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An Analysis of HIV/AIDS Rationalization and Prevention Among Faith-Based Healthcare
Providers in Papua New Guinea and Nigeria

According to the United Nations, the HIV/AIDS epidemic reached a new height when the number of diagnosed patients worldwide reached 36.9 million. Along with this conclusion, the United Nations also revealed that there are an estimated 5,000 new infections per day, a number that is daunting because of the exponential growth of HIV/AIDS patients ("Global Statistics"). The emergence of HIV/AIDS cases has fostered a growing stigma along with a growing need for healthcare organizations to provide treatment and counseling. There is also an abundance of organizations, such as UNAIDS, that diffuse HIV treatment practices, policies, and interventions to lower income countries. Specifically speaking, this information is diffused to countries like Nigeria and Papua New Guinea, which have some of the highest-ranking HIV prevalences in their subregions. Among these similarities, the two countries also have prominent Christian communities and a significant amount of faith-based healthcare organizations that provide treatment and counseling for HIV patients. In this paper, I will assess the general attitudes towards HIV/AIDS patients in each country along with the born-again Christian narratives that influence the way faith-based healthcare providers take preventative methods.

HIV, also known as Human Immunodeficiency Virus, is a virus spread through bodily fluids including blood, breast milk, semen, and other bodily fluids ("The Basics of HIV

Prevention Understanding HIV/AIDS" 2018). HIV causes AIDS, which is known as Acquired Immunodeficiency Syndrome. AIDS significantly weakens the immune system and makes it hard for an individual's body to fight off the simplest of diseases and sicknesses. AIDS cannot be cured; however, diagnosed individuals may take medication to aid their immune system. AIDS outbreaks among rural populations are particularly worrying because the HIV virus can easily be spread to children. With the diagnosis of a terminal disease, it is inferable that many individuals will turn to their religious authorities to seek help and counseling. Since Nigeria and Papua New Guinea have large Christian populations along with an even larger population of individuals diagnosed with HIV/AIDS, it would be interesting to analyze how cultural and religious attitudes towards HIV/AIDS affect the counseling and treatment for these individuals.

Papua New Guinea is predominantly Christian with a significant amount of individuals diagnosed with HIV/AIDS. According to The Joint United Nations Programme on HIV/AIDS (UNAIDS), Papua New Guinea has the highest incidence and prevalence of HIV in the Pacific. UNAIDS also reports that there were an estimated 2,800 new infections in 2016 ("Papua New Guinea"). The general consensus among born-again Christian communities in Papua New Guinea is that the Bible holds absolute authority over science and that God decides who is infected with HIV ("Resisting Global AIDS" 65). Also, that infection with HIV is a curse imposed on sexually promiscuous individuals. Throughout Papua New Guinea, the most popular public health message used in an effort to prevent the transmission of the HIV virus is the ABC slogan, "A for abstinence, B for being faithful, and C for use a condom" ("Resisting Global AIDS" 67). Moreover, general consensus holds that since an individual's infection with the HIV virus is an act of retribution from God, only God can cure HIV/AIDS. With this belief,

diagnosed individuals are encouraged to put their faith in God over science (“Resisting Global AIDS” 71).

Similarly, there is also a significant born-again Christian population in Nigeria. According to UNAIDS, Nigeria had 220,000 new HIV infections in 2016, a much higher and more daunting statistic than that of Papua New Guinea (“Nigeria”). In comparison to Papua New Guinea, an individual's infection with the HIV virus is seen as retribution for their immorality, based on the inference that the individual has not led a good Christian life (Smith 429). Communities within Nigeria take ideas similar to that of Papua New Guinea’s further by seeing the HIV/AIDS epidemic as “a scourge visited by God on a society that has turned its back on religion and morality” (Smith 430). Compared to Papua New Guineans, Nigerian born-again Christians also believe in the idea of putting faith in God over science. Moreover, Nigerian born-again Christians emphasize the importance of abstinence and faithfulness while denouncing the use of condoms, which is something that further complicates the HIV/AIDS epidemic because it is not a proactive response to the spread of the disease (Jappah).

