THE ROMAN CATHOLIC CHURCH AND CONTRACEPTION

Exploring married African Catholic women's engagement with Humanae Vitae

by

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Declaration

I, Martha Mapasure, declare that:

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Signature

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_____	10 March 2016_____
Date	*Date*

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Dedication

I dedicate this work to my family and friends who have sailed with me throughout my academic journey; I appreciate all the guidance and support. Above all I dedicate this work to God who gives me strength, wisdom and courage to rise high in academia.

Abstract and Key Terms

While Western women theologians and feminists have commented and written extensively about *Humanae Vitae* and its impact and effects on women, African women theologians and ordinary women have not sufficiently engaged with contraception and its impact on women. This study focuses on married African Catholic women's engagement with the Catholic teaching on contraception presented in *Humanae Vitae*, one of the Church's encyclicals. The study has three aims: firstly to learn the women's understanding of Catholic teaching on contraception; secondly to find out from the women's understanding whether the Catholic teaching on contraception addresses women's sexual and reproductive health rights, and thirdly to understand married African Catholic women's perceptions of gender orientation in the Catholic Church and how that affects women's health. To explore this, the study made use of qualitative methods using two primary methods: guided reflection questions and face-to -face interviews. The participants of the study were seven married African Catholic women from seven different African nations who reside in the city of Pietermaritzburg in South Africa. The study was guided by two sexual ethics theories: African sexual ethics and Christian sexual ethics. The results of the study show that the married African Catholic women draw their understandings of the teaching largely from African sexual ethics, which has not been given adequate consideration in the encyclical *Humanae Vitae.* The study has also found from the married African Catholic women's perspective, that the Catholic teaching on contraception in *Humanae Vitae* does not sufficiently address women's sexual and reproductive health rights. Moreover, that Catholic women still have a long way to go to be given full recognition to participate in the Church's decision making which make decisions on teachings such as *Humanae Vitae* that affect women's health.

Key Terms: *Humanae Vitae, Contraception, Roman Catholic Church, African Women, South Africa, Sexual and Reproductive Health Rights.*

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CHAPTER 1: INTRODUCTION

1.1 Background and context of the study

In the history of Christianity, many Christian churches 'viewed contraception with moral suspicion' (Hollinger, 2013:683). However, in as much as churches such as the Roman Catholics, Anglicans and Evangelicals understand contraception as a moral issue, in the secular world it is largely viewed in terms of gender, sex and reproductive health. As a result, the majority of Christian churches, for example mainline Protestant denominations and Evangelicals, today support and allow the use of contraceptives, even though only within the context of marriage (Religious Coalition for Reproductive Choice, 2014). While some of these churches have re-evaluated their moral teachings on contraception, the Roman Catholic Church (RCC) has not changed its position on contraception; it still regards the use of any form of artificial birth control as an evil that acts against the law of nature (Noonan, 1966; Catholics for Choice, 2008). Through its encyclical, *Humanae Vitae* (1968), the RCC has maintained its opposition to all forms of artificial contraception despite negative reactions and negative publicity.

From the many studies done, contraception has emerged as a very complex, multi-disciplinary issue. Contraception is an intricate issue because it is not only a social, economic and political issue, but because it also has gender, religious and health dimensions. On its gender dimension, contraception impacts on the sexual and reproductive lives of both men and women. Conventionally, contraception or any sexual reproduction issue is regarded as a female issue and any problems related to infertility within marriages is usually viewed as a women's problem as reflected by Inhorn's (2003) study on Egyptian married couples. Aisha Taylor, the then executive of the Women's Ordination Conference founded in 1975, argued against the RCC teaching on contraception, pointing to how contraception is an issue of gender and also an issue of decision-making within the Church. She contended that since women already had a subordinate position within the Church, *Humanae Vitae* was going to compound their inferior status (Catholics for Choice, 2008:6).

While many organisations and nations have viewed contraception largely as a health issue, ensuring effective prevention against several deadly venereal diseases, many religious organizations have looked at it as a matter of religious doctrine. For many churches, sexuality and anything related to it is part of a huge doctrinal edifice that emanates from the

idea of creation – the notion that any activity that deals with procreation impacts directly on God's intentions for humanity. As a result, contraception and other related issues are heavily cross-referenced from religious texts. While other Christian churches argue that the gift of sexuality is God-given for the purposes of co-creation assisting in shaping the universe the RCC adds that such activities must be in line with natural law (Noonan, 1966; Catholics for Choice, 2008).

