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Covenant with death: the attitude of churches in Botswana towards the use of condoms by Christians, and its social implications

James N Amanze¹

Introduction

In recent years the HIV/AIDS epidemic has become the enemy number one of humankind. Its effects have been felt practically everywhere in the world. It is leaving behind a trail of untold human suffering and death. In the past two decades alone it has killed millions of people and it has become a threat to the very survival of the human race. Various strategies such as sexual abstinence, sticking to one partner and condomising have been proposed in order to curb the spread of this epidemic. This paper examines the preventative role of condoms in the fight against HIV/AIDS. It will be argued in this paper that because of the magnitude, severity, devastation and complexity of the HIV/AIDS pandemic there is great need to advise people to use condoms as one of the weapons in the fight against this deadly disease. The primary objective of this advice is to save human lives, though this of course quite often compromises moral standpoints. Failure to stop the spread of HIV/AIDS by all means available is like entering into a covenant with death, which may consequently lead to the eventual depopulation of Botswana.

What is this HIV/AIDS pandemic?

In order to win the present struggle against the HIV/AIDS pandemic, it is important first and foremost to understand the nature of the disease. The abbreviation HIV stands for Human Immunodeficiency Virus. It is a virus that infects the body, attacking and destroying the cells of the body's defence system (the immune system), the CD4 cells. Such attacks render the body incapable of fighting off diseases that are caused by bacteria, fungi or parasites. Medical experts who have studied the behaviour of HIV have noted that there are three stages in HIV infection. In the first phase, once the virus enters the human body, it multiplies very rapidly. At this stage, however, the immune system manages to fight it off. During this phase, which lasts between 3-6 weeks after contracting HIV, about 50% of those affected develop a brief flue-like illness with fever, tiredness, swollen glands, headaches and rashes. In the second stage the immune system of the patient also manages to fight off the virus, and one may still not notice anything wrong. An infected person may carry on with his or her daily activities just as before, and may feel healthy. However, unknown to the individual concerned, one's defences against diseases are becoming weaker and weaker. In the third and final stage the virus defeats the immune system completely and infections begin to spread in the body unchecked. This final stage is known as the Acquired Immunodeficiency Syndrome (AIDS). Once a person reaches this stage it becomes difficult, even impossible, to recover, and death is almost certain.²

Theories of its origins: global perspective

The origin of the HIV/AIDS pandemic is obscure. A number of theories have been developed, but there is no conclusive answer as to how this deadly disease came to be. Two theories need mention here. The first theory is attributed to A F Fleming, who argued that HIV/AIDS originated in Africa in the early 1970s. According to this view, the virus was first found among heterosexuals. The

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² Information collected at the Second National Conference on HIV/AIDS, Gaborone, 15-18 February 2000

groups most affected were those between 15 and 49. Transmission, it is held, occurred first through contaminated blood in animals and consumption of their meat. It is further noted that from Africa the virus was transmitted to Haiti, from there to the USA and eventually to Western Europe and beyond.³

The second theory holds that the HIV/AIDS pandemic is a scientific product of Europe and America. According to this theory, HIV was formerly known as Lymphadenopathy Associated Virus (LAV). This was developed out of Equine Infectious Anaemia Virus (EIAV), a fatal disease found in horses. It is held that during the First World War the Germans used this deadly horse virus as a 'biological weapon' against the animal stocks of their enemies. Eventually, the Germans administered the horse virus to human beings in the form of a healing serum. Those who were injected with the virus died. It is further noted that between 1922 and 1938 some people in Germany and Sweden were infected with the disease. In 1944 the Japanese experimented with the virus on prisoners of war and civilians in parts of occupied China. It is also noted that in 1948 in the United States of America a project was conducted at the University of Pennsylvania, examining Infectious Anaemia of horses. In the course of this it was noted that a German veterinary surgeon writing between 1948 and 1949 observed that the goal of the project was to transmit the horse disease to humans. It is argued in some academic circles that there is ample evidence to substantiate the claim that the HIV/AIDS virus was scientifically developed in the military laboratories of Germany, Japan and then United States of America in order to control and subvert international political affairs.⁴ It is important to point out that these theories may be purely speculative or largely sensationalist and may therefore bear little truth or none whatsoever.

