime than women.\footnote{See the article by, Adamson Muula, Ending Stigma and discrimination, in the “The Nation Newspaper-World AIDS Day Supplement, 2 December, 2002” dated, December 2, 2002. p1-2.}}

Fourth, the culture of abuse towards women that has been created due to the above factors has left women more vulnerable to HIV/AIDS than men. To illustrate this, here are two touching stories:

“At 14, Elena Jalasi is love with a fellow teenager, James Walani, 16, both standard 8 pupils at a primary school. Barely a week in their relationship, Elena starts having sex with her teenager sweetheart. As they
enter the second month of their affair, Elena misses her period. Coming the second month, nothing changes nor in the third month. Later, it becomes clear to her that she is pregnant. At a tender age, she is forced to drop out of school. Months later, she becomes a mother. As her boy lover is too young to assume fatherly responsibilities, she is faced with the challenging task of raising the little baby single handedly. Another teenager, Moreen Phiri, a pupil at one of the city’s private secondary schools, is in love with a 44-year old man, almost the age of her father. Every weekend, she sneaks out of the hostels and joins her lover and spends nights out. The man, clearly aware of his HIV positive status, has unprotected sex with her, now that he has nothing to lose. Unfortunately, the girl never insisted on being protected. The idea of using condom never occurred to her. Three years later, while in her final year at the school she frequently suffers from malaria, diarrhoea, TB and pneumonia. Tired of her ailing health, she is forced to face the genesis of her health problem. She goes for HIV test. The result indicates she is HIV positive. She dies a year later.”

Fifth, the whole scenario in the four points above shows us that a culture of war “civil war” has been created due to the introduction of modern things such as condoms. This is clear as the government and the faith groups, the men and feminist groups, Human Rights groups and traditional groups, fight over the question of traditional/religious customs and condom use. However, it is encouraging to hear that some of the religious leaders have recently admitted their failure to stop the spread of the HIV/AIDS, after realising that they had directed most of their energy to the fight against the use of condoms and other secular methods. To admit failure is one thing, but what is needed is that the faith groups should forge ahead into the direction that they did not want to go in this fight against the virus. Unless this war on values is completely over, the battle against AIDS will not be won.

What we have observed here is that we exist in a culture that expects men to control women in all aspects of human relationships. It also believed that women seduce men into having sex due to their dressing. This kind of belief results into men behaving irresponsibly because they think that they are only victims of female sexual attractions. At the same time, women fear to buy or carry condoms because they may be accused of having the desire to enticing men into having sex. Schoolgirls who become pregnant in Malawi are required to leave school, while the boys who father a child continue their education with no major requirements to contribute to childcare. Instead of blaming men on the social evils that have surrounded

sex life today, our society blames women for all sexual abnormalities. In addition to this, because of their low economic status, women are not able to challenge their husbands’ extra-marital affairs or insist on condom use for themselves even when they know they are at risk. The same applies to abused children who are voiceless in remote areas of our country. This situation poses a ‘cultural crisis’ that has lead the African society into a silent ‘civil war’ in the face of HIV/AIDS. The question here still remains whether this situation has come to surface due to the erosion of African traditional norms that have been replaced by modernism.

Culture is dynamic in this way it changes from time to time and from place to place. However, in any cultural changes the question should be on whether the change is good or bad. In this case, all efforts to change human culture will be successful if utilitarian connotations are attached to determinants of change. We are of the view that not all of the original traditional norms that Africans had were good. At the same time not all Western customs that have been introduced into our cultural system have had bad effects on our traditional norms. From what we have observed above, we may say that the modern influences have just utilised the loopholes that surrounded the African traditional systems. In this case, the term ‘cultural erosion or cultural breakdown’ cannot be appropriate but ‘evolutionary cultural changes’. In this evolutionary cultural change there are some new elements that are constantly being added or reappearing while others are completely lost. And therefore, in this evolutionary cultural change there are some aspects of originality, innovation and continuity.