However, with changes in the global health landscape many revisions in a number of practices, even within some churches, have occurred. On the other hand, the RCC has been set, on maintaining that contraception, and many other artificial means of manipulating human sexuality, go against the natural intentions of God (Catholics for Choice, 2008). This has obviously faced opposition from many fronts, with feminist movements leading the way and arguing that the stance on contraception taken by the church is not only counter-intuitive in the present day, but also an indictment on women's freedoms and reproductive rights (Catholics for Choice, 2008:7). Catholic women from Western countries in Europe and America have been vocal on this front, some of them openly defying the church by publicly acknowledging their use of artificial contraception methods frowned upon by the Church (Hasson & Hill, 2012).

While women from the west have openly challenged, and defied, the Church's stance on contraception, not much agitation has been recorded in Africa. During his tenure, Pope John Paul II argued that contraception is 'un-African', thereby convincing the church in Africa that *Humanae Vitae* was not only theologically sound, but was also in line with African culture and traditions (Catholics for Choice, 2008:11). However, despite these assurances by Church leaders, many studies conducted in the continent, with groups of Catholics, have indicated the need, if not the urgency, of using contraception in many regions (United Nations, 2011).

A study done in Osun, a rural village in the Western part of Nigeria showed that African women are mostly using modern contraceptives for birth control (Olugbenga-Bello, Abodunrin & Adeomi, 2011:1). The findings of the study showed that about 70% of the married women under study confirmed their use of modern contraceptive methods (Olugbenga-Bello, Abodunrin & Adeomi, 2011), thereby dispelling any claim of contraception as being un-African.

In some African countries, however, the use of contraception is inhibited only by patriarchal tendencies which are still endemic (Do & Kurimoto, 2012:24). A study conducted in four African countries, Ghana, Uganda, Namibia and Zambia affirmed this hypothesis (Do & Kurimoto, 2012:24). The study found that men prohibit their wives from using contraceptives for fear that they become unfaithful, and a threat to male authority (Do & Kurimoto, 2012:24-25). However, despite these challenges, the study also showed that contraceptive use was still prevalent in many African countries (Do & Kurimoto, 2012: 25).

In Africa, as in many parts of the developing world, the RCC is regarded as one of the most influential churches with regard to matters of gender; it is praised for condemning violence against women, feeding the poor and marginalized, and helping orphaned children. However, these seem to be contradicted by the Church's stance on contraception. For example, Catholic health facilities do not offer a full range of reproductive health care services which include contraceptive and abortion services (Catholics for Choice, 2005:1). This creates a situation in which many Catholics go to non-Catholic health facilities to seek services related to contraception and sexual and reproductive health.

From this background, this study intends to explore the engagement of married African Catholic women with the Catholic teaching on contraception. It seeks to understand the women's opinions on the teaching, particularly on how it addresses women's sexual and reproductive health rights.

1.2 Research problem and objectives

This study has three aims. Firstly, the study aims to learn and understand married African Catholic women's perceptions of the Catholic teaching on contraception as presented in the encyclical *Humanae Vitae*. Secondly, it investigates whether the teaching addresses women's sexual and reproductive health based on the women's perceptions. Thirdly, it also intends to understand the role and status of married African Catholic women in the Church's decision making and how that influences teachings such as *Humanae Vitae*.

The objectives of the study are therefore:

- To understand married African Catholic women's understanding of the church's teaching on contraception as presented in *Humanae Vitae*

- To investigate married African Catholic women's perceptions on how the teaching addresses or promotes women's sexual health
- To understand the role married African Catholic women play in decision making in the Roman Catholic Church

1.3 Significance of the study

Marshall and Rossman (1999:34-38) provide four possible significances for qualitative research, which are policy, theory, practice and social issues and action. This study has two significances which are theory and policy. The study engages with married African Catholic women's understanding of Catholic teaching on contraception in light of how the teaching addresses women's sexual and reproductive health rights which might have implications for the interrelationship of gender, religion and health. As such the results of this study may be relevant in contributing to the on-going theoretical debates on issues of gender, religion and health within the academic field. It may also contribute as a resource to a few empirical studies done on this topic. In terms of its doctrinal (policy) significance, the study may have a reflective function in which the Catholic Church's authority (*Magisterium*)[1] may use it as a resource for self-criticism and reform. In addition the study may add to the voice of Catholic women, and African women in particular in their battle for recognition in the Church's decision making.

1.4 Structure of the research

This research consists of six chapters. Chapter one introduces the research, beginning with the background and context of the study, followed by the research problem and objectives. In the same chapter the significance of the study, limitations and structure of the research is discussed. Chapter two presents the background and presentation of *Humanae Vitae.* Chapter three reveals the literature on *Humanae Vitae*, particularly views from women, and also attempts to justify the significance of this current study. Chapter four is the conceptual framework of the study which is constructed from two sexual ethics theories: African sexual ethics, created from the work of prominent African ethics scholars, and Christian sexual ethics, a framework developed by Margaret Farley a well-known Catholic theological feminist and ethicist and also methodology used in the study. Chapter five gives the data analysis presentation in which the married African Catholic women's perceptions on the

[1] The Magisterium is the official and authoritative teaching of the Catholic Church. It is the authority and power exercised by the Pope and by the Bishops.

teaching will be discussed, weighing the women's understanding and interpretation of the teaching to the weight of the teaching's interest in women's sexual and reproductive health tights and women's role in the Church's decision making which results in teachings such as *Humanae Vitae*. Chapter six summarises the findings of the research and concludes the study and gives the general conclusions of the study.