Global and Sub-Saharan Africa HIV/AIDS cases

Global and Sub-Saharan Africa figures in regard to the prevalence of the HIV/AIDS pandemic are horrifying. For example, it is estimated that the number of adults and children who have been newly infected with HIV during 1999 stands at 5.6 million. Of these 3.8 million are found in Sub-Saharan Africa. It is estimated that there were over 15,000 new HIV infections a day in 1999. More than 95% of these were in developing countries. 1,600 were children under 15 years of age. About 14,000 were persons aged between 15 to 49 years of which over 40% were women and over 50% were 15-24 years old. It is worth noting that the same statistics tell us that the number of adults and children living with HIV/AIDS as of end 1999 has escalated to 33.6 million world-wide. 23.3 million of those infected are found in Sub-Saharan Africa. Further, the number of orphans as a result of HIV/AIDS stands at 11.2 million out of which 10.7 million are in Sub-Saharan Africa. It is further estimated that adult and child deaths from HIV/AIDS during 1999 numbered 2.6 million world-wide. Sub-Saharan Africa alone claimed 2.2 million of these deaths. As regards the total number of deaths due to HIV/AIDS from the beginning of the epidemic to the end 1999, it is estimated that 16.3 million have died. Of these 13.7 million are from Sub-Saharan Africa. If these figures continue to rise the future of humankind looks bleak.⁵

HIV/AIDS cases in Botswana: local perspective

It is not known when and how the HIV/AIDS pandemic began in Botswana. What is known, however, is that the first seropositive person in the country was diagnosed in 1985. Various sources of data seem to indicate that up to 1991 the country showed a prevalence rate of less than 10%. However, things began to change dramatically thereafter, for 1992 recorded a prevalence rate of

³ Bernard Mare (1999) AIDS: a challenge to the work of churches in Zimbabwe Unpublished MA Thesis pp20-21

⁴ Mare, AIDS: a challenge . . . , pp21-25

⁵ Figures obtained from UNAIDS (December 1999) collected at the Second National Conference on HIV/AIDS, Gaborone, 15-18 February 2000

23.7% among pregnant women in Francistown. According to Dr Edward Maganu, former Permanent Secretary in the Ministry of Health, the epidemic took off in an explosive manner. The HIV prevalence in pregnant women in Francistown rose rapidly to 43.1% by the end of 1996. At the same time other urban areas were also being affected. For example, during the same period the prevalence rate in Gaborone rose quickly from 14.9 % in 1992 to 34 % in 1997. Current figures on HIV/AIDS sufferers in Botswana are horrifying. It is estimated that out of 1,533,393 (1997) a total of 260,561 people have been infected. It is held that of these 126, 000 are women, 100,000 men and 10-15,000 children. The same statistics tell us that the most affected group consists of those between the ages of 15 and 45 years. Medical surveys at different centres in the country show the following statistics of the prevalence of HIV cases among pregnant women: Francistown 42.96%, Gaborone 39.08%, Ghanzi 22.30%, Maun 33.53%, Selebi-Phikwe 49.89%, Tutume 37.46%, Kweneng West 26.47%, Kweneng East 37.2%. It has been estimated that 17% of the total population of Botswana was infected with HIV/AIDS in 1999. It has also been projected that 22% of the population will be infected by 2010⁶ It is important to note that the increased rate of HIV/AIDS cases applies to all major urban areas in the country. Besides, there is an astonishing prevalence rate of HIV/AIDS in rural areas in Botswana comparable to that in urban areas. Dr Maganu has noted that the speed at which the prevalence rate increased in rural areas of the country is unusual when compared with other countries in Africa. Statistics so far available have placed Botswana as having the highest prevalence rate of HIV/AIDS in the world.⁷

