

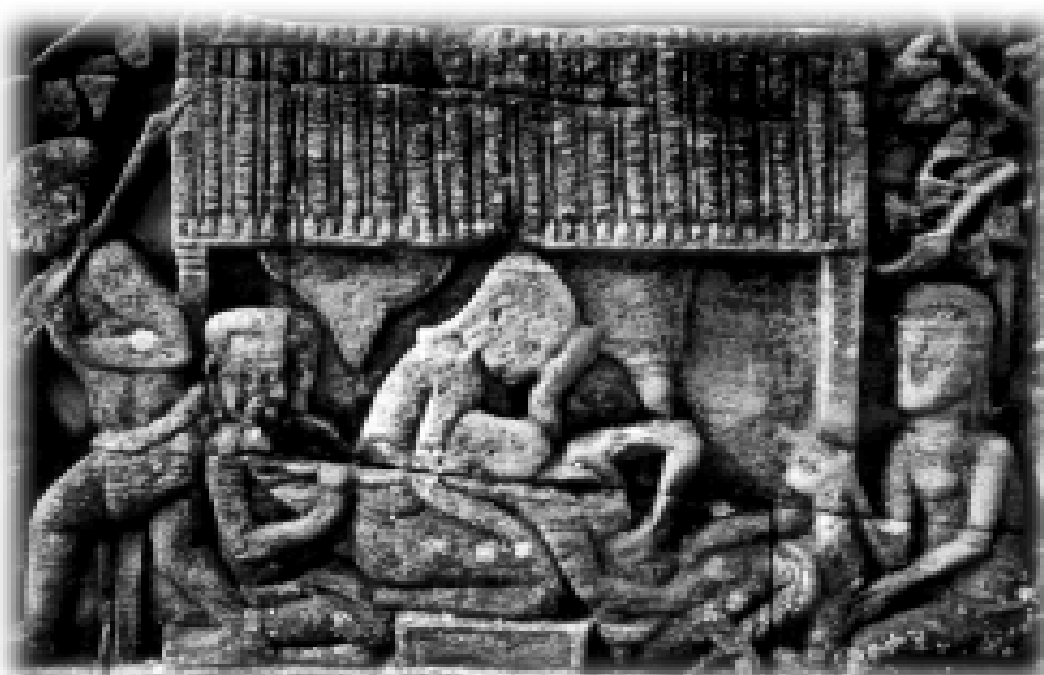
The international newsletter on HIV/AIDS prevention and care

AIDS action

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RELIGION AND HIV/AIDS



MLT/HAIN

This scene from the 12th century Bayon temple in Cambodia shows a woman giving birth

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Religion has always been part of social life in Asia and the Pacific. The region is the birthplace of such world religions as Hinduism and Buddhism as well as many other smaller but significant religions, from Sikhism to Shinto. At the same time, the region has often been tolerant, welcoming religions from outside. Today, Asia includes the largest Islamic countries in the world — Indonesia, Bangladesh and Pakistan. Besides Islam, Christianity has also flourished in many countries in the region, to name a few, the Philippines, South Korea and the Pacific island nations.

For many Asians and Pacific islanders, religions are not just a matter of paying homage to the supernatural. They provide important ethical guidelines for living, for interpreting natural events including disasters and misfortune, and for coping with life's milestones, from birth through illness to death. They also often provide an anchor

in a time of rapid social change, with religions not just surviving but thriving amid modernisation. In fact, in several countries in the region, religious fundamentalists — Hindu, Islamic, Christian — have a growing number of followers, offering a “return to traditions” as the solution to the problems of modernisation.

HIV/AIDS poses new challenges to religions. Because its main mode of transmission is sexual, HIV/AIDS intensifies the tensions that are present around sexuality. Many religions have had ambivalent attitudes toward sexuality. Religions have always been important forms of social control, especially in the area of sexuality. But many religions, especially in the past, also respected and even celebrated the powerful forces that come with sexuality, whether for reproduction or for eroticism.

