

# AIDS, Condoms and the Catholic Church

by Rev Timothy Finigan

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## HIV and AIDS

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### Beginning with compassion

I wish to begin by saying very clearly that the global incidence of infection with HIV and the effects of the virus in AIDS with consequent illness and, in many cases around the world, premature death, is a cause for sorrow among Catholics, Christians and indeed all people of good will.

As I will outline later, the Church's response has been vigorous in many places throughout the world with dedicated people looking after those who are living with HIV and AIDS. Nor is such caring work simply the work of a few charismatic individuals, it is very much encouraged at the highest official level within the Catholic Church.

The Catholic Church is active in working to alleviate suffering of many different kinds. From the example of our Lord himself, we have always sought out those who were outcast. In the time of Jesus it was the lepers who were signally excluded from the community. Following the example of Jesus, we find heroic stories of people such as St Francis and Blessed Damien of Molokai who worked among lepers and brought to them a renewed sense of their human dignity.

This may be obvious to some of you but I want to say it clearly at the outset because in my experience, the misrepresentation of the work of the Church is sometimes breathtaking and we cannot necessarily assume that people know the truth.

### Politicisation of AIDS

Unfortunately, HIV and AIDS have assumed a particular political importance because of two factors. The first is that in Western countries, HIV and AIDS have been associated, rightly or wrongly with of homosexual activity. On the one hand, homosexuals have campaigned against AIDS being seen as a "gay plague." On the other hand, homosexuals have campaigned against the stigma attached to HIV and AIDS – partly because in the West, homosexuals have been over-represented among those who have been infected with the virus.

At the same time, we have seen in the past twenty years a growing political "gay" movement which has sought to promote homosexual behaviour as one of many acceptable lifestyles. Allied with this is the growth in many of our cities of gay bars, gay areas, gay publications and now public advertising specifically targeted at the "gay pound."

The second factor which is related to the first is the growth of the assumption in the West that sexual activity should not be regulated in any way and that people have the right, from an early age, to engage in sexual activity as they see fit, provided that there is no coercion involved. Therefore, whatever response is made to the incidence of infection with HIV, there is considerable resistance to the idea of abstinence.

### Response of the Church

The Catholic Church has responded to both of these currents of thought.

On the question of sexual licence, the Catholic Church has always taught and continues to teach that sexual activity has a built-in meaning. It is intended by the creator for the procreation of children within the context of marriage. Outside of this context, any sexual thought word or action, deliberately indulged, is sinful. Until earlier in this century, this teaching was uncontroversial and was shared by all Christians, Jews, Muslims, people of other faiths and by most non-believers.

This teaching is found clearly set out in the *Catechism of the Catholic Church*. The *Catechism* also summarises how the same teaching applies to the particular case of homosexual acts. However, after explaining this with reference to scripture, it goes on:

The number of men and women who have deep-seated homosexual tendencies is not negligible. This inclination, which is objectively disordered, constitutes for most of them a trial. They must be accepted with respect, compassion, and sensitivity. Every sign of unjust discrimination in their regard should be avoided. These persons are called to fulfill God's will in their lives and, if they are Christians, to unite to the sacrifice of the Lord's Cross the difficulties they may encounter from their condition.

Homosexual persons are called to chastity. By the virtues of self-mastery that teach them inner freedom, at times by the support of disinterested friendship, by prayer and sacramental grace, they can and should gradually and resolutely approach Christian perfection.<sup>1</sup>

This teaching is a perfectly reasonable approach to the question from the point of view of scripture and the Christian tradition, and indeed is more compassionate than the views which most people would have held only a few years ago. Nevertheless, it is now a dangerous teaching to promote. It is characterised as "homophobic" and anyone publicly

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<sup>1</sup> Catechism of the Catholic Church 2358-2359

promoting this Catholic teaching is increasingly likely to be subjected to abuse.

## **Slander of Pope John Paul II**

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### **Examples from the newspapers**

In the week of Pope John Paul's funeral, the *New Statesman* led with its cover story "Blood of innocents on his hands: Pope John Paul II helped keep the continent of Africa disease-ridden...."