1.5 Conclusion

This chapter introduced the study beginning with the background and context of the study, followed by the research problem and objectives. Included in the chapter is the significance of the study and the structure of the research. The following chapter is the presentation of the Catholic core teaching regarding birth control in the encyclical *Humanae Vitae*.

CHAPTER 2: *HUMANAE VITAE*: THE CATHOLIC TEACHING ON CONTRACEPTION

2.1 Introduction

The previous chapter introduced the study by discussing the background, aims of the research, and its significance to theory, policy and practice. This chapter presents the Catholic Church's teaching on contraception in the encyclical *Humanae Vitae,* the teaching at the centre of this study. To be discussed first, however, is the concept of natural law theory, a theory in which Catholic ethics and teachings are based; the history of contraception in the Catholic Church; a brief background to the teaching, that is, the events that took place prior the issuing of *Humanae Vitae* in 1968 and which prompted the teaching.

2.2 Philosophical foundations of Catholic ethics

The moral teaching of the Catholic Church is based on two basic foundations: natural law and the Sacred Scriptures (Miller, 2005). While reference to Scripture in the resolution of everyday moral dilemmas is commonplace in religious denominations, reference to some philosophical reasoning is uncharacteristic of many churches when giving moral advice. In that case, this section will briefly explain the natural law theory and show how it underwrites the Church's teaching on contraception.

2.2.1. The Natural Law

While the concept of natural law predates Thomas Aquinas (1229-1274), the finer conceptualisation of it seems to emanate from his writings (Wolfe, 2003). According to Aquinas, natural law dictates that every substance should live according to the dictates of its being (Aquinas, I-II, Q94, art. 4). Therefore, human beings as rational creatures ought to be directed by reason to the good life. Whereas there are immutable, objective and universal moral principles to which every human beings rational nature tends; practical reason is needed to guide humanity in everyday, contingent acts of intellectual and moral virtue (Aquinas, I-II, Q94, art. 4). According to Aquinas, the object of the intellect is the good, hence human reason can only direct human actions towards what is good. There is in every human being a natural inclination to act according to reason (Aquinas, I-II, Q94, art. 3). This is captured in the fundamental precept of natural law; 'good is to be done and pursued, and evil is to be avoided' (Aquinas, I-II, Q94, art. 2).

However, according to Thomas Aquinas natural law is 'nothing else than the rational creatures' participation in the eternal law' (Aquinas, 1-11, Q94, art. 2). Nature denotes the

actions of dispositions to act of a being with fully developed inherent capacities (Wolfe, 2003). For example, the nature of a human being can be deciphered in a fully grown human being rather than in a small child. As Wolfe (2003:39) comments, nature presupposes the existence of 'a natural order whose fulfilment and realisation consists in developing and perfecting immanent capacities'. Law on the other hand is 'an ordinance of reason for the common good, made by someone who has care of the community, and promulgated' (Aquinas, I-II, Q90, art. 4) and this someone is God.

Elaborating on Aquinas' natural law, Smith (2012:5) asserts that:

> Natural law operates on the premise that nature is good, that is the way things naturally are is good for them to be. It holds that natural instincts of natural things are good, they lead them to do what helps those things function well and helps them survive. Man is a natural thing, has parts and operations and instincts that enable him to function well and survive.

From the above statement, natural law, properly stated, is the way rational creatures participate in eternal reason. As such, human beings only do good and avoid evil by following a law inscribed in their nature (Wolfe, 2003:40). According to this law, all substances will seek the preservation of their own beings, through doing acts that are good, naturally. On the other hand, according to natural law, all actions, thoughts and inclinations are good in as much as they naturally flow from the nature of humanity (Wolfe, 2003).

2.2.2 Natural Law and Catholic Sexual Ethics

The principles of natural law are found in the Catholic teachings on human sexuality on issues of homosexuality, marriage, contraception and same sex-marriages (Smith, 2012). With regard to the teaching on birth control, the Catholic Church teaches that as artificial contraception is unnatural, it therefore violates the natural law. Accordingly, anything that violates natural law is bad and to be avoided. As will be reflected in the encyclical *Humanae Vitae*, the Catholic teaching on contraception uses natural law to support and justify the Catholic Church's position on contraception and to point out the consequences of contraception if one decides to use artificial means that are against nature and God. Catholic moral ethicists such as Janet Smith (2012) supports the Catholic Church's stance on contraception and argue with the Church that contraception is evil an act against the natural law.