The ambivalence continues today, and often creates problems for HIV/AIDS prevention and care. The epidemic is interpreted by some people as divine

punishment for sexual transgressions, from premarital sex to homosexuality. The stigma posed by religion can be powerful. Governments and NGOs often avoid working with or supporting groups such as homosexuals or sex workers because they are seen as sinners who deserve to become infected. Some may even think of AIDS as a way of cleansing society of such “undesirables”.

Even in countries where there are HIV prevention programmes to reach such sectors, the targets may themselves be socially inaccessible. Internalising what religions have said about their “sinful” behaviour, they remain marginalised, unreached by information and education campaigns.

Religious stigma works most strongly against those who are infected with HIV, who may be left to fend for themselves. Again, governments may be reluctant to respond to the needs of people with HIV because they are seen as sinners. Religious prejudices, mixed with misconceptions about HIV/AIDS, become a dangerous and volatile mixture that sends many people to their deaths.

Fortunately, there has been ferment, too, among religious institutions, as people begin to question biases and prejudices. The responses have varied. In Thailand, as we see in an article by Noemi Leis, Buddhist monks are now at the frontlines providing care and support for people living with HIV, particularly those who are very ill and who are dying. Christian missionaries and lay workers are doing similar work in many parts of Asia, again mainly providing institutional care for the sick and dying. This includes many Catholic workers who may be reluctant to promote condoms as part of preventive education, but who are at least willing to minister to the needs of patients.

There are, too, religious thinkers who are tackling the very doctrinal bases for behaviour. The article in this issue by Masdar Mas’udi presents, in simple language, the rationale for a more secular approach in Islam toward the HIV/AIDS epidemic. He explains, for example, that condom use upholds Islam’s premiere right, the right to life.

Theologians have tried to tackle other ethical dilemmas brought about by the threat of HIV/AIDS. For example, some people may object to needle exchange programmes, where drug dependants are given new clean needles. The objections come about because the programmes are seen as tacit acceptance of the use of drugs, but religious ethicists will say that the needle exchange programmes constitute a lesser evil because it saves lives.

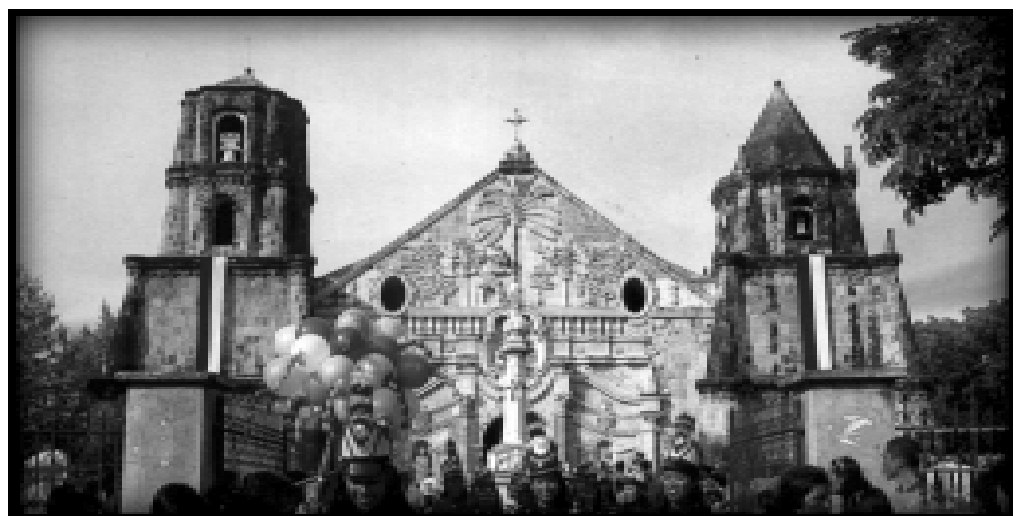
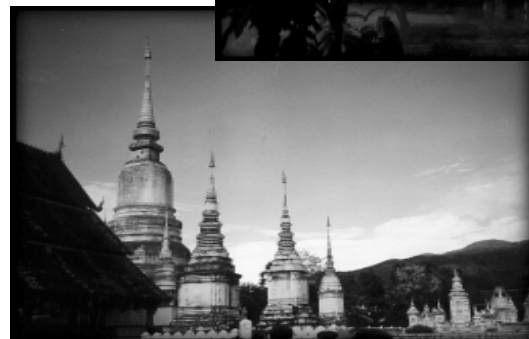
Other religious thinkers, notably Muslim and Christian, have contributed to the fight against HIV/AIDS by questioning the role of religious doctrines in reinforcing gender inequality, and the way this inequality contributes to women’s vulnerability to HIV. Religious norms that force women to be passive may become a death sentence since they are then unable to protect themselves, even if they know their husbands or partners may have HIV.