We would like to agree with the traditional people that have criticized the way the some modern influences have portrayed human life as ‘sexy’. This is evident in the way condoms have been advertised in Malawi. This is not a helpful situation in the face of HIV/AIDS epidemic, instead of containing the disease this situation has just helped to fuel it. We therefore urge Malawians not to 'copy' anything just because it appears to be ‘modern’. However, we would like also to argue that the condom has not scandalized our cultural norms, but it has also come to arrest the critical cultural situation that has been worsened due to the HIV-virus. In this case, as a nation, we need to revisit our present cultural norms if they really have any utility on the people who are vulnerable to HIV/AIDS.

We would also like to point out that in any culture there are also sub-cultures. As the condom is being introduced into our culture it has also brought about ‘a sub-culture of condoms’. This culture of condoms has come about due to a number of factors like distribution, debates, marketing, advertisement, use,

advocacy and infection risks, just to mention a few. It is important to be aware that this culture of condoms should not take advantage of the situation to deplete the African traditional norms that are good for the people. What is needed is to revisit all the cultural norms, not only related to condom use, but also to the whole fight against AIDS, and see if anything good can come out of them. We therefore propose that there is a need to form a ‘National Commission on Cultural Heritage against AIDS’ that can revisit or make research on previous and present cultural practices that precipitate the spread of the virus.

The commission can make recommendations to the Nation on ways we need to change some of our cultural traditional so that we can fight the disease effectively. This Commission should include a wide section of our society such as the Traditional People like Local Chiefs, the Doctors from AIDS Commission, Psychologists, Cultural Anthropologists, Lawyers and Ethicists from the Human Rights Commission/the University, and Theologians. In this way we hope that, any cultural changes in future will be meaningful in the fight against AIDS.

Implications of Condom Use on Behaviour Change

The general fear from the faith community is that condoms will promote promiscuous behavior. For this reason, people are argued to change their behavior so that the disease may be eliminated. AIDS is therefore seen as a behavioural disease that can only be eliminated through behavioral means. This is why a lot of efforts have been invested in ‘behavioural change programmes’ worldwide.¹¹⁰ This position would however lead us into several questions that need serious attention if the fight against AIDS would be meaningful, for instance: Is AIDS a behavioral disease that can only be eliminated through behavioural means? Do condoms really promote promiscuous behaviour? What does ‘behaviour change’ mean? How does ‘behaviour’ in human beings developed? Is ‘behaviour change’ in the face of AIDS equal to sexual purity, innocence or spiritual maturity? Is behaviour change, ‘the solution’ to the problem of HIV/AIDS? We would like to analyse some of these questions in relation to ‘sexual behaviour through condom use’ and the ethical implications that may follow.

The study of human behaviour is rooted in the academic fields of Psychology, Biology and Social/Cultural Anthropology. However, it is the behavioural psychology that has played a major dominant role in the study of human behaviour, and it is simply called, ‘behaviourism’. Behaviourism claims that the genetic

and the environmental facts are the sole arbiters of moral values.111 Related to this study is the study of biopsychology, and sociobiology. Biopsychology is the study of behaviour that has a biological base and it is a branch of neuroscience (neurobiology). The basic assumption in biopsychology is that behaviour of which an animal is capable depends very much on the kind of body it possesses, but the possession of a specialized body is of very little use unless the nervous system is able to control it. In this way, the kind of behaviour of which a species is capable is determined by the kind of nervous system it possesses. The kind of the nervous system also determines the extent and the nature of the learning of which a species is capable.112

The basic theory on ‘behaviour’ in sociobiology is that all forms of life exist solely to serve the purposes of the DNA code, thus morality is rooted in human genes. All human actions are dependent on the genetic code, and therefore what makes an act right or wrong depends on whatever the genes dictate.113 In connection to Sociobiology is the Cultural Anthropological study on human behaviour. And when it comes to sexual behaviour, the anthropological study agrees with the biological studies that argue that human beings are biologically ‘sexual beings’. They are sexual beings not in isolation from each other, but rather the individual biological sexual nature is closely linked to human situation of being ‘social beings’. Consequently, sexual acts have social functions that are significant to the community. And that sexual intercourse should also be seen as a bodily function that helps the individual into self-expression or self-actualization in the society he/she lives. The anthropological studies in Christian theology indicate that sexual behaviour that is performed outside marriage is a violation against God and therefore it is sin. The Genesis Biblical narrative traces the origins of sin in human beings through Adam and Eve who rebelled against God. Sin is a rebellion against God. Adam and Eve left an environment that is prone to sin, and therefore in connection to behavioural psychology some human behaviour is developed through the ‘sinful’ environment that Adam and Eve had left in this world. For this reason, Christian preachers urge their converts to change their previous sinful behaviour and turn to God.114