Based again on Aquinas' natural law, Smith argues that reason enables human beings to be free in their way of thinking and in choosing between what is good and what is evil. When one chooses to do good, one chooses to respect the natural order of things. As Smith (2012:9) contends, therefore sexual intercourse has a twofold natural purpose - procreation and unity - which resembles the 'natural goods of sex' (Smith, 2012:9). Anything that upsets this natural order of things, like artificial contraception and other sexual actions are to be avoided as evil.

2.3 Evolution of the Catholic teaching on contraception

From its history and tradition the Catholic Church has always opposed the idea and the use of contraceptives (Noonan, 1966; Smith, 2012). A prominent person on this subject is St Augustine; one of the Church fathers (354-430) whose writings contributed largely to the Church's stance on moral doctrine in general and contraception in particular. According to St Augustine, the natural reason for sex is procreation, which is the primary purpose of marriage (Noonan, 1966:111). In *On the Good of Marriage*, St Augustine contends that 'for necessity sexual intercourse for begetting is free from blame and itself alone worthy of marriage' (St Augustine, 410: par. 11). In this light, St Augustine argues that:

> Marriage … joins male and female for the procreation of children. Whoever says that to procreate children is a worse sin than to copulate thereby prohibits marriage; and he makes the woman no more a wife but a harlot, who, when she has been given certain gifts, is joined to man to satisfy his lust. If there is a wife there is matrimony. But there is no matrimony where motherhood is prevented; for then there is no wife (*On the Good of Marriage,* par. 11).

This argument has been used by the Catholic Church in its doctrine on marriage and sexual ethics. Noonan's (1966) study on the history of contraception in the Catholic Church from the first century of the Roman Empire to Vatican II, the latest ecumenical council (1962-1965), shows how the church maintained and defended its position against contraception. In his study Noonan (1966:358-359) asserts that the Catholic Church did not passively prohibit contraception but it defended its position with several arguments. Although the arguments were different, they all were against contraception and reflected the church's position on the use of contraception (Hollinger, 2013:683).

In his analysis of St Augustine's work, Noonan (1966:135-136) argues that Augustine does not generally and directly condemn contraception, except for the one paragraph in *Marriage and Concupiscence* where he condemns the use of 'poisons of sterility' (*sterilitatis venenaq)* to kill the foetus (*Marriage and Concupiscence 1.15.17, CSEL 42:229-230* cited in Noonan, 1966:136). As argued above, this 4th century understanding of sex and marriage, from St Augustine, shaped a framework which the Catholic Church uses to condemn contraception even in the 20th century (Mizzi, 2011:2).

This position has endured amidst criticism and opposition. John Rock, the Catholic doctor who helped to develop the first contraceptive pill and the author of *The Time Has Come* (1963), is one such critic of the Church's position on contraception. In his arguments for the contraceptive pill, Rock tried to persuade the Catholic Church that the function of the pill did not go against the natural law by arguing from both a religious and scientific perspective (Rock, 1963).

While the traditional arguments on contraception were based on how the ideas and practice of contraception were understood at a particular historical phase and condemned on a biblical basis, critics have laboured to show that this reasoning was faulty. The biblical argument was based on the story of Onan in Genesis 38:10 (sometimes referred to as the Onanism), where the Church believes that God killed Onan for his contraceptive act, which resulted in him not producing an heir for his dead brother (Noonan, 1966; Hollinger, 2013). On the contrary, Noonan (1966:360) argues that this biblical argument was only used in the context of God punishing Onan and therefore did not override other arguments against contraception. Hollinger (2013:686) also argues that, contrary to the Church's interpretation of this biblical incidence, Onan's death was a punishment for breaking the Levirate law and not because of his contraceptive act.

Noonan (1966:362) notes the period in which contraception was understood as 'homicide', as murder; *coitus interruptus* was regarded as a grave sin. However, in the mid-18th century, the understanding of contraception changed from being understood as homicide to being understood and interpreted as a 'violation of the order of nature … an encouragement of sexual pleasure and a destruction of the purpose of marriage' (Noonan, 1966:362-367). Conversely, the Church continued to be faced with the issue of contraception. For example, in the 19thcentury the Malthusian revolution, when Thomas Malthus argued that there will be

lack of resources such as food because of overpopulation, shook the Church's stance on contraception. In the wake of the Malthusian revolution many countries, predominantly Catholic, (Spain, Brazil, Italy, and Switzerland) began considering contraception as a strategy of birth control (Noonan 1966:409). However, the Church still held its position against artificial contraception.