The inclusion of religious groups in HIV/AIDS work can produce many benefits, some of which are explained below:

First, many religious institutions have formidable resources that can be tapped for HIV work. These religious institutions have their



JPV/HAIN



own schools, hospitals, clinics and orphanages. While some of these institutions may be reluctant to discuss sexuality issues, or to promote condoms, they can at least be mobilised to provide other services, especially for care and support.

Second, religion plays such an integral role in people's lives that an HIV/AIDS prevention programmes cannot be effective unless it deals with people's religious beliefs and practices. For example, government and NGOs need to look at how religious beliefs shape the relationships between men and women. If women see the risk of HIV/AIDS as unavoidable, as part of karma, then educational programmes will not be very effective. Religious beliefs and practices also play vital roles in the care and support of people with HIV. It is important to emphasise the supportive aspects of religion.

Third, dialogues between religious institutions and groups working on HIV/AIDS can be mutually beneficial. Religions offer ethical frameworks to discuss many issues that have to be tackled in HIV/AIDS programmes. Some religious workers rightly object to programmes that only distribute condoms without encouraging people to discuss what is meant by "correct use". "Correct" is not just a matter of technical skills, but must also be based on notions of a mutual respect, and of sharing of responsibilities.

Conversely, people working in public health can bring up very practical case studies and challenges for religious leaders and thinkers to tackle. What does one do, for example, if a husband is infected and the wife is still free of HIV? Would they be asked to abstain from sex? Or would they be encouraged to use condoms, an option still not allowed among Roman Catholics?

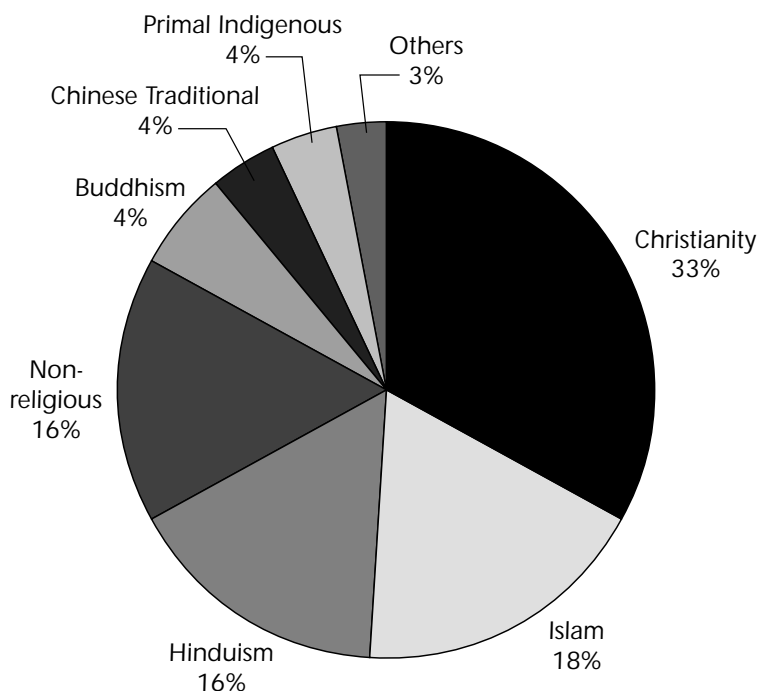
Sometimes, the implementation of HIV prevention programmes raises ethical issues that need dialogues. What happens, for example, when a Catholic physician goes around claiming that condoms do not prevent HIV/AIDS? Would that not be violating religious injunctions on speaking the truth, and on preserving life?