112 Ibid., p42.
113 See, Erwin Lutzer, The Necessity of Ethical Absolutes, Grand Rapids: Zondervan Publishing House, 1981. Erwin states that “A cover story in the Time magazine described a current theory of behaviour called sociobiology. In brief, this theory teaches that morality is rooted in our genes…Robert Trivers, a biologist at Harvard University predicts, ‘sooner or later, political science, law, economics, psychology, psychiatry and anthropology will all be branches of sociobiology’…Edward O. Wilson of Harvard University, says that ‘ethics should be removed temporarily from the hands of philosophers and biologicized’ Why? Because in the future it may be possible to have different moral strictures for males and females, old and young. All behaviour will be explained genetically.” p41-46.
114 See 1 Corinthians 6; 2 Corinthians 5:17; Ephesians 4:17-32.
If genes or the environment determine human behaviour, then human beings should not necessarily worry about their behaviour. This is so, because human behaviour is being determined by forces that human beings may not have control over them. Following the same line of thinking in behaviourism, we may conclude that since AIDS is spread through sex, and Africans are the most affected with AIDS, therefore the genetic makeup and the environmental factors in Africa have precipitated ‘sinful’ sexual behaviour that has resulted into AIDS. The same argument also applies to African women who have the highest infection rate in the world. We may also conclude that, that the cultural traditions together with modern Western influences in Africa have created an environment that puts sex as the centre of the whole village life. However, we may turn around the behaviour through education, by developing cognitive structures with the help of the environmental structures this would be so, because the genetic makeup in human beings together with their nervous system gives room for behaviour change through learning. Hence the logic that there is a need to remove the environmental structures like condom adverts that may attract people into promiscuous behaviour and/or introduce behaviour change programmes that may intervene the situation and halt the spread of AIDS.

The study of human actions in ethics questions the ‘right or wrong’ of those actions. The basic assumption in ethics is that human actions are performed by the human agent and therefore not predetermined by any other thing. In this case, most of the Ethicists would argue that the approach to AIDS through behavioural means is very narrow AIDS cannot be eliminated through behavioural means only, but also through other approaches such as social, and economical approaches. The argument would further claim that a mixture of these approaches, need to be analysed in light of practical ethics. There are no any other studies that have indicated that condoms promote promiscuous behaviour. If behaviour change would be the solution to the problem of AIDS, then condom use should be part of behaviour change programmes. This would mean that if people were not using condoms to protect themselves they should learn and start using them.

On ethical point of view, we do not believe that behaviour change in the face of AIDS is equal to sexual purity, innocence or spiritual maturity. If people would change their behaviour today because of AIDS, they will turn back to the same behaviour once the problem of AIDS is over. Indulgence in immoral sexual behaviour does not mean spiritual maturity, for even religious people indulge themselves into sexual immorality. The Christian Bible claims that there is no one who is righteous apart from the help from Christ. Abstinence from sex does also not mean spiritual maturity, (in Christian theology of sin), for one can indulge himself/herself in other sins apart from sexual sins. AIDS is therefore not a sign of sexual impurity or behaviour abnormality. AIDS is a disease that is spread through a virus that can enter into human body regardless, of whether that person is spiritually mature or not, or whether that person has
good behaviour or not. AIDS has at times found innocent wives at their own home through their unfaithful partners. We therefore, think that behaviour change must be part of the solution to the problem of HIV/AIDS, but not “the solution” to the problem of HIV/AIDS as is the case at the moment. We also think that, condom promotion is not “the solution” to AIDS, but it should also be part of the solution.