The *Guardian* was the broadsheet which most virulently attacked the Pope upon his death. Terry Eagleton wrote:

The greatest crime of his papacy, however, was neither his part in this cover up nor his neanderthal attitude to women. It was the grotesque irony by which the Vatican condemned - as a "culture of death" - condoms, which might have saved countless Catholics in the developing world from an agonising Aids death. The Pope goes to his eternal reward with those deaths on his hands. He was one of the greatest disasters for the Christian church since Charles Darwin.<sup>2</sup>

Polly Toynbee wrote an article in the *Guardian* with the subheading "How dare Tony Blair genuflect on our behalf before the corpse of a man whose edicts killed millions?"<sup>3</sup> She said:

Today's saccharine sanctimony will try to whiten the sepulchre of yet another Pope whose obscurantist faith has caused pointless suffering; it is no defence that he was only obeying higher orders.

She is clear about what concerns her most:

With its ban on condoms the church has caused the death of millions of Catholics and others in areas dominated by Catholic missionaries, in Africa and right across the world. In countries where 50% are infected, millions of very young Aids orphans are today's immediate victims of the curia.

This rabid and provocative comment about the late Holy Father which appeared also in similar form in the tabloid newspapers gives me sufficient reason for wanting to answer the issues that are raised. In relation to this issue, perhaps more than any other in England today, we need to give an answer to those who ask us to account for the hope that is in us.

## **What actually works?**

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I will begin by looking at the facts related to the worldwide epidemic of HIV/AIDS.

### **Philippines and Thailand**

HLI published an interesting article comparing the Philippines and Thailand.<sup>4</sup> I believe that it is

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<sup>2</sup> Terry Eagleton "The Pope has blood on his hands" *Guardian* 4 April 2005

<sup>3</sup> Polly Toynbee "Not in my name" *Guardian* 8 April 2005

<sup>4</sup> Rene Josef Bullecer *Telling the Truth: AIDS Rates for Thailand and the Philippines* Executive Director, HLI Visayas Mindanao.

instructive in this debate. What follows is an edited version of the article, which includes the statistics but omits some of the comments on them.

The first AIDS cases were diagnosed in both Thailand and the Philippines in 1984. By 1987, there were 112 cases of HIV/AIDS infection in Thailand and 135 cases in the Philippines.

In 1991 the World Health Organization (WHO) AIDS Program forecasted that by 1999 Thailand would have 60,000 to 80,000 cases, and that the Philippines would experience between 80,000 and 90,000 cases of HIV/AIDS.

In Thailand, the Minister of Health launched the "100% Condom Use Program." All brothels were required to stock a large supply of condoms, and condom vending machines appeared in supermarkets, bars and other public places.

In 1992, the Philippines' Secretary of Health (now a senator), Mr. Juan Flavio Velasco, tried to implement the program in the Philippines. However the programme was not adopted because of popular opposition. In 1999 the UNAIDS reported 755,000 total confirmed cases of HIV infection in Thailand - 65,000 had died of the disease. That same year, in the Philippines, the total number of HIV cases was only 1,005. The disease had killed only 225 people.

As of August 2003 there were 899,000 HIV/AIDS cases documented in Thailand and approximately 125,000 deaths attributed to the disease. These numbers are many times those projected by the WHO (60,000-80,000 cases) in 1991.

These numbers contrast sharply with those of the Philippines where, as of September 30, 2003, there were 1,946 AIDS cases resulting in 260 deaths. This is only a mere fraction of the number of cases (80,000-90,000) that the WHO projected would be reached by 2000.

Incidentally, Thailand has a smaller population (66 million) than the Philippines (82 million).

The UNIADS Epidemic Update 2004 recognises that Thailand is among those countries that has an "extremely low" level of HIV prevalence.<sup>5</sup> It does not give any credit for the public policy in the Philippines promoting abstinence, monogamy and faithfulness but continues to say that such countries have a golden opportunity to pre-empt a serious outbreak.

