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**FEATURE**

## **Rethinking Condom Social Marketing Strategies in Conservative Religious Communities**

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**Abstract.** *Abstinence (A), being faithful (B), and condom use (C) are key strategies in HIV/AIDS prevention and control. Of the ABC, condom social marketing (CSM) appears to be common and usually applauded as successful in increasing condom use. Yet, there is a preponderance of HIV/AIDS rates, particularly in sub-Saharan Africa. This theoretical paper examines why, despite the high investment in condom social marketing, HIV/AIDS rates continue to rise unabated in sub-Saharan Africa. Biblical perspectives and the missiological challenge of condom promotion to the Seventh-day Adventist Church are examined. We recommend that future HIV prevention strategies should take into account the powerful influence of religion in African cultural settings.*

**Keywords:** condom, condom social marketing, HIV/AIDS, sub-Saharan Africa, Seventh-day Adventist church

### **Introduction**

About 70% of people living with HIV reside in sub-Saharan Africa, of which women are more vulnerable (Kharsany & Karim, 2016). The majority of HIV infections are transmitted through heterosexual sex (Wang et al., 2013; Center for Disease Control and Prevention, 2018). Factors such as high poverty level, low status of women, unemployment, and dysfunctional health care systems contribute to the enormity of the HIV/AIDS problem (Cook, 2006). Rather than focus on abstinence (A), being faithful (B), and addressing the social determinants of health, condom use (C), has been widely promoted as a panacea for combating the scourge of HIV/AIDS globally for decades.

A condom is used as a contraceptive and for protection against the human immune-virus (HIV) and other sexually transmitted infections (STIs; World Health Organization [WHO], 2010). Currently, AIDS has no cure; antiretroviral and related drugs only help those with the disease to live longer. Condom use, a part of the ABC approach, is widely promoted as “the single, most efficient, available technology to reduce the sexual transmission of HIV and other sexually transmitted infections” (United Nations Population Fund, 2018, p.1). In 2000, about 950 million condoms were provided by donors at the cost of \$46 million, excluding “the cost of distribution, communication for behavior change, or other services” (International HIV/AIDS Alliance & Reproductive Health Matters, 2006, p. 5). Of the projected increase of annual condom availability to 20 billion by 2020, seven billion would be distributed in sub-Saharan Africa (UNAIDS, 2018). The justification for such an increase in supply, according to proponents of condom use, includes its usefulness for family planning (Cleland, Ndugwa, & Zulu, 2011). In this regard, some families have been saved the anguish of having many children beyond their caring ability. This is especially so in Africa where polygamy and having large families are hallmarks of affluence or opulence and a sense of achievement, even for the couple who can barely feed their six to seven children.

Various social marketing strategies and commercial involvements have been employed to target and increase condom supply and use among youths, particularly in sub-Saharan Africa. In some settings, condoms have been targeted to specific high-risk individuals or groups (UNICEF, 2009); and it is projected that about 30 to 50 condoms are required for every male per annum in high-risk areas in sub-Saharan Africa by 2020 (UNAIDS, 2018).

This theoretical paper examines why, despite the high investment in condom social marketing, HIV/AIDS rates continue to rise unabated in sub-Saharan Africa. Biblical perspectives and the missiological challenge of condom promotion to the Seventh-day Adventist Church are examined.

### **Condom Social Promotion in Conservative Religious Communities**

Organizations promoting condom use receive a lot of funding, while faith-based groups promoting abstinence and fidelity are severely underfunded (US House of Representatives Committee on International Relations, 2020). Condom promotion, therefore, consumes enormous resources (time, money, and effort) that could have been otherwise used to support the age-long tradition of religious communities. So far, “the soaring rates of condom use have not brought down high HIV rates. Instead, they rose together, until both were among the highest in Africa” (Timberg, 2018, p. 4).