Dialogues open people's minds. When religious workers listen to NGOs and government workers doing HIV prevention, they begin to see the potential impact of HIV/AIDS on society, and the need for such measures as sex education. Likewise, religious workers are needed to remind medical people – often jaded by their routines – to respect human dignity and human rights.

Often, there is a fear that such dialogues will lead to compromises when in fact they can lead to new richer partnerships.

— Michael L. Tan, HAIN 

Major Religions of the World







Source: <http://www.adherents.com>

BODY & SOUL

Religion can influence a woman's reproductive health, whether positively or adversely. As the Women's Feature Services (WFS) puts it, "Religion is an experience so personal, yet so political, that it tends to affect many aspects of women's lives, including reproductive health."

To highlight the role of religion and to raise related issues, a series of inter-faith discussions on women, religion and reproductive health are currently

being held in the Philippines. The multi-media programme, aptly called "Body and Soul", was developed by the WFS. The discussions present perspectives from the Catholic, Protestant and Islam religions, which are the predominant religions in the Philippines. Four multi-media discussion forums have been held, and the papers presented at each forum have been compiled and published into booklets. The discussions have focused on the following themes:

-  Frameworks on Religion and Reproductive Health
-  Condoms and Religion
-  Adolescent Sexuality
-  Population

(Please see page 8 for contact details of WFS)

Buddhist Monks:

RESPONDING TO HIV/AIDS

The Buddhist monks have become a very important stakeholder in the fight against HIV/AIDS and are now recognised as a strong partner in HIV/AIDS work especially through their spiritual guidance.

*Monks and health workers
planning future HIV/AIDS
activities*



NDBLeis/HAIN



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*A Buddhist temple
in Chiang Rai, Thailand*

Ten years ago, Mae Chan hospital in Chiang Rai, Thailand first encountered cases of HIV. It was at this time that the HIV/AIDS epidemic was rapidly spreading in Thailand, particularly in the northern area which shares borders with Cambodia and Laos.

The hospital staff, however, found it difficult to talk about HIV/AIDS with the patients. Likewise, persons with HIV/AIDS (PHAs) who were admitted to the hospital did not discuss their thoughts and feelings with the hospital staff. Instead, the patients were going to the Buddhist monks for counselling and spiritual guidance.

The health workers at the hospital then realised the monks played an important role in people's lives, and decided to explore ways they could work with the monks. Although the monks were hesitant when HIV/AIDS was first discussed, they became more open and receptive to the idea as the number of HIV cases increased, and their friends and family members became infected. Wanting to know more about a disease which was fast becoming a problem for their communities, the monks then approached the hospital staff. Gradually, the monks and health workers started to work together. Since then, the Mae Chan District Hospital and the Buddhist monks have worked together for the prevention of HIV/AIDS while providing care and support for those who are already infected.

WORKING TOGETHER

Today, Mae Chan hospital has a meditation room where patients can read, listen to tapes of Buddhist teachings, meditate or have a one-on-one counselling session with monks. If the patient cannot walk, the monk stays at the bedside. An audiocassette tape of Buddhist teachings is aired on the hospital's sound system so that all the patients can listen.

In addition to their work in the hospital setting, the Buddhist monks also provide community support. The temples have become a venue for several activities for PHAs and their relatives. They do meditations, yoga, exercises, herbal sauna, food preparation and even income generating projects such as making herbal medicines. The monks conduct home visits as well to talk to those who are infected and affected.