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The material in the next few paragraphs is an edited version of this article.

<sup>5</sup> UNAIDS & WHO *AIDS Epidemic Update* 2004 page 40

## Uganda

In an article written for the University of Natal's AIDS research centre,<sup>6</sup> Liebowitz shows that in Uganda, there was an overall decline in average infection rates across the country from 14% to 8.3% between 1993 and 1999.<sup>7</sup> The reduction in HIV prevalence was also recognised by the UNAIDS Epidemic update in 2002.<sup>8</sup>

Liebowitz showed that the principal cause of this reduction is changes in sexual behaviour, influenced greatly by "faith-based organisations" who have encouraged, fidelity, abstinence and remaining with one partner.

A Harvard study found that when the abstinence promotion programme in Uganda began, in the late 1980s, the number of pregnant women infected with HIV was 21.2 percent. By 2001, the number was 6.2 percent. The study also found that women 15 and older who had many sexual partners dropped from 18.4 percent in 1989 to 2.5 percent in 2000. (The abstinence programme was given the name "True Love Waits.")

Among secular researchers, it is recognised that faith-based strategies are more successful in Uganda because they promote more culturally appropriate solutions. Interestingly, it is also noted that the stigmatization of people with HIV/AIDS has lowered at the same time. Liebowitz also notes that the Catholic Church in particular, has been successful in reaching out to those suffering with HIV/AIDS because of its teaching on Christian charity and acceptance of and care for AIDS sufferers. He also found that that the Catholic Church is better mobilised to help because of its network of health-care facilities.

### Other African countries

In Botswana, by contrast, where condom use is promoted heavily, 38% of pregnant women were HIV positive in 2001 compared with 6.2% in Uganda.

In Kenya, there has been a fierce debate over the promotion of condoms. One voice in this debate was Skeikh Khalif, secretary general of the Supreme Council of Kenyan Muslims, who said:

Muslims are opposed to the use of condoms for this will boost promiscuity. We cannot bend God's laws to make them conform to the passions of man.<sup>9</sup>

As the Daily Nation remarked, there was no framing of this response in the usual terms of a church-state standoff that characterises coverage of similar comments by Christian leaders.

Publicly, the issue of promoting condoms has been so controversial in Kenya that there was even an outbreak among young people of "condom burning" because they saw the promotion of condoms as clearly harmful to society.

Senegal is another case in point.<sup>10</sup> It has successfully maintained an HIV prevalence rate of below 2%. The local religious leaders ("marabouts") have effectively encouraged their followers to behave in a morally good way in the use of sex. Liebowitz acknowledges:

encouragement of abstinence by a *marabout* may prove a more effective deterrent than commands to use condoms from a district health official.<sup>11</sup>

### England and sex-education

We can see a strong parallel between the promotion of condoms as a preventative measure against HIV infection and the promotion of contraception in England as a means of reducing teenage pregnancy.

The English sex-education policy has been a disastrous failure with England now having the highest teenage pregnancy rate in Europe. Yet the Teenage Pregnancy Unit on the home page of its website directs young people to the Brook, Sexwise, Marie Stopes, the British Pregnancy Advisory Service and the Family Planning Association, all of which promote contraception as a major strategy in dealing with the problem of teenage pregnancy and all of which support abortion as an option

### England statistics on STIs

The Health Protection Agency statistics<sup>12</sup> make depressing reading. The percentage change from 1995-2004 shows large increases in syphilis (1449%), gonorrhoea (111%), chlamydia (223%), herpes (15%) and genital warts (32%). The 2003 report to the select committee on Health<sup>13</sup> summarised it well by saying that "the last decade has witnessed a dramatic rise in diagnoses of all major [sexually transmitted] diseases." In 2000, the

<sup>6</sup> Jeremy Liebowitz *The Impact of Faith-Based Organisations on HIV/AIDS prevention and mitigation in Africa* prepared in October 2002 for the Health Economics and HIV/AIDS Research Division (HEARD), University of Natal.