John Rock argued that the contraceptive pill delayed ovulation and therefore it was not violating the natural law of reproduction and the Church's teaching, and also assisted in solving the overpopulation problem (Rock, 1963). In addition, Rock contended that the pill improved women's reproductive health and chances of fertility. However, the Catholic Church did not approve of the 'pill', since they saw it as an artificial manipulation of the natural sexual processes. Nonetheless, despite the Church's obstinacy, artificial contraception gained traction, especially in the Western world, and this influenced not only the practice of contraception, but also altered the Church's stance on the issue (Noonan 1966:476). The Church moved to consolidate its position by issuing an encyclical, which categorically stated its position.

2.4 Background to *Humanae Vitae*

The move to consolidate the Catholic Church's doctrine on contraception was preceded by developments within both the religious and scientific communities. For example, in 1930 the Anglican Lambeth Conference discussed the state of contraception in the Anglican Church. At the Conference (Anglican Communion Office, 2005), the Anglican Church approved the use of contraceptives (Resolution 15). This was a radical shift since for a long time the Anglican Church was one of those churches that prohibited the use of contraceptives. Needless to say, the Catholic Church was threatened by this radical shift and in the same year Pope Pius XI issued *Casti Connubi (*on 31 Dec 1930), an encyclical reaffirming the Church's position regarding the use of contraceptives.

In *Casti Connubi*, Pius X1 maintained procreation as the primary purpose of sex within marriage (No. 11) and argued that the marital teachings were God's teaching and therefore 'immutable' and 'inviolable' (No.5). After *Casti Connubi,* the Catholic Church thought it had resolved the contraception issue. However, the agitations in the global society and within the Church led to other initiatives. In 1963 Pope John XXIII assigned a commission known as the

Papal Birth Control Commission (PBCC) to work on a new statement on marriage which was part of the process of upgrading the Church's teachings (Catholics for Choice, 2008:4). The first PBCC had six members. Included in the six were four laymen. However, after Pope John XXIII's death, Paul V1, his successor, on June 23 1964 extended the PBCC to thirteen members and to fifty-eight members in 1965 (Catholics for Choice, 2008:4; McEnroy**,** 1996: 148).

The PBCC was made up of different representatives: bishops, cardinals, theologians, doctors, sociologists and married couples (Pat and Patricia Crowley). Out of the thirty-four lay people, only five were women (Catholics for Choice, 2008:4). The PBCC was constituted of three groups that represented three different positions: Natural Family Planning, the Pill, and those who accepted the pill on conditions (McEnroy**,** 1996:148). The PBCC assigned to work on the issue of birth control, after extensively studying the history of the Catholic teaching, realised that the theological and scientific arguments supporting the prohibition were faulty and outdated (Catholics for Choice, 2008:4). Some of the women within the PBCC also shared some of their failing experiences of using the rhythm method, the only contraceptive method allowed by the Church (Catholics for Choice, 2008:4).

In 1966, the PBCC voted in large numbers against the ban of artificial contraception and advocated that the Church changes its position against contraception arguing that, 'it did not properly respond to the vision of marriage' (Selling, 2014:1034**;** Mackin 1982:64). In addition, the PBCC further asserted that, 'it was not the individual act that should be considered to be fruitful but the entirety of married life' (Selling, 2014:1036)**.** At first, Paul VI considered the PBCC majority vote but after Cardinal Ottoviani's persuasion that accepting the change would take away the Church's moral authority, he was pressured to accept the votes of the minority group who wanted the Church's position on contraception maintained (McEnroy, 1996:148). This resulted in the formulation of the encyclical *Humanae Vitae* which further consolidated the Church's anti-artificial contraception stance (Catholics for Choice, 2008:4-5).

2.5 Catholic teaching on contraception – *Humanae Vitae*

Humanae Vitae is a Catholic encyclical on the issue of birth control. It was issued on the 25th of July 1968 by Pope Paul V1. The central teaching of *Humanae Vitae* is that sexual acts

must tend towards procreation within the marital setting; any artificial means of birth control is unacceptably immoral.

2.5.1 Aims and objectives of *Humanae Vitae*

In *Humanae Vitae*, Paul V1 aimed at affirming the Catholic Church's position on married life and birth control. The objectives of the encyclical were therefore:

- To show the competency and authority the Church has on issues of marriage and birth control (Section 1)
- To clarify the teaching on transmission of life and regulation of birth, and give a definitive answer to questions of married life and human procreation (Section 2)
- To plead with authorities such as governments, scientists, doctors, nurses, bishops and married couples to collaborate with the Church in respecting the natural order of marriage (Section 3)

As indicated above, the encyclical is divided into three sections. The first section - *Problem and Competency of the Magisterium* - introduces the subject of concern, which is birth control and the questions arising from the overpopulation crises *(Humanae Vitae.* 2*).* Significant concerns are the 'new understanding of the dignity of woman and her place in society' and the fear of human beings being autonomous over their bodies and thus forgetting God has control (*Humanae Vitae.* 3). In the same section, emphasis is put on how marriage is based on the natural law and on the Church's ability and power to respond to the crisis and provide the correct moral answer to the problem (*Humanae Vitae.* 4-6*)*.