The impact of the HIV/AIDS pandemic on the population is thus phenomenal. According to President Festus Mogae, the most affected are the able-bodied, economically active and educated youth. There has been a considerable cost in investment in the education of that group, many of whom are dying before they become productive and before society can reap the benefits of such investment.⁸ Coupled with this, the HIV/AIDS pandemic has virtually eradicated Botswana's image of the 1980s and early 1990s of a star country with a rapid development record. The country's key indicators are now going into reverse. The World Health Reports (1997 and 1998) show a decline in life expectancy from 69 for men and 72 for women in 1996 to 47 in 1998. Botswana's high ranking in the Human Development Index has been brought down by these figures. Besides, the infant mortality rate has increased from 39% per 1000 live births in 1996 to 59% in 1999. Moreover, the number of 'orphans has grown tremendously since the pandemic started, now standing at 60,000 children who have lost one or both parents. The situation is said to have gone beyond the traditional means of coping with a crisis on a great scale. It is also reported that the loss of skilled and unskilled labour and the increase in poverty because of the deaths of breadwinners is going beyond acceptable limits.⁹ In addition to this, it has estimated that by the end of the year 2,000 HIV/AIDS would be responsible for 64 % of deaths of children under the age of 5, offsetting much of the country's impressive child health progress. Furthermore, the rate at which children have been orphaned has quadrupled. The number of children orphaned by AIDS has increased by 40% . It is reckoned that in Botswana's major urban areas, more than 30% of all pregnant women are already infected with the HIV, making the country the hardest hit in the world.¹⁰ Finally, it has been observed that Home Based Care and Mother to Child transmission programmes which were set up at a huge cost to deal with this problem will continue to be run at a huge cost to the nation if the situation is not arrested.¹¹

⁶ Seventh Sentinel Surveillance in Botswana, AIDS/STD Unit, Ministry of Health, 1999, p5

⁷ Edward T Maganu, The HIV/AIDS epidemic in Botswana and Southern Africa: can we stem the tide? Paper presented at the Second National Conference on HIV/AIDS, Gaborone, 15-18 February 2000 (abstract)

⁸ Mmegi, 29 February 2000, p14

⁹ Maganu, The HIV/AIDS epidemic in Botswana (abstract)

¹⁰ Botswana Guardian, Friday March 3, 2000, pp. 1-2

¹¹ Mmegi, 29/2/2000, p14

The attitude of churches towards the use of condoms by Christians

It appears that studies carried out so far indicate that there are different modes through which HIV/AIDS can be transmitted from one person to another. These include (a) heterosexual transmission, (b) transmission through injecting drugs, (c) sexual transmission among men who have sex with other men, (d) through infected blood in blood transfusion, (e) from mother to child and (f) coming into contact with contaminated blood. These ways of spreading the HIV/AIDS pandemic also apply in Botswana. Of these transmission through sexual intercourse is probably the most common. The Government of Botswana has erected posters in many parts of the country, which are intended to raise HIV/AIDS awareness and to educate Botswana on how to avoid HIV/AIDS transmission. The posters read "The best way to avoid AIDS is as simple as ABC. A stands for Abstain, B for Be faithful and C for Condomise." Studies that have been carried out elsewhere, such as Uganda, seem to indicate that a late start in sexual activity, reduction in numbers of partners, abstinence and consistent use of condoms has stabilised the upward trend of HIV/AIDS cases. It is emphasised that any response to the epidemic should aim at addressing these areas of prevention. It is a combination of all these strategies and not any one of them in isolation that is likely to make an impact in an already worsening situation.¹² And yet the majority of our churches in Botswana reject the idea of condomising by Christians, especially those who are not married, on the understanding that sexual intercourse is only meant for people who are married. Churches have advanced a number of reasons as to why Christians should not use condoms.