<sup>7</sup> Uganda AIDS Commission, *Overview of Uganda's Response*, p. 5-6. Quoted in

<sup>8</sup> UNAIDS & WHO *AIDS Epidemic Update 2002*

<sup>9</sup> Quoted in "Condoms and Constitutions: Religions News in Kenya" in *Religion in the News*, Trinity College, Hartford. Spring 2003 Vol 3, No 1.

<sup>10</sup> Liebowitz p37ff

<sup>11</sup> Liebowitz page 38

<sup>12</sup> Online at

[http://www.hpa.org.uk/infections/topics\\_az/hiv\\_and\\_sti/epidemiology/sti\\_data\\_1995-2004\\_Final.pdf](http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/epidemiology/sti_data_1995-2004_Final.pdf) (Accessed 21 May 2006)

<sup>13</sup> Online at

<http://www.publications.parliament.uk/pa/cm200203/cmselect/cmhealth/69/6906.htm> (Accessed 21 May 2006)

Office of National Statistics did a report showing data on the use of condoms in the previous four weeks.<sup>14</sup> It found that 46% of males and 37% of females with one or more new partners used condoms on every occasion that they had sex.

If you have been given the impression that if you wear a condom, you are safe from STIs, you need to consider those figures.

By the way, you also need to know that on its sexual health myths and facts page, BUPA lists as "Myth 3" the statement "Condoms protect against all STIs".<sup>15</sup> I quote:

[...] according to the Family Planning Association, there is little evidence to suggest that condoms protect against the transmission of genital warts. It is also uncertain whether or not condoms can protect against genital herpes.

This is not some Catholic thing, it is publically available information. But when were you ever told? Furthermore, it is recognised that genital herpes, for example, is not curable. If you have it, you have it for life. So will your sexual partner(s).

Let us consider again those figures from the Health Protection Agency. Which of the diseases were condoms supposed to protect against? These infections and others not listed put you at risk, variously, of infertility, pelvic inflammatory disease, cervical cancer - oh, and of course, premature death. Marie Stopes has a sex-ed website for children called "likeitis" which calls these infections "Love Bugs".

In England this dramatic rise in STIs, (also in teenage pregnancies and abortions) has taken place against the backdrop of the "more and better sex education" mantra. The message seems to be "it has dismally failed so far so let's keep on trying the same thing".

If we were to learn from Uganda and the Philippines, we would promote chastity education and the ideal of one partner for life as an achievable and fulfilling goal. Quite clearly, the promotion of contraception encourages an increase in sexual activity, whether among the young, whether in England or in Africa. The promotion of chastity, one partner for life, fidelity and responsibility are exactly what the Catholic Church teaches. It is not Pope John Paul who is responsible for millions of deaths in Africa.

## **Catholic work for AIDS sufferers**

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On the question of the Catholic Church and HIV/AIDS, we should emphasise that the Catholic

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<sup>14</sup> Online at <http://www.statistics.gov.uk/STATBASE/ssdataset.asp?vlnk=7470> (Accessed 21 May 2006)

<sup>15</sup> The original BUPA file was not accessible. There is a copy at <http://www.medicalnewstoday.com/medicalnews.php?newsid=9173> (Accessed 21 May 2006)

Church both in its official documents and in the work of charismatic individuals, has been in the forefront of looking after those who are suffering from AIDS.

### **Blessed Theresa of Calcutta**

Mother Theresa's mission in life was to care for the poorest of the poor. She sought out those who were the most poor and outcast in any society. Hence, she particularly looked after those in India who were "untouchable." Sometimes, these people had such a low self-esteem that they spat at the sisters in contempt because they did not think it was appropriate for anyone to care for them.

In Western countries, where AIDS was stigmatised in the late 1980s and early 1990s, the Missionaries of Charity particularly sought out those who were suffering from AIDS. The "Gift of Love" was opened in New York in 1985; the first house of the congregation specifically devoted to those suffering from AIDS.