Several community therapy centres have been established in Chiang Rai to provide a venue for community interaction. Community members who are not HIV positive go to the centre and provide an informal social support system for the PHAs in the community. The monks regularly visit the community therapy centre to conduct information campaigns and to provide care and support services.

The monks emphasise meditating before doing activities such as counselling or treatment. Health workers, PHAs, and their families

THE BUDDHIST AIDS PROJECT

With its goal of linking together Buddhist communities in different countries, the Buddhist AIDS Project (BAP) maximises the use of information technology to reach a wide audience.

In the past, many of the information resources on HIV/AIDS and Buddhism have not been easy to find. BAP is working to change that situation. Through its website, BAP provides easy access to information resources.

The project aims to provide free information and referral on:

- ☸ current HIV/AIDS information, with links to local, national and international resources
- ☸ Buddhist teachings, practice centres and events
- ☸ complementary alternative medicine services

The website also contains the BAP Library of Articles, which is a list of information materials on HIV/AIDS, Buddhism, spirituality, medicine, research findings, conference reports and announcements, among others.

Moreover, the BAP website serves as a virtual gathering place where many people have made themselves available for those seeking life enhancing practices that can strengthen the response to changing physical, mental, and spiritual challenges.

BAP serves persons living with HIV/AIDS, including family, friends, caregivers, as well as people who are HIV negative. The project provides information on HIV/AIDS and alternative health care to its clientele.

While focusing on the San Francisco Bay Area, BAP offers worldwide information and referral services, responding to requests through e-mail and phone. Recently, BAP has assisted community service projects in Thailand and Cambodia. They also offer study and support groups on basic Buddhist teachings and practice.

BAP is a non-profit project of the Buddhist Peace Fellowship. Established in 1987, it is now based in San Francisco, USA. BAP is run by about 30 volunteer physicians, body workers, counsellors, mediation instructors and others. BAP also welcomes interested volunteers who are willing to share their time and skills.

Contact: Steve Peskind
Coordinator, Buddhist AIDS Project
Tel: (415) 522-7473
laffingeyes@yahoo.com or bap@hooked.net
<http://www.gst.net/~bap>

are also encouraged to meditate.

In conducting educational activities, the monks use Buddhist teachings on moral conducts for human behaviour. There are five moral conducts in Buddhism:

- ☸ Do not destroy life
- ☸ Do not take what is not given
- ☸ Abstain from sexual misconduct
- ☸ Abstain from falsehood
- ☸ Abstain from intoxicants

The monks do not prohibit condom use. However, they leave its discussion to lay educators in the hospital.

Aside from social, spiritual, and emotional support, monks also provide PHAs their basic needs such as food, clothing, soap, and others.

The monks conduct their own fundraising activities and are not dependent on the hospital for funding. The Buddhist community has traditionally supported the monks, who walk through the streets in the morning carrying bowls where people can put their donations.

There are also Buddhist festivals when people go to the temples to bring gifts for the monks. The gifts are usually money, food, clothes, and other items. These gifts are then shared with their community.

It is interesting to note that monks have also learned to write to international agencies for funding, and they have been quite successful in generating funds.

Every month, the health workers from the hospital meet with monks to provide them updates on HIV/AIDS and give information materials. During these meetings they also talk about future plans and fund raising activities.

LESSONS LEARNED

Both the hospital workers and the monks agree that their efforts complement each other, and that they should go on working together in providing HIV/AIDS education as well as care and support services.

The participation of PHAs as well as the non-positive community is also important.

The community therapy centre provides not only social support but also lessens the impact of stigma. The PHAs have become more visible in the community without experiencing discrimination from other community members. Disclosure for PHAs about their HIV-status is thus not a very sensitive issue.

The Buddhist monks have become a very important stakeholder in the fight against HIV/AIDS and are now recognised as a strong partner in HIV/AIDS work especially through their spiritual guidance.

