Sex, Drugs, HIV/AIDS and Religion

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Glenn Curran
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HIV Pandemic

There is no doubt that HIV is a major threat to human life and health world wide (Croft, 1992; Mann, et al. 1992; World Health Organisation, Jan 1994). Presently, global HIV infection stands at approx. 14 million people with projections up to 108 million by the Year 2000 (Australian HIV Surveillance Update, April 1994; Chew, et al., 1994:22; Hatcher, et al., 1994:51)

Women and HIV/AIDS

HIV/AIDS is a major feminist concern. Greene (1993:67) states that "[w]orldwide, women now account for 40% of AIDS cases; about 10% are children borne to infected mothers." HIV threatens women in three ways: She may become HIV positive and develop AIDS; She may pass HIV infection to her baby who may develop AIDS; and She is the primary carer who will carry the burden of AIDS (Panos Institute, 1990). HIV/AIDS significantly impacts on the health of women (Berer & Ray, 1993).

What is HIV/AIDS?

HIV is a virus that destroys the immune system of humans. Immunologists, (Croft, 1993; Greene, 1993; Levy, 1993; Pantaleo, et al., 1993), agree that

HIV infection will nearly always lead onto Acquired Immunodeficiency Syndrome, although
Levy (1993) documents long term survivors.

HIV doesn't discriminate between race, age, sex, intelligence or religious values. HIV is primarily spread by unprotected sex, injecting drug use and vertical transmission (mother to baby and breastfeeding). Global HIV transmission is predominantly heterosexual (75%). The Australian HIV Surveillance Report (May, 1994) suggests that heterosexual transmission will rise to 90% by the year 2000.

HIV Prevention Strategies

At this stage, prevention strategies are the only way to reduce HIV infection. Anti viral drugs slow HIV progression but not prevent it and a vaccine is not expected before the Year 2000. The HIV prevention message includes: celibacy or abstinence, long term monogamous relationships, safer sex practices, limiting the number of sexual partners; don't use drugs, if injecting drugs, use sterile equipment and don't share equipment and infection control procedures. Successful HIV prevention and harm minimisation strategies are supported by; politicians, law makers, police, health care workers, educators, activists, media, religious institutions, parents and individuals.

It is an understatement to say that HIV cause much heartache. For HIV positive people the issues facing them are enormous and unfortunately very real (Okeefe and Walker, 1992). For some, HIV has been a positive experience. For the vast majority, being HIV positive means discrimination, rejection, loneliness, unemployment, stigmatisation, fear, and physical, emotional and social abuse.

HIV/AIDS and Religion

This section begins to examine HIV/AIDS, sexuality, religion, personal values, morals and ethical behaviour. When I accepted the HIV/AIDS Clinical Nurse Manager position, I was told by well meaning Bahá'í friends that HIV/AIDS was not a good area to work in. It was somehow unclean. It appeared that by association, I became a sex worker, injecting drug user and bisexual. Discrimination occurs because of a lack of knowledge and understanding and it is this concern that prompted this

presentation.

Professionally, my work is challenging beyond description as HIV tends to funnel society's concerns and phobias into a concentrated reality. Kubler Ross (1987) refers to AIDS "... as our largest sociopolitical issue." HIV has exposed my discomfort with sexuality and caused a reflection of values and beliefs. I now find myself working in the grey area of people's sexuality where there are no clear cut answers. One example of this grey area is the provocative link between HIV and homosexuality.

In Tasmania, HIV is synonymous with homosexuality and gay law reform which has provoked three major community responses. The first response supports homosexuality as a basic human right between two consenting adults (Kirby, May 1994).
Secondly, the political response has developed into an argument over state and federal rights. The last response is religious, where groups claim homosexuality is a sin, a violation of God's law, something to be punished (McKendry, 1992).

The last response is interesting in that it uncovers the longstanding difficulty western religion has with sexuality where sexuality and religion are two powerful, often conflicting influences in society (Foucault, 1978). This paper explores the relationship between religion, homosexuality and HIV by three questions. What is the religious response to homosexuality and HIV? What is the response of the Bahá'í Faith institutions to homosexuality and HIV? And, what is the personal Bahá'í response to homosexuality and HIV?

What is the religious response to homosexuality and HIV?

Religions have responded to HIV and homosexuality in a complex and varied way. Kolwalewski, cited by McKendry (1992:22) suggests that Christianity has developed three broad responses to HIV/AIDS which include AIDS as a divine punishment, AIDS can somehow be separated from sexual morality to allow a rational response and lastly, there is a qualified compassion for the sinner while hating the sin of homosexuality. At worst, religious platforms see HIV/AIDS as a divine punishment and become the source of fear, hate, stigmatisation, discrimination and bigotry,

where
education and prevention strategies are opposed (Davenport-Hines, 1990; Green, 1992;
McKendry, 1992).

In contrast, enlightened religious and community responses to HIV/AIDS appear to be characterized by open discussion, non-judgemental attitudes, understanding,
support, care and compassion (Ross, 1993; Shelby Spong, 1990).

What is the Bahá'í Faith response to homosexuality and HIV?

There appears to be no official Bahá'í response to HIV/AIDS.
Given the global impact of HIV, it is suggested that Bahá'ís begin a series of
consultations to determine an approach to this major issue. On homosexuality, Bahá'u'lláh prohibits all homosexual relations in the Kitáb-i-Aqdas. The Universal House of Justice comments:

The Bahá'í teachings on sexual morality centre on marriage and
the family... No matter how devoted and fine the love may be between people of the
same sex, to let it find expression in sexual acts is wrong. To say it is an ideal is no
excuse. Immorality of every sort is really forbidden by Bahá'u'lláh, and homosexual relationships He looks upon as such, besides being against nature. (Universal House of Justice, 1992:223)

Bahá'í institutions manage homosexuality like adultery, alcohol
& illicit drug use, by referral, counsel and sanction. The institutions (not individuals) provide repeated counsel to the Bahá'í to alter their activity, and
his or her administrative rights can be removed. The House of Justice has the authority to
fine a person for their actions.

