Thoughts on the Associations between Christianity, Sin, and Stigma & Discrimination in HIV/AIDS Patients

Sin and Stigma

“One important area is the eradication of stigma and discrimination towards People Living with HIV and AIDS (PLWHA). Stigmatization and discrimination of those who are HIV-positive is a violation of human dignity. It also fuels further infections, as fear of the stigma and discrimination associated with HIV and AIDS, undermines willingness to seek out testing,” (A Report, 4).

As the Christian Faith is prominent in Namibia, it is imperative that the discussion on stigma and discrimination have some context of theology included. Using a report from UNAIDS (A Report) it appears there are three main faith based stigmas that must be addressed: an association between sexuality and sin, HIV and AIDS as a punishment for sin, and sin as failure to take responsibility.

Premarital & Casual Sex:

The Christian Church often preaches the sanctity of marriage as being the only situation in which the act of sex is acceptable. It is thus believed that premarital and casual sexual relations where the virus is given from one person to another are sinful. This is often viewed by Believers as a sin which is “superior” to others. This belief, that sex outside of marriage is perhaps one of the most major violations of God’s laws, creates the stigma that it is a sin of greater proportion than other “lesser sins.” This stigma does not attach itself to only those people who contracted HIV/AIDS through sex; it attaches itself to everyone, including the abused women, men and children.

While theology differs from denomination to denomination, church to church, and person to person, it is important that the churches recognize when stigmas are being perpetuated based on a certain belief within a particular organization. The notion that premarital and casual sex are sinful, is not a common belief in the secular world and thus can not, and should not, be used to create this stigma associated with the disease.

HIV/AIDS: God’s Wrath?

Aside from the church’s stigma as HIV/AIDS as the result of sinful relations, there is the notion that the virus is in fact, some type of punishment for sin. This premise is undermining religion and its efforts to provide care and promote prevention. Indeed, many of the organizations aimed at aiding HIV/AIDS patients are faith based organizations. Therefore this notion is harmful to their mission, and stigma in this case both applies to the victim and the relief workers.

Indeed outside of religious thought, any human or natural catastrophe is unrelated to peoples’ sins. Most importantly, a large number of HIV/AIDS transmission cases are from mother to child, abused women, or faithful partners of unfaithful spouses. They are innocent people that are infected without the capacity to do anything to prevent it. These types of victims are thus tarnished with the stigma of their unfortunate illness being associated to God’s wrath. It seems most unfair for a church to preach care and prevention while simultaneously making the association of some sort of divine punishment for sin.
Our Own Fault?

Similar to the association between sin and HIV/AIDS, according to the UNAIDS report, a final stigmatization stemming from the Christian church, places blame on victims as “deserving” of their condition. This idea of irresponsibility may be valid but must be counteracted. The irresponsibility of those who are positive of not protecting themselves from risky behavior (i.e. sex without a condom, use of needles, etc.) is indeed a sin according to Christian belief. There is no easy way to justly place blame on certain parties when a person is infected with HIV/AIDS. As previously mentioned this stigma attaches itself to third parties who are innocent such as physically and sexually assaulted women and children.

The most predominant sins mentioned in the Bible are: “pride, self-righteousness, exclusivity, hypocrisy, and the misuse of power…” Coincidentally, all of these are “….ingredients in the deadly cocktail that causes stigma,” (A Report, 16). Religious groups make a significant contribution to the wellbeing of PLWHA and those affected by it. It is important that in their missions they not only avoid the preceding three stigmas, but actively work to dispel them.

What Can Be Done?

Stigmas can be broken and fostered in communities. Community workers, volunteers, and PLWHA and those affected by it, must unite to not only fight the disease and transmission, but the stigmas in individual communities. Both nationally and internationally, groups can work to eliminate the stigmas but on a true, local and community level, it is up to those living and working in the communities to combat stigma.

There are a wide variety of faith based organizations helping the battle against HIV/AIDS in Namibia. These organizations not only provide certain necessities but perhaps more importantly, the emotional, psychological support that those infected and affected need. Faith is an important aspect of life throughout the world, and the presence of faith based organizations indicates that people should be growing more accepting of the current situation and the ways to shape the future.

What NGOs can do

Fear, terror, dread, fright, panic, anxiety: the myriad of feelings that an infected person has will affect all aspects of their life. It will inhibit their ability to interact with friends and neighbors and their ability to go about daily tasks. In addition to the presence of stigmas, there is the fear of stigmas. PLWHA understand that the stigmas are applied to them as soon as they go public with their HIV status. What do you do when people find out you are getting tested? What do you tell them if they ask? What do you do with yourself once you find out the results? Do you become passive or active? The questions and the way an individual answers them are all based around the level of fear and discrimination they feel they will encounter based on their society's perceptions. If they witness or participate in a caring community, compassionate about fighting against HIV/AIDS, they will be more likely to become an activist. If they don’t immediately see that outlet, there will be great fear in knowing who to tell. Testing positive is something that one person cannot process; it requires the help of friends and/or family to cope with and fully comprehend.

Outside NGOs make a significant impact in addition to the faith based NGOs. Outside NGOs are completely unaffiliated and can develop a mission statement and goals based on their view of the best solution, instead of meshing it with that of a large church. They must be adaptable to meet the needs of a local community and are often initiated by residents of the area who recognize the need. As time progresses and the situation changes, these organizations can adapt to the current demands without worrying about the ideals their church stands behind.

What the Government can do

The Namibian Government has taken many active steps to address the issue of HIV/AIDS. In 1998 they initiated a new public policy and produced a document entitled “Guidelines for Implementation of National Code on HIV/AIDS in Employment.” The five page document outlines what constitutes as illegal
discrimination against potential and actual employees, and briefly addresses how this pandemic is affecting the most productive members of society from an economic standpoint.

What the Community can do

Much of the general public regards the HIV/AIDS issue as a major global issue that needs to be addressed, but isn’t directly impacting their immediate communities, making it easier to ignore. However there are also citizens around the world who are dedicating their lives to addressing the HIV/AIDS issue, and are finding creative solutions to the different problems in each country. Corporations are developing drugs that treat the disease, and others are working to ensure fair distribution and reasonable prices. The portion of the global population that is actively confronting the issue is making a huge impact, but still need additional resources and support. The disease is continuing to proliferate and is far from under control; but with goals, such as the 3 by 5 rule (3 million people treated by 2005), and people behind initiatives such as these ensuring that they are fulfilled, we may someday live in a stigma and discrimination free environment.

References:

December 2003. UNAIDS.