Explaining the Buddhist response to HIV/AIDS, Supakit, the head monk in Mae Chan district observes, "Imagine that HIV/AIDS is a glass, and you break the glass so that there are many small pieces. Each of us can pick up a piece. This is easy to do because it is only a small piece of glass that we have to pick up. We must all work together to pick up the little pieces so that we will solve the problem".

— Noemi D. Bayoneta-Leis, HAIN

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BETWEEN TWO PARADIGMS

No epidemic in the world today attracts as much attention, publication, debate and controversy as HIV/AIDS. There are many reasons for this, including HIV/AIDS being incurable and deadly. Another factor which contributes to more public attention to HIV/AIDS is that its main method of transmission is sexual. This has brought about heated debate and controversy between two paradigms: the religious and secular paradigms. The religious paradigm claims to be rooted in the sacred texts while the secular paradigm is rooted in the realities of the world.

Within the framework of the religious paradigm, particularly the more conservative ones, human beings have no other way to differentiate the good (*al-hasan*) from the evil (*al-qabih*), except through divine revelation. Using this perspective, advocates of the religious paradigm view the HIV/AIDS epidemic as a blessing in disguise. This looks at HIV/AIDS as a curse and punishment from God for humanity's disobedience. Using this line of argument, religious conservatives condemn

the use of condoms because this is seen as justifying illicit sexual relations, i.e., disobedience to God. Some religious conservatives even go to the extent of saying there should be no room for compassion for those affected by the virus because they are sinners. According to conservatives, the only way to prevent HIV/AIDS is to return to the demands of religion and faith.

Those advocating a secular paradigm say that "good" is defined as something useful for humanity and "truth" is something that can be proven empirically. This saying explicitly recognises the necessity of looking at the material bases of one's faith. If so, the religious people should not look at the human life only from the formal religious perspective, but from the reality of material life. As the Prophet Muhammad says, "*Kaada al-faqr an yakuna kufran*: poverty can bring about somebody to disbelieve."

Responding to conservatives, secularists say that no one can positively prove that HIV/AIDS is a curse sent by God to punish human beings for disobeying God's will. Secularists ask how one can justify isolation or "excommunication" of those in great suffering.

Is it not those who are ill who need, even more, God's love?

On the argument that HIV/AIDS is caused by sin, secularists point out that transmission can also occur within the *halal* (lawful) sexual relationship between a husband and wife. Moreover, HIV transmission also occurs through blood transfusions and from a mother to child.

Secularists point out that according to Islamic teaching, there are five human rights: the right to life, the right to believe, the right to have knowledge, the right to have property and the right to have clan

identity (*nasab*). Of these five rights, the right to life is the most important. For the secularists then, condom use upholds this premier right to life.

In the context of a married couple where one of them has been infected with HIV, can one allow sexual relations to occur without any protection? Does that not mean we are putting them in danger, with fatal consequences? Or must couples with one infected with HIV be separated forever?

We have seen many cases of women working

in brothels who become infected with HIV. Would it not be moral to offer the use of condoms to protect themselves, their client, and their family? We understand that *zina* (illicit sexual relations) is a religious sin, particularly for those already married. But is not *zina* without protection (i.e., without the use condoms) an even greater sin because it allows a deadly virus to be transmitted?

These critical questions are difficult to answer by the *ulama* holding the very formalistic and conservative religious paradigm. A moral and ethical perspective concept built on the authority of doctrine without being based on empirical reality tends to become empty words.

On the other hand, modern humanity must also be aware of the dangers of a morality without a transcendental dimension because there is the risk of losing one's orientation. An exchange of views, where each side is open to the insights of the other, is clearly needed if we are to work out a program of understanding and action.

— Masdar F. Mas'udi

Director of The Indonesian Society for Pesantren and Community Development, Jakarta, Indonesia



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Religious Leaders Speak Out on HIV/AIDS

“... the magnitude of AIDS epidemic problem in the ASEAN region is increasing significantly. The increase has to be controlled in time, otherwise, religious, social and economic development in the region will be hindered and disparities within and between ASEAN Member Countries will increase accordingly,

... every individual has the right to have an appropriate and right information on HIV/AIDS. Without having the information nobody will be able to prevent HIV infection,

... all Moslem Leaders in all ASEAN Member Countries have to be properly trained to use the IEC instruments and methods. The well-trained Moslem leaders will then play their important role in HIV/AIDS campaign in their respective community.