In the first place it is strongly believed that Christians must believe in the saving power of God, and that if they abstain and stick to one partner they will be delivered from the present scourge. Christians, it is argued, should never give up their role of being "The Light of the World" (Matthew 5: 13) in an era of moral degradation. Therefore, it is maintained, it is morally wrong for the churches to encourage people to use condoms. It is argued in certain quarters that it is better for a Christian to have unprotected sex and face the consequences, than to use condoms and pretend before God and the Church that one is holy. The use of condoms, it is argued, is sinful hence equally punishable by God who detests sin and any form of immorality. Coupled with this it is also argued in certain church circles that using condoms is morally wrong because it impairs the capacity to procreate. This teaching is based on Pope Paul VI's Encyclical letter of regulations of births entitled *Human Vitae*, which was issued on 25 July 1968, concerning procreation and contraceptives, according to which husband and wife are not free to do as they like in the service of transmitting life. On the contrary they are required that in any use whatsoever of marriage there must be no impairment of its natural capacity to procreate human life.¹³ Apart from this it is also pointed out that distribution of condoms to people, especially young people in schools, may lead to promiscuity. Use of condoms, it is argued, encourages people to engage themselves in pre-marital and extra-marital relationships. Pre-marital sexual relationships defile the human body, which is the temple of the Holy Spirit. This being the case the body must be honoured and respected and not abused through the so-called safe sex. As regards extra-marital sexual relationships the churches hold the view that such relationships act against the sanctity of marriage which requires fidelity between husband and wife. Extra-marital relationships lead to marriage instability and breakdown, thus undermining the precept that marriage is a sacred institution involving a life-long union between husband and wife until death does them part.

Apart from the above reasons it is also argued that condoms are not safe in that they do not provide complete protection. This endangers the life of condom users. The use of condoms has been heavily commercialised with slogans such as "condomise and stay alive". This commercialisation encourages people to live reckless lives. It has also been observed that when people use condoms quite often they use them improperly and soon or later acquire the HIV virus and infect

¹² Maganu, The HIV/AIDS epidemic in Botswana (abstract)

¹³ A Flannery (ed) Vatican Council II, New York: Liturgical Press, 1982, p402

others in the process. Moreover, churches in Botswana point out that the use of condoms compromises God's moral stand. It is argued that though human beings are weak by nature, God never justifies human shortcomings in relation to his standing orders on moral issues and that everyone must abide by the standards set by God. It is further noted that though condoms may, to a certain extent, preserve human life, this could only be achieved at the expense of Christian morality which is one of the pillars of the Christian life.¹⁴

Should Christians condoms? A personal appraisal

Since HIV/AIDS is transmitted primarily through sexual contact, people suffering from AIDS are generally perceived as the most sinful of all. Their illness and death are conceived as punishment from God, the Master Creator. In other words, such people are said to have broken God's sacred laws of abstinence and fidelity to one's wife or husband. This view has stigmatised many HIV/AIDS sufferers to the extent that many of them have been driven underground. The stigma is of such proportion that when people are told that their loved ones died from AIDS they refuse to accept the verdict. HIV/AIDS therefore has become a secret disease from which victims suffer and die with a sense of rejection by their own people among whom they were born and in whose midst they had lived. It appears to the present author, that though ideally Christians should not be encouraged to use condoms because of the moral implications, the present state of affairs in Botswana requires that the only way in which the HIV/AIDS can be tackled effectively is by advising all the people in the country to condomise if they fail to abstain from sex or to stick to one partner. In this way many lives are going to be saved. Theologically speaking, life is a most precious and sacred gift from God; therefore it must be protected by all means available. Apart from the belief that there is life after life, the reality is that on this physical plane each person has only one life and that to have it taken away prematurely is a tragedy. The justification to allow people married and unmarried to use condoms, in order to save their lives and the lives of others, is based on two major factors.