As mentioned earlier, a number of organizations have emerged in order to address the exponentially-growing global AIDS epidemic. Organizations such as the Joint United Nations Programme on HIV/AIDS (UNAIDS) and International Aids Society focus on developing science-based policies and interventions that diffuse to lower income countries. For example, the UNAIDS 2016-2021 Strategy outlines a specific framework of goals and policies that will end the AIDS epidemic by 2030. The strategy includes voluntary testing, viral load monitoring, sexual education, condom distribution, and pre-exposure prophylaxis (“UNAIDS Strategy”). Here, it is important to include the idea that both communities mentioned in this paper have

assessed the received information and combined it with religious thoughts to form their own policies, interventions, and prevention strategies. Despite the fact that the strategies offered by UNAIDS and other organizations are immensely useful, it is easily admissible that some of the ideas such as condom use, pre-exposure prophylaxis, and sexual education may be problematic from a religious standpoint.

Papua New Guinea has a large number of faith-based health care organizations, which is easily conclusive because it is a predominantly Christian country. Specifically speaking, there is a dominant born-again Christian community in Papua New Guinea, which has given rise to a number of healthcare providers that operate on born-again Christian narratives. These born-again Christian healthcare organizations are usually founded on pastoral teachings, which emphasize the importance of good conduct and morality (Shih et al. 52). Traditionally, leaders in the Christian church used pastoral power to care for their followers to ensure that they obtain spiritual salvation after death (Shih et al. 52). Shih et al. also mentions that the foundation for pastoral power is based on benevolence and individualization, which is seen in how religious leaders would encourage their followers to follow an established code of conduct so that they will have the materials they need to care for themselves (52). Pastoral teachings are also founded on the importance of confession and self-reflection, which play an essential role in modern HIV counseling within Papua New Guinea's born-again Christian population (Shih et al. 52).

Moreover, born-again Christian healthcare organization providers see an individual's diagnosis with HIV/AIDS as God's punishment for immoral actions, because the individual did not follow conduct that would prevent them from getting the virus (Shih et al. 52). An individual's diagnosis with HIV could be attributed to infidelity, sexual promiscuity, and other

immoral acts. According to Shih et al., there is a larger concentration of female sex workers and men who have sex with men among those that have been diagnosed with HIV, which causes these faith-based healthcare organizations to place emphasis on moral surveillance and self-reflection (52). This complicates the interpretation of the HIV epidemic because a connection is being made between sexual practices and moral behavior. Shih et al. also argues that “HIV in Papua New Guinea is viewed as the result of unruly bodies amidst social change and the decline of social order,” which is an important revelation because these healthcare providers are using the strategies and information they are given to perpetuate a campaign for moral change (56).

Similar to Papua New Guinea, methods of HIV/AIDS policy, intervention, and treatment in Nigeria are also influenced by conservative Christian teachings, which perpetuate the common theme that an individual’s diagnosis with HIV/AIDS is an act of moral retribution. There are also a number of faith-based Nigerian healthcare organizations that were formed in response to the HIV/AIDS epidemic, including Christian Health Association of Nigeria, Christian Aid Community Based Care of Orphans and Vulnerable Children (OVC), and Christian AID Community Care Nigeria (Jappah). Nigeria is also very comparable to Papua New Guinea due to a similarity in beliefs surrounding attributions to HIV infection (i.e.: infidelity, sexual promiscuity, and immoral behavior). There is also an outstanding similarity when examining the moral judgment of female sex workers and men who have sex with men; however, one area where the two countries differ is regarding condom use.