The second section presents the Catholic Church's 'doctrinal principles'. This gives an answer to the problem of 'the justification of artificial contraceptive to married love and responsible parenthood'; making references to the 1962-1965 Second Vatican Council, scriptures and the natural law (*Humanae Vitae.* 7, 8, 11). It is in this section that the Church insists on the procreative and 'unitive' nature of marriage - and the intrinsic evil of contraception (*Humanae Vitae.* 12*).* This section also makes the distinction between permitted (natural family planning) and forbidden (any artificial method) contraception methods (*Humanae Vitae.* 14*,* 15). Cognisant of the imminent challenges in popular response to the statement of this doctrine , this section also implores all Catholics to accept the

considered position of the Church, which like Jesus is 'destined to be a sign of contradiction' and, therefore, need not change its traditions in any crisis (*Humanae Vitae.* 18).

The third, and last, section of *Humanae Vitae* contains Pope Paul V1's 'Pastoral Directives'. These are basically appeals to public authorities, government, state, scientists, doctors, nurses, bishops, priests and married couples to help in encouraging the faithful to live by the Church's teachings (*Humanae Vitae.* 23-30*)*. The following are the aims and objectives, major themes and specific teachings of the encyclical:

2.5.2 Major themes used in the study

The current study focuses on some of 'doctrinal principles' of the teaching of *Humanae Vitae* in section 2 of the encyclical. The questions the study asks emanate from the following sub-themes:

Observing the natural law (Humanae Vitae. 11)

As stated already, the teaching of *Humanae Vitae*, similar to other Catholic teachings, was based on the natural law theory. Here the Church urges married couples to observe and rely on the natural law in their sexual activities. Clearly stated is that 'God has wisely ordered laws of nature and the incidence of fertility in such a way that successive births are already naturally spaced through the inherent operation of these laws.' The teaching further asserts that, 'each and every marital act must therefore of necessity retain its intrinsic relationship to the procreation of human life.'

Union and Procreation (Humanae Vitae. 12)

The teaching of *Humanae Vitae* emphasises that the main purpose of sex in marriage is its unitive and procreative significance, 'an inseparable connection established by God' for married couples which has the main aim of transmitting life.

Faithfulness to God's Design (Humanae Vitae. 13)

This section of the encyclical argues against human beings having absolute dominion over their bodies. Human sexual faculties and abilities are conferred on the nature of human beings by God.

Unlawful Birth Control Methods (Humanae Vitae. 14)

This emerging theme of the encyclical is centred on the argument that any artificial method or means of getting rid of a pregnancy, abortion, even if it is done for health reasons, are not permitted and are not lawful ways of spacing the number of children. Also not permitted is the direct sterilisation temporarily or permanently of a man or woman.

Lawful Birth Control Methods (Humanae Vitae. 16)

The Church only permits methods of controlling births that do not contravene the natural order of reality. Here the Church teaches that within marital settings, couples can take advantage of the flows and ebbs of reproductive systems to space and plan their families.

Consequences of Artificial Methods (Humanae Vitae. 17)

The Church warns that using artificial methods of birth control can lead to:

- Unfaithfulness in marriages
- Immoral societies
- Men disrespecting and not caring for their wives, regarding them as instruments which they can use to satisfy their desires.
- Couples thinking they have complete power and control over their bodies and forgetting that only God has this power.

2.6 Conclusion

This chapter presented the core teaching of the Catholic Church on contraception. While the Church's position, presented in *Humanae Vitae,* may have had its fair share of criticism and charges of 'outdatedness', this chapter has further shown that the Catholic Church's teaching on contraception has a long history, dating from St Augustine and St Thomas Aquinas. While these two theologians conceptualised the moral doctrine of the Catholic Church based on the concept of natural law, the 1968 encyclical on birth control *Humanae Vitae was* as much a product of this long history of evolution as of the Church's response to contemporary challenges of overpopulation, the emphasis on women's dignity, and the multiplication of artificial contraceptives. As such, this chapter has noted that in as much as *Humanae Vitae* can be seen as contemptible, its objective and arguments must, nonetheless, be understood and appreciated. The next chapter reviews literature on the reactions and responses to the Catholic teaching on contraception, in the encyclical *Humanae Vitae*

CHAPTER 3: GLOBAL REACTION TO *HUMANAE VITAE* – REVIEW OF LITERATURE

3.1 Introduction

A literature review section plays a significant role in any research study. Hart (1998:1) defines a literature review as 'the use of ideas in the literature to justify the particular approach to the topic, the selection of methods and demonstration that this research contributes something new.' This chapter reviews literature on the reactions of the international community towards the Roman Catholic Church's teaching on contraception, and its related issues. Of particular interest will be the impact of such religious teaching on women's reproductive and health rights. The literature review also looks at the role of women in decision making in religious organisations such as the Catholic Church. This literature review provides a conceptual background to how African women may engage with the Catholic teaching on contraception.