— The Jakarta Declaration of Islamic Religious Leaders
December 1998

“To Tibetan physicians, AIDS is really something new, and the immediate cause is negative: sexual liberty... such a major illness or major negative event also has a karmic cause, no doubt. But I think AIDS also has a positive aspect. It has helped to promote some kind of self-discipline.”

— The Dalai Lama, 1994

“Perhaps the AIDS crisis is God’s way of challenging us to care for one another, to support the dying and to appreciate the gift of life. AIDS need not be merely a crisis: it could also be a God-given opportunity for moral and spiritual growth, a time to review our assumption about sin and morality. The modern epidemic of AIDS calls for a pastoral response.”

— Bishops of Southern Africa
June 1990

“God loves you all, without distinction, without limit. He loves those of you who are elderly, who feel the burden of the years. He loves those of you who are sick, those who are suffering from AIDS. He loves the relatives and friends of the sick and those who care for them. He loves us all with an unconditional and everlasting love.”

— Pope John Paul II, California
September 1997

“For us, an encounter with people infected with HIV/AIDS should be a moment of grace – and opportunity for us to be Christ’s compassionate presence to them as well as to experience His presence in them.”

— Bishops’ Conference
of the Philippines, 1993

Tree of Hope

Located in New South Wales, Australia, the Tree of Hope is a center for HIV-positive women and men, and their partners, family, friends, and care-givers. The Centre offers Personal Care – composed of emotional, spiritual and social support. Upon request, the Catholic nuns who operate the Centre visit persons with HIV/AIDS (PHAs) and their loved ones at home or in the hospital. The Centre is open from Mondays to Fridays during the daytime, and the answering machine is left on during the hours that the Centre is unattended.

Sisters in Islam

Sisters in Islam (SIS) is a group of professional Muslim women committed to promoting the rights of women within the religious framework. To attain its objectives, SIS embarks on activities in four programme areas:

- ⊗ Research and interpretation of textual sources of Islam
- ⊗ Advocacy for policy and law reform
- ⊗ Awareness raising and public education
- ⊗ Strategic planning and policy formulation

(Please see page 8 for contact details of SIS)

AIDS and Muslim Communities: Opening Up by S Ali. Summary of an international meeting in Karachi to explore the relationship of Muslim religious and political concepts with HIV transmission, medical care, and human rights. *AIDS/STD Health Promotion Exchange* 1996(2):13-6. Available from HAIN.

AIDS and the Muslim Communities—A Personal View/AIDS and the Muslim Communities—Challenging the Myths. Leaflets in English, Gujrati, Urdu, Arabic, Farsi, Gengali and Turkish available from The Naz Project, Palinswick House, 241 King St., London W6 9LP, UK.

Body & Soul: a Multimedia Discussion on Women, Religion & Reproductive Health, 2000. A collection of papers presented in several interfaith dialogues related to reproductive health. Four booklets are available on different themes, namely: Frameworks on Religion and Reproductive Health; Adolescent Sexuality; Population; and Condoms and Religion. For orders, write to Women's Feature Service (WFS) Philippines, 313-E Katipunan Ave., Quezon City, Philippines. wfs@pacific.net.ph

Catholic Ethicists on HIV/AIDS Prevention, 2000. James Keenan (editor). A collection of essays and case studies discussing HIV/AIDS prevention from a Catholic perspective, drawing on theology, philosophy and ethics. It includes a good selection of 26 case studies, based on real-life situations from different countries — developed and developing — with a discussion of options. Available for US\$24.95 (Paperback) from Continuum International Publishing Group, Inc., 370 Lexington Ave., New York, NY 10017, USA; or £15.99 from Continuum International Publishing Group Ltd., Wellington House, 125 Strand, London WC2R0BB; Or visit their website: <http://www.continuum-books.com>