Firstly, technical scientific evidence shows that condoms, despite the fact that they are not 100% effective, do provide at least limited protection. As far as the effectiveness of condoms is concerned, the present author interviewed eight doctors in Gaborone. Although there was no unanimity in their assessment of the effectiveness of condoms, I got the general impression that, if used correctly, they can provide maximum protection. For example, six out of the eight doctors I interviewed indicated to me that the effectiveness of condoms range between 70 % to 100 % if the following conditions are met: (a) they are put on properly, (b) they do not burst, (c) they do not slip off, (d) they do not have punctures, (e) they are of good quality in terms of strength, (f) they are used consistently and (g) they are not re-used. It is reckoned that condoms can prevent three things namely (a) HIV/AIDS, (b) other STDs and (c) pregnancy. However, all the six doctors also warned very insistently that the HIV virus is so small that, given time, it could filter through the condom. Condoms may have holes, may come off, may be of poor quality and may also be used incorrectly. All these factors undermine their effectiveness. The doctors further noted that the effectiveness of the condom depends on its use. If the user is careless and has sex with many people, the likelihood of contracting the virus and passing it on to others is still high. It is important to point out here that one of the doctors whom I interviewed did not assign any percentage concerning the effectiveness of the use of condoms, because of the above variables. Nonetheless, my respondent concurred with the six other doctors above that condoms could indeed be helpful in the struggle against HIV/AIDS. One doctor recommended very strongly that condoms should not be used at all because of their record of not being 100 % safe. All the eight doctors I interviewed recommended very strongly that the best way of avoiding HIV/AIDS is abstinence and to be faithful to one's partner. Having said this, however, there was a general agreement among my

¹⁴ Various church leaders in Gaborone have expressed these views

among my respondents that, since many people are failing to abstain and to be faithful to their partners, they must use condoms in order to stay alive. After all, condoms are the only protective means against HIV/AIDS so far available on the market, and people should take advantage of this protection despite its weaknesses.¹⁵

Secondly, it appears that, despite the churches' firm teaching on sexuality, key indicators show that this teaching is not being followed. For example, there is evidence to suggest that teenage pregnancy, concubinage and HIV/AIDS cases are on the increase. This may be based on the nature of Christians themselves. Christians are not angels but ordinary mortals given to shortcomings. There is always a discrepancy between ideal and reality. This raises two questions. First, who are they? Secondly, are they infallible? These are not new questions. They were also raised in the early Church in North Africa during the Donatist controversy in the 4th century. In biblical terms, Christians are a community of believers of the risen Christ founded by Christ himself and continued in the missionary activities of the Church from ancient times to the present day. Several New Testament writers use several metaphors to define the nature of Christians. They are the "Body of Christ" or the "Bride of Christ" or the "Temple of the Holy Spirit." In this context it would appear that Christians, after having been born again in the name of Jesus and anointed by the Holy Spirit, would remain sinless. And yet this is blatantly not the case. Christians from all walks of life are vulnerable to all kinds of sins. The Holy Scriptures affirm that Jesus is the only one who in every respect was tempted as we are yet without sinning (Hebrews 4:14). The view that Christians are potentially sinners became evident during the Donatist controversy, which has been noted above. During this controversy St Augustine, one of the most distinguished African theologians, reminded his fellow believers that Christians are essentially sinners in the process of sanctification, and that the Church is nothing else but the hospital of sinners. The events of very recent times bear testimony to this state of affairs of the nature of the Church. For example, on 12 March 2000 Pope John Paul II asked the world for forgiveness for sins or errors committed by the Roman Catholic Church. On that day the Pope led his congregation at St Peter's Basilica in a penitential procession during which the Vatican repented for a broad range of errors committed in the past. These included, among other things, the church's use of violence in the name of God during the Crusades, the church's hostility towards other world religions, the Inquisition and Church's other anti-Jewish activities deriving from the understanding that Jews killed Jesus. The implication of this confession is phenomenal. It is an indication of the fallibility of human institutions.¹⁶ It appears to me that Christians, as pilgrim people, are not infallible, and that they are constantly vulnerable to sin. Sin comes into the arena of human history because human beings are by nature sinful. The Bible asserts that all human beings are sinners. This point was made crystal clear by St Paul, who asserted that "there is none righteous not one" (Romans 3:13). Similarly St John argued that "If we say we have no sin, we deceive ourselves and there is no truth in us. If we say that we have not sinned we make God out to be a liar and his word is not in us." (John 1:8,10). Psalm 14:2-3 also paints a similar picture in the following words: The Lord looks down from heaven at mankind to see if there are any who are wise, any who worship him. But they have all gone wrong; they are all equally bad. Not one of them does what is right, not a single one.