3.2 Gender, contraception and reproductive health rights

There is hardly any prominent social issue that does not have a gender dimension. Likewise, the current issue of contraception in the Catholic Church has at its centre the role and impact on women. While gender is usually understood as culturally and socially constructed, it is usually applied as though it is a universal concept. This is supported by UNESCO's (2003) definition, which describes gender as 'the roles and responsibilities of men and women that are created in our families, our societies and our culture'. According to Zimmerman and Butler (cited in Eckert & McConnell, 2013:1), gender is 'not something we are born with, and not something we have, but something we do – something we perform.' All these definitions re-affirm the notion that gender is culturally and socially constructed.

Contraception is any form of birth control that 'prevents pregnancy by interfering with the normal process of ovulation, fertilisation and implantation.'[2] This can either be done naturally or artificially. In this study, however, contraception is understood as 'the deliberate use of artificial birth control methods and techniques to prevent pregnancy as a consequence of sexual intercourse' (Oxford Advanced Learners Dictionary, 2007).

[2]Definition of contraception by Farlex , The Free Dictionary, *www.thefree**dictionary**.com/**contraception***

The term sexual and reproductive health rights consists of three related elements: rights, health and sexuality. The United Nations (2014) and the World Health Organisation (2006) describe sexual and reproductive rights as having control over and freedom to decide on matters of sexuality, free of coercion, discrimination and violence. The two organisations argue that just like general health, sexual and reproductive health is not merely the absence of disease, or infirmity; it consists of a complete state of physical, emotional, mental and social well-being in relation to sexuality and in matters relating to the reproductive system, its functions and processes (UN, 2014; WHO, 2006). In recognition of these concepts, the current study will assess the engagement of African Catholic women with the Catholic teaching on contraception.

3.3 Women and *Humanae Vitae*: Responses and Reactions

Some Catholic teachings may affect only Catholics, while others affect all human beings. *Humane Vitae* falls to the second category. According to the Catholics for Choice (2008:10), the teaching in *Humanae Vitae* does affect the health of both Catholic and non-Catholic women. However, the teaching seems to have little effect on Catholic women in the West (United States, Europe, Central and South America) in contrast to Africa, since they continue to use artificial contraceptive in increasing numbers. (Catholic for Choice, 2008:10). The results of the 2002 survey of family growth in America showed high percentages (97%) of modern contraceptive use and a lower percentage (3%) on the use of natural family planning by Catholic women (National Statistics Reports, 2013:5). These results were supported by other studies done in many highly Catholic countries, such as Brazil, France, Mexico and Spain, which also showed high percentages of modern contraceptive use by women (United Nations, 2009).

However, despite the overt resistance of the Church's teaching on contraception by Catholic women in the West, Catholics for Choice (2008:10) points to the fact that response and reaction are not the same in developing countries and in Africa in particular. According to the Population Research Bureau (2005), compared to other continents, Catholicism is expanding at a faster rate in Africa. This implies that the Catholic Church has more influence within the continent – making its doctrines affect the lives of many. In contrast to the high percentages of contraceptive use by women in prevalent Catholic countries in the West, Africa has a high percentage of 'unmet needs of contraceptives' in highly Catholic countries such as Congo,

Angola, Rwanda, Nigeria, Kenya and Uganda (United Nations, 2011). From this contrast it can be argued, therefore, that the Western women's continual use of contraception - banned by the Catholic Church - indicates their negative reactions and responses to the teaching on contraception laid out in *Humanae Vitae.* For African Catholic women, however, not much can be said since there have not been many studies done to find out their views and understanding of this Catholic teaching.

3.3.1 North America and *Humanae Vitae*

While Europe has been extensively investigated when it comes to the Catholic Church and its impact, in 2011 Hasson and Hill realised that the same could not be said about North America. As a result, they conceptualised a study to survey the women's understanding and impact of *Humanae Vitae* there. The survey sampled 824 women who were selected according to their weekly and yearly Mass attendance. The study aimed to assess the dynamics of faith and conscience in the acceptance (or rejection) of the Church's teaching on contraception (Hasson & Hill, 2012:2).