Our position indicates that the fight against AIDS needs a multidimensional approach. What would be the contribution of Ethics on human behaviour/actions towards AIDS? It is very important to let people know that they are responsible for their actions and not to put blame on the genes or the environment. In all behaviour change programmes the question of ‘human rights’ should be well addressed. This will ensure that all the programmes run with human dignity at heart. Besides the psychological approaches to human behaviour, the philosophical approach in the form of ‘ethics of character’, need to be considered in the fight against AIDS. This brings out attention to the development of ‘virtue ethics’ as we fight against AIDS. It was Aristotle who had constructed the first philosophy of ethics around virtues and explored the value of their character-molding potential in his book “Nicomachean Ethics”. Aristotle defined virtue as ‘an activity of the soul in conformity with right reason’, and he said that virtue requires choice, which also requires reflection and intelligence. The virtues known to the classical Greeks were wisdom, courage, temperance, and justice.115 We argue that wisdom, courage, temperance and justice should be encouraged in order to help shaping ones behaviour. Without going into details of virtue ethics, we think that, virtue ethics may also be part of the solution to the AIDS pandemic besides psychological behaviour change approaches. We therefore, propose that there is need of much research into virtues as they relate to the fight against AIDS.

Conclusion

In this paper, we have tried to look at the moral debate on condom use as a preventive measure against HIV/AIDS. The paper comes from the general understanding that HIV/AIDS has plundered Africa than any other war and disease in human history, and therefore, it needs to be stopped. However, AIDS has also raised questions on what it means to be human (especially in relation to the belief in God), in this case, we have observed that HIV/AIDS prevention issues have generally come out to be ethoscentric in nature. The main problem we have found out is that the Government and the Faith Based organizations (FBOs) have not yet agreed on the use of condoms as the preventive measure against the epidemic.

The Government and the FBOs would like to emphasize abstinence and mutual faithfulness as the best means of fighting AIDS, and we have called this as the 'Best Means Approach'. However, in addition to 'abstinence and mutual faithfulness', the government decided to promote condoms as a technical measure against the virus, and we have called this as the 'Proven Technical Approach'. It is on this technical approach that the FBOs do not agree with the government. The FBOs have argued that condoms promote promiscuity and therefore it is morally wrong to encourage them. Since the technical approach seems to encourage promiscuity, the FBOs stand would like to safeguard acceptable marriage values that are compatible with the traditional and theological teachings on marital relationships.

We have also looked at various arguments that the Government may have used in coming up with the Proven Technical Approach. The government discovered that the scientific research on condoms indicate that the condom has the ability to minimize transmission. And therefore, the government arrived at this decision by using ethical principles that are bio-medically good for the AIDS patients and all individuals (regardless of their faith) who are vulnerable to HIV/AIDS. In this approach, the government concentrated on the consequences of state policies (as regards to HIV/AIDS) on the well being of the Malawians. In this way, we have seen that the government used such theories as justice, beneficence, autonomy and utility.

Despite the argument that condoms are the only technical means to the fight against the virus, the FBOs have rejected the argument due to various reasons. The FBOs generally see condoms as 'sinful in nature'. And this is why the main argument from the FBOs is that condoms promote promiscuous behaviour. Their position streams from the Afro-gnosis and Western moral theological approaches to sexual issues. In African Traditional Religion, sexual violations can bring serious diseases among the people. The diseases may come due to the anger brought in by the azimu that act as intermediaries between God and the Living. In our discussion on the FBOs argument in relation to Western moral theology we have divided it into three parts. These are the Natural Law Approach, the Total Depravity Approach and the Regulative Radical Approach. We have argued that these approaches have been contextualized into the African theologies.

We have finally analyzed the arguments from the government and the FBOs in light of ethical principles. In our analysis, we have seen that although the condom might be the appropriate technology in the fight against AIDS, it is has proved to be embedded with values. For this reason, the moral values that surround its manufacture, advertising and implementation create ‘policy vacuums’ that are supposed to be addressed. This is also the reason why the ethics of responsibility come into play when we come to consider the technical approach. In relation to the fight against the virus, we have argued that the FBOs
stand may be seen as immoral because it does not offer any solution to the fight against the virus. However, the FBOs are morally right in rising up against the way condoms are advertised in Malawi.