Although condom is often presented as an effective method of preventing the sexual transmission of HIV and an efficient contraceptive, only too few people use condom carefully, correctly and consistently towards achieving the goals of its use

*June 2020, Vol. 23, No. 1*

(Food and Drug Administration, 2009). Of those who use it, some complain that condoms reduce sexual pleasure and performance (International HIV/AIDS Alliance & Reproductive Health Matters, 2006; Swandt, Skinner, & Herbert, 2015).

Abstinence from sexual intercourse until marriage and faithfulness to a sexual partner is not new in many local African religious communities. Hence, condom promotion is generally perceived as an aberration to the cultural identity and deep religiosity of the African people. Some church leaders have “rejected any notion of safe sex involving the use of condoms or any contraceptive device. They all insist that young women must know how not to lift up their skirts, and young men must know how not to unzip their trousers until marriage” (Ojo, 2005, p. 8). Such religious communities generally link condom use with prostitution and immorality (Pfeiffer, 2004). However, Agha, Hutchinson, and Kusanthan (2006) observed that “affiliation with religious groups that excommunicate members for engaging in premarital sex, and that oppose condom use has both positive and negative effects on behaviors that carry the risk of HIV infection.” Further, Osafo et al. (2014) posit that such an affiliation with a religious institution is more “likely to delay the onset of sexual intercourse among young women but less likely to promote the use of condoms during first sex” (p. 960).

Long before the colonization of African communities, character development that emphasized chastity was the bedrock of family values. Virginity was highly revered. Premarital sex was generally abhorred, and defaulters were stiffly penalized as a deterrent to others. Though polygamy prevailed, promiscuity was never openly and publicly promoted as a way of life. Young men and women were systematically taught the values of hard work, chastity, honesty, accountability, and respect for elders. These values informed legislation and enforcement of community rules and regulations. In cases of marital unfaithfulness, the punishment was often spelled out and meted out accordingly. Generally, community elders detested contracting marriages with families known by the community to be sexually promiscuous. In fact, proof of virginity was considered prestigious in any marriage contract. Prostitution remained immoral and degrading and never a form of organized labor.

The liberalizing effect of western civilization and thought, including colonization, in no small measure, tend to have influenced the social conditions, culture, and sexual behaviors of Africans. This is achieved mainly through the various media: television, pornographic papers, personal smartphones with unhindered access to the internet, which is the habitat of the good, the bad, and the ugly in the sense of impacting the African people in some negative ways.

Promoting condom culture in sub-Saharan African religious communities may account for the rising number of HIV/AIDS infections. This promotion of condom use has opened a big window to those who hitherto had been fairly abstinent and faithful. Condom promotion, as a safer sex strategy, often incites and excites sexual

interest (Thompson, 1994), especially among young people. Among religious communities, this “new age” condom culture tends to encourage people to have indiscriminate sex (which ultimately exposes them to HIV/AIDS); a situation considered strange, bad, and ugly and generally perceived as socially retrogressive in many African religious communities. In some highly conservative communities, condom promotion has led to the ban on free public distribution of condoms (Owen, 2009), particularly in schools and churches.

Parental support for condom use is uncommon in African religious communities. It is inconceivable, almost impossible, and extremely absurd for parents of unmarried children, though concerned about their vulnerability to HIV/AIDS, to encourage them to have sex jamboree as long as they use a protective device called condoms. It is like encouraging an African youth to go and rob a bank as long as he or she wears local charms and amulet or a bulletproof vest. Obviously, the promotion of condom as a safer sex option in communities that would have otherwise supported the reawakening of the age-old traditional emphasis on abstinence and faithfulness is rather defeating. Condom promotion, perceived by these communities as a license to illicit sexual relations, tend to threaten community values and further exposes the community to greater HIV/AIDS risks. Condoms may break or leak, thereby exposing one to the same danger he or she may be trying to avoid, even on a greater scale.