### **Camillan Fathers in Thailand**

The Camillan Fathers, founded by St Camillus de Lellis in the 16th century, have also traditionally cared for the poor and the outcast. In the past, they particularly focussed their work upon those with leprosy. As this disease is now curable and is no longer an emergency (although, to our shame, there are still many cases), they focussed on those with HIV/AIDS who are also often stigmatised.

We discussed the comparison between the Philippines and Thailand. Thailand with its epidemic rate of HIV infection has recently turned attention to caring for those who have HIV/AIDS. Naturally, the Camillan Fathers are pioneering this work.

### **Contribution of the Catholic Church**

As Cardinal Hummes pointed out in 2003

My delegation is pleased to note that 12% of care providers for HIV/AIDS patients are agencies of the Catholic Church and 13% of the global relief for those affected by the epidemic comes from Catholic non-governmental organizations. The Holy See, thanks to its institutions worldwide, provides 25% of the total care given to HIV/AIDS victims, placing itself among the leading advocates in the field, in particular among the most ubiquitous and best providers of care for the victims.<sup>16</sup>

He also underlined the commitment of the Catholic Church to removing the stigma attached to HIV/AIDS.

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<sup>16</sup> HE Claudio Hummes Intervention by the Holy See at the Plenary Session of the UN on "Implementation of the declaration of commitment on HIV/AIDS" 22 September 2003.

## CAFOD Policy

In 2004, a paper was published by CAFOD<sup>17</sup> and is, at the time of writing, available for download from the CAFOD internet site. The principal thrust of this paper is to insist that the effective prevention of HIV is complex and that “reductionist” strategies reduced to “one liner” solutions are not effective.

### Underlying factors

There is much that is commendable as one would expect from a faith-based organisation. Using the model of a “Problem Tree”, the paper draws attention to the underlying factors which are associated with a higher incidence of HIV infection. Thus, for example, political and social migration, poverty, and ignorance contribute to risky behaviour that is immediately responsible for infection. Further underlying these second level factors are such things as international trade and finance, global inequality (North/South divide), war and gender inequality.

We could agree that addressing these underlying factors is an important part of our overall approach – not only to AIDS prevention but also to Christian development work.

### A gradualist approach

Following on from this “holistic” approach, the CAFOD paper addresses risk reduction strategies and it is here that we would take serious issue with the paper.

The paper references Kevin Kelly and Enda McDonagh as supporting a “gradual approach”:

Even traditional theological tools within Roman Catholicism [...] allow for a gradual approach within which individuals aspire to clearly identified ideals but sometimes have to make choices that fall short of these.<sup>18</sup>

Unfortunately, the paper ignores the teaching of Pope John Paul II on gradualism in moral theology. Using the example of married couples, he said:

They cannot however look on the law as merely an ideal to be achieved in the future: they must consider it as a command of Christ the Lord to overcome difficulties with constancy. And so what is known as “the law of gradualness” or step-by-step advance cannot be identified with “gradualness of the law”, as if there were different degrees or forms of precept in God’s law for different individuals and situations.<sup>19</sup>

CAFOD’s gradualist approach corresponds to the “teleological” understanding of morality outlined by

Pope John Paul in *Veritatis Splendor*. In terms of this approach,

[...] concrete behaviour would be right or wrong according as whether or not it is capable of producing a better state of affairs for all concerned.<sup>20</sup>

In rejecting this teleological understanding of morality, Pope John Paul carefully analysed the proper place of intention and circumstances but referred to the decisive place of the object of the moral act itself. Referring specifically to contraception, he drew from the teaching of Pope Paul VI in *Humanae Vitae* that one may never intend something which is directly contrary to the moral order

even though the intention is to protect or promote the welfare of an individual, of a family or of society in general.<sup>21</sup>

Pope John Paul’s criticism of what he refers to as teleological theories applies directly to CAFOD’s risk reduction strategy by which the decrease of vulnerability is seen as a better state of affairs generally – and therefore a reasonable justification for the approval of personal risk reduction strategies that may include the use of condoms in sexual activity in order to promote the welfare of an individual and of society in general.