The truth of the matter lies in the fact that sin goes deeper than the act of sinning itself. In the creation story, before the act of eating the forbidden fruit took place, Adam and Eve knew that there was a divine command not to eat it. They also knew of the consequences that would fall upon them if they ate the forbidden fruit, for the Lord said "you may eat from every tree in the garden, but not from the tree of the knowledge of good and evil; for on the day that you eat from it, you will certainly die" (Genesis 2:11-12). And yet the command was disobeyed. What is important to note is that their sin was not just a matter of taking and eating of the forbidden fruit: their sin consisted in their intention and willingness to eat the forbidden fruit. In other words Adam and

¹⁵ Interview with the following medical doctors: Dr N N Mashalaba, Dr E Chipata, Dr J B Ayo, Dr K Brejt, Dr A E Lambat, Dr M H Patel, Dr L F Matthews, Dr A S Madhi on 13 March 2000

¹⁶ CNN TV. Report 12 March 2000

Eve had fallen, even before they ate the forbidden fruit. The sin was already in their mind before it was done. The outward action of eating sprang from their inward desire to engage themselves in a forbidden action.¹⁷ Our Lord Jesus Christ made this point perfectly clear when he said, “You have heard that it was said, ‘Do not commit adultery’, but now I tell you: anyone who looks at a woman and wants to possess her is guilty of committing adultery with her in his heart” (Matthew 5:27-28). Ideally, Christians should not use condoms. The use of condoms should be a last resort when abstaining and being faithful to one’s partner have failed. In this context condoms only come into the picture at the end of a sinful act. We are basically dealing here with an after effect to minimise the damages of a sin that has already been committed. As one of the Catholic sisters in Zambia put it “It is sin to have pre-marital and extra-marital sex, but it is greater sin to commit fornication and adultery without condoms”.¹⁸ The use of condoms should be viewed as the least of several evils, which means that failure to use them may lead to contracting HIV and passing it on to other people, thereby condemning them to death, for AIDS has no known cure at present. It is true that the use of condoms in the fight against HIV/AIDS may consequently promote yet more promiscuity, prostitution and unfaithfulness that may eventually lead to breakdown of the morals of the social fabric, but there remain urgent factors that compel us not to aim for idealism at the expense of realism. Christians must make informed moral choices between using or not using condoms, between contracting or not contracting HIV/AIDS and between life and death.

The recommendation to allow Christians to use condoms is based on the inherent weaknesses of the human nature. Jesus affirmed this point when he told his disciples who were failing to keep watch and pray with him when he said to them “the spirit wills but the body is weak” (Matthew 26: 41). Paul Tillich explicated this point further in his analysis of the nature of man. He made a subtle distinction between what he termed ‘essential humanity’ and ‘existential humanity’. Basically, the essential humanity is already united with God. Living at this level would entail total harmony and peace with God, with other people and with oneself. In real life, however, we all experience our life at the level of existential humanity, which is characterised by conflict, contradictions and tensions between God and man, between spirit and body, between life and death.¹⁹ St Paul puts it aptly as follows: We know that the law is spiritual; but I am carnal, sold under sin. I do not understand my own actions. For I do not do what I want, but I do the very thing I hate. Now if I do what I do not want, I agree that the law is good. So then it is no longer I that do it, but sin which dwells in me. For I know that nothing good dwells within me, that is, in my flesh. I can will what is right, but I cannot do it. For I do not do the good I want, but the evil I do not want is what I do. Now if I do what I do not want, it is no longer I that do it but sin which dwells within me. So I find it to be a law that when I want to do right, evil lies close at hand. For I delight in the law of God in my inmost self, but I see in my members another law at war with the law of my mind and making me captive to the law of sin which dwells in my members (Romans 7:14-23).

This text seems to indicate that existentially, human beings are more prone to committing sin than to doing good, because the very nature of being human, made of flesh and bones, makes us incapable of living fully under the law of God. St Paul in his letter to the Romans takes cognisance of the fact that Christians experience their Christianity at different levels. He makes a clear distinction between strong and weak Christians. He urges the strong Christians not to judge the weak Christians and also that Christians should leave things in the hands of God who is the final judge. It is God who will decide whether the weak in faith succeed or fail and the fact is that the weak are likely to succeed because the Lord is able to make them succeed (Romans 14:1-4).