While condom use is widely promoted in Papua New Guinea through the ABC strategy, it is frowned upon in Nigeria because it is seen as a promotion of sexual promiscuity and an

unreliable method of HIV/AIDS prevention (Jappah). While Nigeria's argument is knowledgeable, it disregards the effectiveness of condom use and instead makes the problem worse by discouraging the use of a sexual barrier in the same realm as abstinence. In my research, I also found that condom use in Nigeria is associated with female sex workers and premarital sex, which is alarming because condoms are used for many more things than sex work including prevention of other STDs (HPV, genital herpes, gonorrhea, chlamydia, and trichomoniasis) and prevention of unwanted pregnancy (Jappah). It is arguable that condoms are the most accessible contraceptive method next to abstinence. I also found that there is an outstanding absence of sexual education in Nigeria. Jlateh Jappah claims:

“In 2009, only 22.8% of Nigerian schools had provided life skills-based HIV education during the past academic year, 11.7% of women and men ages 15–49 had received an HIV test in the past year and knew the results and 25% of men and women between the ages of 15 and 24 correctly identified ways to prevent the sexual transmission of HIV and rejected major misconceptions about HIV transmission” (Jappah).

It is arguable that this makes the HIV/AIDS epidemic more impactful in Nigeria than in Papua New Guinea because of the larger population and stigmatization of sexual education and condom use.

Given the information about various policies and beliefs implemented by the various faith-based healthcare organizations in Nigeria and Papua New Guinea, it is important to consider the Christian Evangelical teachings that these organizations are founded on. From here, I will further contextualize general beliefs of Papua New Guinean and Nigerian citizens along

with the preventative practices implemented by the faith-based healthcare organizations. In his discussion paper about Christianity in Papua New Guinea, Richard Eves concludes that

“Most of the born-again churches can be characterized as fundamentalist since they believe strongly in the absolute accuracy of the Bible. For them, the Bible gives a true account of history, science, morality, and religion, providing all the guidance necessary for understanding life on earth and achieving salvation in the hereafter. Beyond this, fundamentalists expect to ‘find in Scripture clues to the future destiny of this world’ and many of these churches focus heavily on the apocalyptic prophecies about the end of the world contained in the last book of the New Testament and other prophetic sections of the Bible” (“Christianity, Masculinity” 2).

Born-again Christian teachings in Papua New Guinea shun social and political development while other churches make an attempt to address modern issues through social and political development (“Resisting Global AIDS”). Here, it is evident that there is a heavy emphasis on conservative principles outlined by interpretations scripture with little mobility relative to current events. With the foundation of born-again Christianity in Papua New Guinea revolving around good conduct and morality, we see the development of ideas about HIV/AIDS transmission. To refer to Shith et al.’s paper once again, “HIV in Papua New Guinea is viewed as the result of unruly bodies amidst social change and the decline of social order” (53). It is arguable that this idea was fostered through an emphasis on apocalyptic prophecies. Since AIDS is a deadly disease and seen as an act of moral retribution by God, it is conclusive that Papua New Guinean Christians would associate the HIV epidemic with apocalyptic prophecy. In addition to this, Christian rigidity in response to social and political change can also be seen in general attitudes

about HIV/AIDS transmission. Concerning social change, we see this in the growing dialogue surrounding the legitimacy of being a sex worker or a man who has sex with men. It is undeniable that earning a living through sex work and identifying as a man who has sex with men are seen as immoral acts in the eyes of Christians. From this, it is easily concluded that this susceptibility to HIV/AIDS in these individuals is an act of God's retribution. Given the main teachings in born-again Papua New Guinean populations, it is easier to understand modern ideas about the transmission of HIV/AIDS.

Furthermore, Nigerian Christians hold similar conservative views about acts of immorality resulting in an individual's infection with HIV/AIDS; however, one element that complicates the narrative is beliefs about sex and contraceptive methods. As mentioned previously, Papua New Guinean society is more accepting of condom use, a base-level precaution against sexually transmitted diseases. It was also revealed that Nigerian society is less condoning of condom use and stigmatizes it, which is particularly concerning given the magnitude of the HIV/AIDS epidemic. While condom use is stigmatized and associated with female sex workers and men who have sex with men, there is an even greater emphasis on abstinence. In a paper about Christian beliefs in Nigeria, Ojo A. Matthews concludes that "Christian Churches continue to affirm that sex is allowed only within the walls of heterosexual marriage, and anything different is regarded as sinful and opprobrious" (Matthews). Matthews also expresses how sexual acts performed outside of heterosexual marriage, including infidelity, premarital sex, lesbianism, and homosexuality, are likened to perversion and deemed as "an unwholesome submission of one's body to sinful pleasures" (Matthews). This idea can be further developed when considering beliefs about procreation for married couples. From here, it is