The rise in the level of HIV infection, particularly among the youth (WHO, 2019), is alarming, despite condom promotion. The widely reported incorrect and inconsistent use of condoms may be contributory to the increasing HIV/AIDS menace in Africa (Shih et al., 2012). Beyond other factors, could it be that the quality of condoms used in developed countries is different from the ones sold and promoted in developing countries?

Condom promotion is gradually losing its popularity to other prevention strategies such as abstinence and mutual monogamy, including declining support from some international policymakers, financiers of the HIV/AIDS interventions, sexual and reproductive health program managers (International HIV/AIDS Alliance & Reproductive Health Matters, 2006). Furthermore, condom promotion appears to suffer from the influence of conservative African religious communities who believe that condom promotion is not the answer to the HIV/AIDS challenge. For example, the Catholic Church openly and publicly advocates against the use of condoms.

### **Biblical Perspectives**

In Exodus 20:14, God himself prohibits the act of adultery in the Ten Commandments. Solomon, the wisest man who ever lived, posits that whoever commits adultery with a woman lacks understanding and that person invariably destroys his soul (Proverbs 6:32). Jesus intensified the seriousness of deviant sex when He said that whoever looks at a woman lustfully has already committed  
*June 2020, Vol. 23, No. 1*

adultery with her in his heart (Mathew 5:28). Advocates of condom use, especially in sub-Saharan Africa, can be perceived as subtly attacking the biblical teaching, which is congruent with African worldview on morality. Paul used the imperative of command in 1 Corinthians 6:18-20 to show the urgency and importance of the matter: "Flee fornication. Every sin that a man does is outside the body; but he who commits fornication (Gr. *porneia*) sins against his own body."

According to a renowned health reformer, "One of the most deplorable effects of the original apostasy was the loss of man's power of self-control. Only as this power is regained can there be real progress (White, 1905, p. 129). From the biblical perspective, abstinence and chastity in marriage are effective ways of preventing and controlling HIV/AIDS and other sexually-transmitted diseases in our communities. This principle is not just safe or safer sex; it is the safest sex, and it is biblical and older than any other culture. Premarital or extramarital sex with or without condoms is totally against biblical philosophy. There is no biblical support for sex outside marriage. Compared to animals, human beings are supposed to have control over sex. The reality of HIV/AIDS is that there is a danger that must be tackled; not just by the use of condoms or masturbation, thigh sex or armpit sex, or tongue-suckling or oral sex. Self-control is the key.

A broader approach that critically takes into account the biblical/spiritual interface for a sustained HIV/AIDS prevention and control (Aja, 1997) is often given little emphasis. Emphasis should not be more on *condom culture*. The condom culture cannot be said to be the best offer as it has its apparent shortfalls. Abstinence and chastity offer the best available choice to whosoever care to choose the best. Sexual sin causes scars and pain (Proverbs 5). The traditional biblical approach acknowledges the need to provide sufficient and accurate information about sex, marriage and family. The danger of illicit sexual debut needs to be strongly highlighted.

The increasing transmission of the HIV/AIDS disease suggests that an enhanced strategy is required. The safest sex approach, a bible-based strategy, if promoted as much as the condom culture, could go a long way in curbing HIV/AIDS scourge in the communities (especially now that it is becoming increasingly clear that condom use is not really safe). Scarce resources used to buy, share or distribute free condoms could be used to address the social needs of members of religious communities, including support for health-promoting activities on family life and sexuality in schools, churches, community centers, and others. Strategies required may include the use of leaflets, posters, counseling techniques, group discussions, drama sessions, and prayers, among others. Religious communities need to be encouraged and supported to uphold and maintain their age-long traditions and re-enact those community laws that promoted morality, rather than legitimizing sexual activity through condom promotion.