The Church Responds to HIV/AIDS : a Caritas Internationalis Dossier, 1996. A selection of statements on HIV/AIDS by Catholic Church leaders such as Pope John Paul II, bishops' conferences and other church groups. The booklet presents the stand of the Church based on its teachings and as shown by pronouncements of Church officials. Available for £1.50 from CAFOD, Romero Close, Stockwell Road, London SW9 9TY, UK. ISBN 1 871 549 639

Friends for Life by R Manning. Describes a Buddhist monk's initiatives in establishing Friends for Life, a hospice for PHAs in the outskirts of Chiang Mai, Thailand. *AIDS Action Asia Pacific* edition Jul-Sep 1995 (28):11. Available from HAIN.

A Guide to HIV/AIDS Pastoral Counselling. Explains the process of HIV/AIDS counselling, provides basic information for pastors on the topic and features case studies. Available in English, French, Spanish, Portuguese at US\$10, surface mail. Free to developing countries from CMC-Churches' Action for Health, World Council of Churches, P.O. Box 2100, 1211 Geneva 2, Switzerland. dgs@wcc-coe.org

Handle with Care: a Handbook for Care Teams Serving People with AIDS by RH Sunderland and EE Shelp. A step-by-step guide for congregations that wish to organise care teams to serve people with HIV/AIDS. Contact Foundation for Interfaith Research and Ministry, PO Box 205528, Houston, Texas, USA.

Islam, Reproductive Health and Women's Rights. Zainah Anwar and Rashidah Abdullah (editors). 2000. A collection of papers presented at a recent conference on Islam and reproductive health. The papers were prepared by theologians, academicians and NGO workers. They discuss Islamic teachings — drawing from the Quran and hadith — and its relationship to reproductive health and rights, on issues ranging from HIV prevention to gender relations. Available for US\$20 (RM40) plus postage cost which is 25% of the total order for surface mail and 100% of total order for airmail. Write to SIS Forum (Malaysia) Berhad, Sisters in Islam, JKR No. 851, Jalan Dewan Bahasa, 50640 Kuala Lumpur, Malaysia. Tel: (603) 242 6121/248 3705, Fax: (603) 248 3601. Write to sis@sisfora.po.my or visit <http://www.sistersinislam.org.my>

The Jakarta Declaration is the result of the First HIV/AIDS ASEAN Regional Workshop of Islamic Religious Leaders held November 30-December 3, 1998. The Declaration sets forth the rationale for the involvement of Muslims in the regional response to HIV/AIDS. It also includes a Plan of Action which presents objectives, activities, and recommendations identified at the workshop. Posted on SEA-AIDS — Message 1707. Copies available from HAIN.

Knowledge, Attitudes, and Behavior: Cambodia's Monks, Nuns Fill Gap for AIDS Patients, 1997. Describes the HIV/AIDS situation in Cambodia and how the religious community such as the Buddhist monks and nuns help PHAs by providing care and support. Available from HAIN.

Learning About AIDS: a Manual for Pastors and Teachers. Available in English and French, US\$2. Free to developing countries from Churches' Action for Health, World Council of Churches, P.O. Box 2100, 1211 Geneva 2, Switzerland.

Religion, Ethnicity and Sex Education: Exploring the Issues. A briefing pack, presents seven religious perspectives on sexuality, sex education and gender. £15.50 Order from Book Sales, National Children's Bureau, 8 Wakley St., London EC1V 7QE, UK

Spiritual Aspects of Health Care by D Stoter. A reference for health workers on how to respond when grief and anger make communication very difficult. Guides the health worker in meeting the spiritual and religious needs of patients. Available from Mosby, Times Mirror International Publishers Ltd., Lynton Hse., 7-12 Tavistock Square, London WC1H 9LB, UK. ISBN 0 7234 1955 8

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