### Risk reduction and ABC

The CAFOD paper promotes a “nuanced” understanding of the ABC approach to risk reduction. So, “Abstinence” can be used to mean, for example, delaying the age of first sexual encounter, or not having sex until a person is in a more stable relationship. “Be faithful” can refer to a long term committed relationship, serial monogamy, a strategy of reducing the number of partners or even “a strategy of reducing the instances of casual sex.”<sup>22</sup> It could be argued that the somewhat improbable extension of the notion of faithfulness to reducing the instances of casual sex is more seriously damaging than the widely criticised support for condom use as part of a strategy of risk reduction.

On the “Condom use” component of the ABC approach, CAFOD rightly points out the destructive effect of the exclusive promotion of condom use. However, the paper clearly supports the promotion of condoms as “particularly effective” for high risk groups (e.g. sex workers).<sup>23</sup>

<sup>17</sup> Smith, Ann; Maher, Jo and Dolan, Monica *An understanding of HIV prevention from the perspective of a faith-based development agency*. Available on the internet at [www.cafod.org.uk](http://www.cafod.org.uk) (Accessed 15 January 2006)

<sup>18</sup> Smith *et al* page 4

<sup>19</sup> Pope John Paul II *Familiaris Consortio* n.34

<sup>20</sup> Pope John Paul II *Veritatis Splendor* n.74

<sup>21</sup> *Veritatis Splendor* n.80, quoting Pope Paul VI *Humanae Vitae* n.14

<sup>22</sup> Smith *et al* page 9

<sup>23</sup> Smith *et al* page 10

The brief position paper of CAFOD on condoms and HIV prevention<sup>24</sup> refers to CAFOD's support for on-going theological reflection in 'This Time of AIDS.' A paper by Enda McDonagh entitled "Theology in a Time of AIDS" was published by CAFOD on its website.<sup>25</sup> McDonagh refers to a Catholic tradition of casuistry which he uses to justify the principle of a lesser evil with the goal of "an eventual transformation of person, culture and community." McDonagh's paper exemplifies many of the specific positions rejected by *Veritatis Splendor*. In relation to casuistry itself, the encyclical says,

Although the latter [Catholic moral tradition] did witness the development of a casuistry which tried to assess the best ways to achieve the good in certain concrete situations, it is nonetheless true that this casuistry concerned only cases in which the law was uncertain, and thus the absolute validity of negative moral precepts, which oblige without exception, was not called into question.<sup>26</sup>

### **CAFOD approach not acceptable**

The CAFOD paper is sadly based on a particular approach to moral theology that has been explicitly rejected in the teaching of Pope John Paul II. That teaching itself is not simply the personal reflection of a Pope but elucidates Catholic moral teaching for the present time. Essentially the CAFOD approach uses unsound moral theology in such a way that it fatally undermines the unity of Catholic witness in the approach to the prevention of HIV infection. The fact remains that the most effective reduction of the risk of HIV infection is brought about by fidelity to one partner and abstinence outside such a monogamous relationship. The acceptance of condom use presumes the inability to achieve such behaviour change and is essentially the same defeatist approach to sexual behaviour which has failed so obviously in relation to teenage sexual activity in Britain.

The question is not whether all people will change their behaviour but whether the acceptance of condom use as a part of the strategy of AIDS prevention will in fact encourage precisely the kinds of risky behaviour which increase the incidence of HIV infection.

## **Underlying Catholic Principles<sup>27</sup>**

### **Prophetic nature of *Humanae Vitae***

It is opportune to recall the words of Pope Paul VI in *Humanae Vitae*:

Upright men can even better convince themselves of the solid grounds on which the teaching of the Church in this field is based, if they care to reflect upon the consequences of methods of artificial birth control. Let them consider, first of all, how wide and easy a road would thus be opened up towards conjugal infidelity and the general lowering of morality.