## Missiological Challenge to the Seventh-day Adventist Church

How best can the church respond to this issue, especially with respect to the gospel proclamation? The Seventh-day Adventist Church is globally committed to combating the HIV/AIDS scourge. In 1990, the church released an official statement on HIV/AIDS as follows:

*The Seventh-day Adventist Church promotes the biblical model of sexuality, a monogamous marital relationship and sexual abstinence outside of marriage. Recognizing our responsibility to encourage behavior within this biblical model but also to protect people who make different life choices, the Seventh-day Adventist church will where appropriate educate people about safe sex practices. Because **condom use and distribution forms part of the intervention strategy** for those who choose not to accept the biblical model, it is important that information be provided about the use, benefits and limitations of condoms. Despite the fact that condom use might be suggested in certain cases as a prevention measure to stop the spread of HIV infection, **it should never be inferred that the Seventh-day Adventist Church is promoting sex outside of marriage.** HIV/AIDS education should always include an outline of the physical, social, emotional and spiritual benefits of following the biblical model of sexuality (General Conference of Seventh-day Adventists, 2019).*

In pursuance of the global agenda to curb HIV/AIDS in Africa where the needs are the greatest, the General Conference of Seventh-day Adventist set up the Adventist AIDS International Ministry (AAIM) to:

*To coordinate actions and resources to bring comfort, healing and hope to people infected and/or affected by HIV/AIDS, share a message of education and prevention to the general population, and present a united front in order to accomplish what our Lord Jesus Christ has commissioned each of us to do.*

So far, many intervention programs have been conducted in many parts of Africa by AAIM. For example, support is provided to those infected or affected through local support networks and grandmothers' clubs.

## Conclusion

Religious entities provide 30 to 60% of health care services in many African countries (Biemba, 2007). Recognizing this, the support provided by the US government to actively engage faith-based and community health care providers through The President's Emergency Plan for AIDS Relief (PEPFAR) funding required that 33% be spent on abstinence and faithfulness-focused programs. However, this has generated some controversies in the field (Cook, 2006), perpetrated by agents of condom promotion.

Condom is a HIV/AIDS prevention technology that seems to undermine the HIV/AIDS prevention culture of local African religious communities. Despite this, donor programs appear to focus more on condom promotion at the expense of abstinence and being faithful to a sexual partner. This approach directly or indirectly appears to undermine the dividends of the African religious, moral culture and encourages high-risk sexual behaviors. To enable African religious communities to succeed in the fight against HIV/AIDS, a well-defined, more consistent donor support for abstinence and faithfulness is urgently required. The multidimensional nature of the problem requires that each of the contributory factors to HIV/AIDS is addressed alongside preventive approaches. Christian churches, for example, have existing assets useful for HIV/AIDS prevention and control (Aja, Modeste, Jerry, Montgomery, & Belliard, 2009a/2009b). Providing needed funding would, therefore, enhance the capacity of religious systems in Africa to provide incentives (jobs/employment through agricultural and youth/women empowerment programs) to improve the living conditions of their members and promote public and private sector investment in abstinence and mutual faithfulness programs. Future HIV prevention strategies should take into account the powerful influence of religion in African cultural settings.

African religious communities operate at a social level that is closely knitted and communal in nature. No individual operates in isolation; he or she is connected to a family, and in turn, to the community. The social (community) level, therefore, can provide the enabling environment (platform) for sustained (individual) behavior to take place. Even though condom use may be a matter of personal choice within a cultural setting, the fact remains that community support is critical to sustaining or not sustaining any behavior intervention program. Interventions should, therefore, aim at not only changing individual behaviors, but also supporting social norms that are morally, economically, and physically protective and useful. Global resources meant for condom promotion can be used to address the social determinants of high-risk sexual behavior. If their basic and more immediate needs are met, high-risk groups are likely to be able to reduce their risk-taking (Boler, 2006). Specifically, by addressing hunger and poverty issues in African religious communities, which tend to lead people to sex, drunkenness, drug use, and abuse, the incidence of HIV/AIDS may indeed reduce greatly.

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