arguable that the stigmatization behind condom use developed behind ideas of perversion concerning sexual acts that are not between a married heterosexual couple. Similar to Papua New Guinea, a form of religious rigidity concerning social and political change is also seen within Christian communities in Nigeria; however, it is undeniable that Nigerian cultural beliefs are much more conservative than those in Papua New Guinea. In his paper, Matthews describes sexual freedom and sexual education as a product of a Western ideology that resides outside of traditional Christian beliefs. Such freedom and liberation refer to any sexual act that does not include a married heterosexual couple, including premarital sex along with same-sex relationships (Matthews). Similar to Papua New Guinea, Christian teachings about sex and morality in Papua New Guinea further contextualize the motives behind various faith-based healthcare providers in preventing HIV/AIDS.

After considering the Christian teachings that have influenced preventative practices and general beliefs about HIV/AIDS in Papua New Guinea and Nigeria, I understand how the conservative born-again Christian teachings influence the way that HIV/AIDS is perceived. Both cultures place heavy emphasis on moral retribution and apocalyptic prophecies; however, they are different in the way that they implement different preventative methods given by UNAIDS and other organizations. Again, some of the main preventative policies encouraged by UNAIDS are condom use and sexual education. In Papua New Guinea, it is arguable that there is more fluidity because the Papua New Guinean born-again Christian population is more willing to encourage sex education and condom use, unlike Nigerian born-again Christian populations.

Despite a deepened context of born-again teachings within Papua New Guinea and Nigeria, I still disagree with the idea that infection with HIV/AIDS is an act of moral retribution

from God. If this is an absolute argument, I would challenge this idea by saying mother-to-child transmission should be reevaluated because the child could have not been unfaithful in marriage or sexually promiscuous. In this case, if the child was the receiver of God's retribution due to HIV transmission, it is also arguable that the child could have not disobeyed any withstanding moral conduct that would make them deserving of this act of retribution. Despite the fact that I do not agree with seeing HIV/AIDS diagnosis as moral retribution, I fear that stigmatization behind sex education and condom use makes the matters worse. For this reason, I would advocate for Papua New Guinean cultural and religious teachings more than those in Nigeria. It is possible that rejection of condom use is a cultural belief that affects the religious practices in Nigeria and further complicates the way that faith-based healthcare providers practice preventative policy. In my opinion, the best way to address the HIV/AIDS epidemic in Nigeria is to encourage individuals to pursue education and contraceptive use. Without these fundamental preventative methods, it is possible that the efforts of the UNAIDS 2016-2021 plan would be futile.

In final analysis, it is evident that many communities have different ways of rationalizing and addressing the HIV epidemic. In this paper, I explored the born-again Christian teachings in Papua New Guinea, compared them to Christian evangelical teachings in Nigeria, and used these ideas in an attempt to rationalize general attitudes and responses to the HIV/AIDS epidemic within these communities. I find the teachings in both communities troubling given the social rigidity in response to premarital sex, non-heterosexual relationships, and infidelity. Also, I find the teachings troubling when looking at mothers who pass HIV infections on to their children. Given information about the preventative methods and sexual education offered in each country,

I decided that I only agreed more with Papua New Guinean teachings because of a heightened emphasis on condom use. After reviewing teachings in each country, I am left wondering what medical approaches are taken to treat individuals within these countries if HIV infection is seen as an act of moral retribution by God.

Works Cited

Primary

Shih, P., et al. "Pastoral Power in HIV Prevention: Converging Rationalities of Care in Christian and Medical Practices in Papua New Guinea." *Social Science & Medicine*, vol. 193, Nov. 2017, pp. 51–58. *EBSCOhost*, doi:10.1016/j.socscimed.2017.09.049.