We have also presented our concern on the way the condom debate has directed the nation into stigma towards issues related to HIV/AIDS. We have seen that this has been the case due to the emphasis on God's punishment than on the principle of love. Stigma on condoms has also left women and the girl child to be more vulnerable to HIV-virus than men. In addition to this, we have observed that the FBOs have spent most of their time fighting the condom than the disease. Unless the FBOs and the government establish a well-defined common ground on stigma related to HIV/AIDS, the war on the epidemic will not be won. We therefore suggest that plans to address stigma at all levels of our society should be put in place, and women (together with other vulnerable groups) should not only be empowered but to be protected and cured from the disease by creating a supportive environment.

We do not believe that behaviour change is the same as sexual purity, innocence or spiritual maturity. Our argument in this paper is that if people would change their behaviour because of AIDS, we should expect them to return to the same behaviour once the AIDS epidemic disappears. Nevertheless, on behaviour change and condom use, we have argued that if behaviour change exists, then it should include the change from having unprotected sex to having protected sex through condom use. We also think that professional psychologists and ethics need to work together in developing behaviour change strategies that will ensure a holistic approach that can bring umunthu moral conscience.

Having analysed several ethical implications on condom use, we therefore think that condom use should be advocated. Our argument would demand FBOs to revisit their theological teaching on AIDS and condoms. However, our position does not mean that we are taking condoms as ‘the solution’ to the AIDS epidemic, but we think that condoms should be considered as part of ‘the solution’. In this case, efforts should now be made to remove the stigma that has surrounded their use. We therefore, propose that condom adverts should be redesigned so that the FBOs can be comfortable in joining condom advocacy work.

We would like to ask the Government and the faith groups to concentrate on points of common concern rather than on issues that divides them. This will ensure a unified fight against the disease. The government and the faith groups should also encourage traditional groups to continue research on herbal medicines that can cure the HIV-virus, because this might quickly substitute the condom. This position would also require the government through its universities to provide technical and scientific expertise to
herbalists who are willing to conduct research on the disease. The faith groups should help in the process by praying to God that the research should be successful. In the long run, this would prove to be cost effective considering the high cost of imported medicines.

The condom on its own cannot stop the virus unless individuals are willing to take measures to let the condom be their protection. As rational beings, human beings should take charge of their life rather than leaving all the responsibility of stopping the virus to the rubber. For this reason, we urge all the FBOs and the Government to teach people how to build relationships that would last. Healthy human relations in the face of AIDS will help to remove stigma. We believe that a nation that has healthy human relations will easily develop into a culture of abstinence and mutual faithfulness. We would like to suggest that the nation should work hard in developing leaders who have a vision. Consequently, religious leadership needs to be improved by providing quality contextualized theological education that meets the demands on the ground. Similarly, there is a need to improve professional and political leadership in the private sector and the government through quality training.

Finally, we propose that the National AIDS Commission should set up a national committee that should be looking into the ethical issues that have surrounded AIDS prevention issues. This committee may be called Health Ethics Committee on HIV/AIDS. The committee should comprise of a wide selection of professionals like, Medical Doctors, Theologians, Lawyers, Ethicists, Politicians and Psychologists. This will ensure that some of the ethical debates that have surrounded the AIDS epidemic are well addressed.

Bibliography


__, Urbam Traditional Marriages in Blantyre and Zomba: Process Practice and Validity, Zomba: Chancellor College-Dept of Theology, 1999,


MANET+, Qualitative Research on Stigma and discrimination issues as they affect PLWHA in Malawi, Lilongwe: MANET, 2003.


Schot Johan, Reflexive Technology Politics: The approach of Constructive Technology Assessment, Linkopings University CTE Class Discussion Paper.


Sushinsky Mary Ann, Mertz David, Schuklenk Udo, Women and AIDS: The ethics of exaggerated harm, Massachusetts: University of Massachusetts Bioethics, April 1996 VIRUSMYTHHOMEPAGE.