What is the individual Bahá'í response to homosexuality and HIV?

It is argued that individual Bahá'ís respond to homosexuality
and HIV/AIDS in a different manner to Bahá'í institutions. There are few documented
instances to demonstrate individual Bahá'ís attitudes and values to homosexuality
and HIV/AIDS. In this section, there is a brief examination of Bahá'ís involved
with HIV/AIDS awareness education, two separate Bahá'í articles about HIV and homosexuality, and the author's personal/professional views as an individual response. While these examples are limited in number they indicate how individuals are
responding to homosexuality and HIV.

In the first example, the convenor of the Queensland Multicultural HIV/AIDS Awareness Program praised the contribution of religious groups including the Bahá'ís because of their willingness to take on the important, yet difficult issues. The Bahá'ís informed themselves about the issues, and in doing so, helped create a unique experience where co-religionists shared common ground. Jacki Hauff reported a practical approach to overcome the personal, moral and religious conflict with HIV:

> Surprisingly perhaps, conflict of religion among participants was almost entirely avoided. Participants were asked to keep their personal beliefs, morals and attitudes to themselves, and to respect the beliefs of others without moral or personal judgement. (Hauff, 1994:9)

The second example is a letter to the Bulletin by Jill Wiese (1994), who writes passionately about HIV/AIDS, spiritual healing, physical suffering and a non discriminatory virus. Jill suggests that the "... spiritual disease whose symptoms are that of gross discrimination, a fostering and feeding of prejudice, hatred, disunity and unkindness." Jill concludes by praying for the spiritual qualities to help us overcome the loneliness, isolation and discrimination that HIV positive people experience.
I commend this approach as a way for Bahá'ís to be involved with HIV/AIDS.

The third example refers to recently advertised information in the Australian Bahá'í Bulletin (May 1994, p.2) about homosexuality. I was dismayed to read the paper "Psychological and Spiritual Aspects of Male Homosexuality" (Special Issue on Health, Canadian ABS, Vol. 11, No. 1, 1981). This paper written by a Bahá'í promotes a rhetoric condemning the homosexual as an evil, psychologically unstable, anti-life individual. The article is academically weak, the references are suspect and the research is limited. What is disturbing is that the National Office is tacitly endorsing a publication whose basic argument is similar to that used by Christian fundamentalist, to justify their vilification, persecution and discrimination of homosexuals and HIV positive people. In Tasmania for

instance, this type of emotional argument leads to a negative and destructive response in the community and tends to polarise attitudes into right/wrong and good/evil decisions. The construction of this paper shows the problems of individuals interpreting the writings and may give an insight why some Bahá'ís have a fear of homosexuals. It appears that when individuals use the writings in a sanctimonious way (holier than thou attitude), the result tends to be at the expense of another person's behaviour. Whereas, when Bahá'í Institutions apply the Writings, it is done so as part of a dynamic consultative process that aims to educate, guide and inspire a person to teach, encourage spiritual development and behaviour change, apply warnings and sanctions; and provide protection for the Faith.

The last example allows the author to explore homosexuality and HIV by drawing on the broader moral, ethical and spiritual dimensions. Do I have the right to make a moral judgement about the actions of another person? In answer, I remember Jesus's admonition about casting the metaphorical stone without first examining one's own behaviour. I believe this spiritual teaching remains true. There is no basis for an individual to judge, criticise or condemn another person. Too often we tend to confuse another's action as a threat to our belief and value system. As a health care worker, I am comfortable working with heterosexuals, gays, bisexuals, sex workers and injecting drug users because there is a moral, ethical and spiritual responsibility to connect with the spiritual nature of each person.

Contemporary writers (Cole and Dryden, 1993; LeVay and Hamer, 1994; Llewellyn-Jones, 1989; Rollins, 1989; Todd, 1992) suggest homosexuality varies between 1 - 10% of any given population. Bahá'ís who are gay, sexually active, or injecting drugs are also dealing with the guilt and hypocrisy of being shunned and condemned by the pious. It is difficult for individuals to carry the weight of the Bahá'í expectation to be perfect. At a time when people want and need support, unconditional love and spiritual care, they face possible rejection by a fearful, denying community.

In summary, there are many responses to homosexuality and HIV/AIDS in the Bahá'í community. It appears that when Bahá'ís are personally involved with HIV/AIDS, they begin to understand the broader issues of anti-discrimination, compassion, love, respect and the need for open and honest communication.

Summary

In conclusion, it is a fact that a Bahá'í lifestyle would prevent HIV transmission but it is unrealistic to think that the application of sanctions are the only answer at this particular time in history. Bahá'í institutions need to respond to HIV/AIDS and be mindful of the responsibility not to cause greater harm by promoting attitudes and actions that foster and prolong this pandemic. Experience has confirmed there are no simplistic solutions to this complex global problem, only more HIV/AIDS situations.

I hope this information has been challenging. HIV/AIDS sits in the difficult area of sexuality, personal values and religious beliefs. During the International Year of the Family please remember that HIV positive people are part of our family. Consider all HIV positive persons as our brothers, sisters, parents, grandparents, uncles, aunts, cousins and friends. Please give them the love and respect we all need and deserve.

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