Not much experience is needed in order to know human weakness, and to understand that men — especially the young, who are so vulnerable on this point — have need of encouragement to be faithful to the moral law, so that they must not be offered some easy means of eluding its observance.<sup>28</sup>

At the time, *Humanae Vitae* was widely vilified. The retiring editor of the *Tablet*, in a speech given to the National Conference of Priests in 2004, said that it marked the beginning of the change at that paper so that it became what he referred to as a "loyal opposition" within the Church.

### **The heart principle**

The mistake in first principles in our society, which has led to such a moral breakdown is the assumption that sex is "a way of loving". The correct first principle is that sex is for children – within a particular state of loving which is marriage. This might seem rather daunting at first sight. If the basic and fundamental purpose of sex is for having children within the state of loving which is marriage, then any use of sex at all outside of marriage will be wrong. And even within marriage, any use of sex which deliberately excludes children will also be wrong. In fact this is precisely what the Church teaches and has taught without any change since the time of Christ.

We could state as a fundamental principle: sex is for having children within a state of love which is marriage.

### **A much deeper vision of marriage**

Such a way of life has a profound effect on marriage and preparation for marriage. Marriage will not be a celebration some years after a "sexual relationship" has already begun. Marriage will be a choice made with eyes wide open, the determination to love whatever the cost, and the joy of choosing together to begin a family if that is God's will.

<sup>24</sup> [www.cafod.org.uk/var/storage/original/application/phpIE2XiU.pdf](http://www.cafod.org.uk/var/storage/original/application/phpIE2XiU.pdf) (Accessed 23 January 2006)

<sup>25</sup> [www.cafod.org.uk/var/storage/original/application/phpb27ZGZ.pdf](http://www.cafod.org.uk/var/storage/original/application/phpb27ZGZ.pdf) (Accessed 23 January 2006)

<sup>26</sup> *Veritatis Splendor* n.76

<sup>27</sup> Much of this section is taken from another lecture which I gave at the 2004 Faith Summer Session: *Contraception, Abortion and IVF: the destruction of life and love*.

<sup>28</sup> Pope Paul VI encyclical *Humanae Vitae* (1968) 17

## **The true context of the “marriage act”**

In such a context, “sex” will become something much more reverent – the “marriage act”. It will be entered into as a part of a relationship chosen carefully by the couple, witnessed by their family and friends and consecrated before God. Because the love is already there and firmly chosen as an act of the will, almost certainly subjected to self-control and self-denial, it will not depend on how much ecstasy can be produced by the sexual act itself. Within marriage, sex will take its proper place not as an “act of love” in itself but as something carried out within an already loving and selfless relationship that has been solemnly established. Its primary purpose will be the creation of children in co-operation with God for this world and for eternity. It will be no surprise that in fact, the breakdown of such marriages is quite rare.

## **Natural Family Planning**

St Paul did allow marriage as a remedy for disordered desire. The use of natural family planning is a modern implementation of this. It cannot be regarded as “catholic contraception” because it only finds its proper place in a marriage ordered to the bearing and spiritual care of children. In practice, a couple using NFP continually exercise care and love for each other rather than the greedy indulgence of “my needs”. Again it is no surprise that the divorce rate among couple who use NFP is minuscule.

It is also true that NFP is itself ennobling. A couple that cease using contraception and use NFP instead will find the quality of their relationship deepened and their family blessed. In many cases, couples in fact decide to have more children.

## **The Gospel of Life**

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Fr Linus Clovis has shown how the Papal condemnations of slavery were consistent from 1492, the beginning of colonial expansion and the rise of modern slavery. The message of the popes was not preached at local level and this contributed to the acceptance of slavery.

He drew a parallel with *Humanae Vitae* and the *Gospel of Life*. The message has come loud and clear from the Popes. However, it has not been preached locally. The disastrous results of ignoring the Church’s teaching are seen especially in the moral decline of England. The examples of Uganda and the Philippines also show that the Gospel of Life can save lives in practice.

It is not a popular message or an easy one to get across to people. However, it is the truth. As Catholics, we must stop being embarrassed about this great richness in our faith and begin to preach it before we have to make another historic apology for our failure to do so.