Reveals results of a qualitative study of two faith-based healthcare providers in Papua New Guinea. Discusses methods of HIV prevention. Also discusses how pastoral teachings influence counseling.

Smith, Daniel Jordan. "Youth, Sin and Sex in Nigeria: Christianity and HIV/AIDS-Related Beliefs and Behaviour among Rural-Urban Migrants." *Culture, Health & Sexuality*, vol. 6, no. 5, Sept. 2004, pp. 425–437. *EBSCOhost*, doi:10.1080/13691050410001680528.

Compiles research from a two-year study about how Christian influences shape how young Nigerian individuals view HIV/AIDS. Also discusses how different interpretations of HIV can be detrimental to the health of various individuals.

Secondary

Eves, Richard. "Christianity, Masculinity And Gender Violence In Papua New Guinea." *Academia.Edu*, 2012,

http://www.academia.edu/1498878/Christianity_Masculinity_and_Gender_Violence_in_Papua_New_Guinea. Accessed 24 Nov 2018.

Discusses the main principles behind Christian teachings in Papua New Guinea. Expands on teachings behind moral conduct in born-again Christianity. Ties Christian teachings to HIV prevention practices.

---. "Resisting Global AIDS Knowledges: Born-Again Christian Narratives of the Epidemic from Papua New Guinea." *Medical Anthropology*, vol. 31, no. 1, Jan. 2012, pp. 61–76. *EBSCOhost*, doi:10.1080/01459740.2011.594122.

Argues the need for local cultures to adapt HIV preventative practices. Compares and contrasts the globalized HIV approach vs the local approach in Papua New Guinea

"Global Statistics". *HIV.Gov*, 2018,

<https://www.hiv.gov/hiv-basics/overview/data-and-trends/global-statistics>. Accessed 12 Dec 2018.

Discusses the global prevalence of HIV/AIDS. Also discusses the impact of AIDS on various communities. Introduces the plan behind PEPFAR.

Jappah, Jlateh V. "The Convergence of American and Nigerian Religious Conservatism in a Biopolitical Shaping of Nigeria's Hiv/Aids Prevention Programmes". *NCBI*, 2013, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4098046/>. Accessed 12 Dec 2018.

Discusses the efforts of organizations created to combat AIDS. Reveals how PEPFAR information and policies are being implemented in Nigeria. Also discusses how Nigerian cultural beliefs conflict with some of the solutions offered by various programs.

Matthews, Ojo A. "Religion And Sexuality: Individuality, Choice And Sexual Rights In Nigerian Christianity". *Arsrc.Org*, 2005, <http://www.arsrc.org/downloads/uhsss/ojo.pdf>. Accessed 26 Nov 2018.

Compiles Christian based teaching in Nigeria and puts it in the perspective of sexual rights. Discusses the cultural teachings behind abstinence and marriage.

"Nigeria". Unaid.Org, 2018, <http://www.unaids.org/en/regionscountries/countries/nigeria>. Accessed 12 Dec 2018.

Reveals statistics about HIV/AIDS in Nigeria. Discusses key populations affected by HIV/AIDS in Nigeria

"Papua New Guinea". Unaid.Org, 2018, <http://www.unaids.org/en/regionscountries/countries/papuanewguinea>. Accessed 12 Dec 2018.

Reveals statistics about HIV/AIDS in Papua New Guinea

"The Basics Of HIV Prevention Understanding HIV/AIDS". Aidsinfo, 2018, <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/20/48/the-basics-of-hiv-prevention>. Accessed 12 Dec 2018.

Discusses the global prevalence of HIV. Discusses key populations affected by HIV/AIDS in Papua New Guinea

"UNAIDS Strategy". Unaid.Org, 2018, <http://www.unaids.org/en/goals/unaidstrategy>. Accessed 12 Dec 2018.

Discusses the UNAIDS 2016-2021 Strategy that addresses the global HIV epidemic. Reveals specific measures that UNAIDS will take to eliminate HIV by 2030