At the recent conference on HIV/AIDS, which was held in Gaborone from 15 to 18 February, a number of delegates described the HIV/AIDS situation as the ‘world being in a state of war’. In order to win a war the world must be placed on a war footing. In other words, there must be a ‘state

¹⁷ M S Miller & J L Miller, *Black’s Bible Dictionary*, London: Adam & Charles Black, 1952, p686

¹⁸ BBC TV Report, 9/1999.

¹⁹ See David Ford (ed.), *The Modern Theologians*, Oxford: Blackwell, pp94-95

of emergency'. If Botswana are to win this global and national war they must employ all the weapons at their disposal, including the use of condoms, in order to stop HIV/AIDS from spreading and reducing Botswana into an uninhabited wasteland. The problem is compounded by the fact that the sexual drive (libido) is founded on strong emotions. In consequence it is a complex matter to discuss, or understand or contain. Further, a study which was conducted last year shows that young people in Botswana often start being sexually active as young as thirteen to fifteen years old. The mean age of first sexual intercourse is sixteen years. It is also indicated that having multiple partners is common among males. It is noted in the same report that condom use is very low, as reflected in the high incidence of teenage pregnancy and the rate of HIV/AIDS related infections among the youth.¹⁹ In this context it appears that relying on belief in God alone is not enough. Alongside their belief in God Christians must take concrete measures, including the use of condoms, to stop the devastation caused by AIDS in Botswana. It is important to stress that HIV/AIDS should be looked upon as a national disaster. Workshops, seminars and conferences are essential in raising the awareness not only of the dangers of HIV/AIDS but also of the preventative measures that are at our disposal. This position echoes St Paul's understanding of salvation: that though we are ultimately saved by God through our faith in Jesus Christ as our personal Saviour, each Christian must work out his/her own salvation with fear and trembling (Philippians 2:12). Dr Maganu, during his presentation at the Second National Conference on HIV/AIDS, noted that Botswana must learn from other countries in Africa such as Zambia and Uganda where HIV/AIDS cases have levelled off. This success has been attributed to a combination of several factors such as abstinence, being faithful to one's partner, postponing sexual activity until later in life and consistent use of condoms. Over and above this there is a need for education and mass mobilisation of the people, urging them to change their sexual behaviour. The fact that many African countries have stabilised at the prevalence rate of 30% of HIV/AIDS while the prevalence in Botswana is still spiralling towards 60% with no end in sight must be a matter of concern to churches, NGOs, the government and everyone who lives in Botswana.²¹

Concluding remarks

In this paper I have noted that the HIV/AIDS pandemic has become, in recent years, a threat to the entire human race. Millions of people have died and millions more are destined to die in the next decade or so unless a cure is found. Many HIV/AIDS victims are living in Africa, and the pandemic is leaving a trail of unprecedented suffering. Statistics show that Botswana is one of the hardest hit. Various reasons have been given for this state of affairs, among them promiscuity, prostitution, unfaithfulness and multiple partners. The churches are unanimous in teaching that the best way to avoid contracting the disease is by abstaining from sexual intercourse or sticking to one partner. This teaching is intended to uphold high moral values among Christians and non-Christians. However, it appears that so far a moralistic and judgmental approach to the AIDS epidemic has driven many HIV/AIDS sufferers underground, and it is difficult therefore to deal with the pandemic effectively. Besides, many people Christians and non-Christians have paid no heed to the call of the churches to abstain and stick to one partner, as evidenced by the fact that many people are continuing to have unprotected sex, exposing themselves to HIV/AIDS. In this paper the author has argued that instead of forbidding people from using condoms in the name of morality, Christians should be given the choice of making an informed moral decision whether to use condoms or not and stay alive. After all, God is not pleased with the death of a sinner but rather that he/she should repent and live. Condoms may give Christians a second chance for life that may eventually lead to repentance and forgiveness.

²⁰ Midweek Sun, 1 March 2000, p19

²¹ Maganu, The HIV/AIDS epidemic (abstract)