The study found that about 33% of Catholic women inaccurately believed that the church allowed married couples to make choices on the morality or immorality of contraception, while 85% of the church-going Catholic women thought that they could still be 'good Catholics even if they do not accept some of the church's teachings on sex and reproduction' (Hasson & Hill 2012:2). As can be seen, the study generally found that many church-going Catholic women did not have accurate facts concerning the Church's many doctrines and teachings; it also showed that the Catholics there rationalised that their faith was to be aligned with their consciences even if it contradicted the letter of the Church's teaching (Hasson & Hill, 2012:3). Nonetheless, Hasson and Hill's analysis (2012:3), categorised the women into three responses: the *faithful* (who fully accepted the teaching), the *soft middle* (who accepts parts of the teaching but not all the teaching and are open to learn more), and the *dissenters* (who completely rejected the church's teaching). Among the three groups, the larger percentage of the surveyed women fell in the soft middle.

The argument of the *soft middle* was basically a dialectics between faith and conscience (practical reason). They argued that, while the Church prescribed general norms and standards of morality, the onus remained with individuals on how to act in particular circumstances, in which following the Church's teaching religiously was improbable. For

example, on contraception, the *soft middle* argued that, while acknowledging the Church's position in *Humanae Vitae,* the right to a final decision on family planning and birth control must rely on the couples – in cognisance of their context (Hasson & Hill 2012). They even argued that unlike the medieval Augustinian assertions on the roles of sex and marriage, 'couples have the right to enjoy sexual pleasure without worrying about pregnancy' (Hasson & Hill 2012:3).

While, this may seem baffling, this reasoning resonates with the realities of many couples in contemporary times. Just like the women in the study, marriage and procreation is no longer governed by the natural capacities of the couple; many now factor in financial stability, career progression, relationship stability, and many more mundane issues before considering God's will in this matter (Hasson & Hill, 2012:4). The study also found that young Catholic women regard contraception as having less moral importance as compared to abortion because of the understanding that 'contraception prevents conception whilst abortion destroys conception' (Hasson & Hill, 2012:4).

While the results of the study may seem outrageously anti-Catholic, Hasson and Hill (2012:4) note the need for contextualised teachings, since the world is so differentiated these days. As such, their call for the Church to prioritise 'conscience formation' (practical reason) in all issues moral cannot be rejected.

3.3.2 Western feminist theologians

North America and Europe seem to have a wider network of feminist theologians who have engaged with all things on gender, women and sexuality in relation to the Catholic Church. A few who will be discussed here include Rosemary Radford Ruether, Margaret Farley, Lisa Sowle Cahill, Janet Smith, Jana Bennet and Mary Erberstadt.

Rosemary Radford Ruether

In most of her work, Rosemary Radford Ruether expresses her dissatisfaction and dislike of the Catholic Church's teachings on sex and sexuality (Ruether, 1990; 1993; 2006). She asserts that the Catholic Church, from its history, has always been negative about sexuality and women, influenced by the teachings of Augustine and Aquinas who viewed women as 'inferior and incomplete human beings' (Ruether, 2006:1). Ruether further contends that, it is because of this 'negativity' and 'hostility' to women that the Catholic Church fails to view

women as 'moral agents' when it comes to issues of sexuality and reproduction (Ruether, 1990:8). According to Ruether (1993/1994:14) the period of the institution of the *Humanae Vitae,* as much as it confirmed the Church's position on women, was 'one of the greatest disasters of the Roman Catholic Church' and a 'watershed experience of the American lay Catholics'. She explains her sentiments on the Church's obstinacy more than two decades later:

> Today the maintenance of the anti-contraceptive teaching is both an intellectual embarrassment and a cruel imposition on millions of women and men whose access to contraception is impeded by church power. No moral theologian standing seeks to justify the teaching anymore, so it stands on brute institutional power alone, lacking any moral credibility (Ruether, 1993/1994:14).

Reuther's argument reflects that the issue of contraception in the Catholic Church is not an isolated incident, but a small yet important aspect in an extensive tapestry of patriarchal power exercised but the Church (magisterium) and its institutions – a power which women are not part of.

Margaret Farley

Margaret Farley, feminist and ethicist, has also written a great deal on sex and sexuality. Even though the subject of contraception does not feature in her book *Just Love: A Framework for Christian Sexual Ethics* (2006). Farley argues that the aim of *Just Love* is to provide a Christian sexual ethic which views 'justice' as a major principle to be considered when dealing with sex and sexuality issues. Moreover, the book offers alternative and inclusive approaches of dealing with sex and sexuality from a Christian perspective. According to Farley (2006:161), 'sexuality is embodied in multiple and diverse ways', therefore, there is a need for a sexuality framework that works for all.

Although Farley's book was accepted by many Catholics in North America, the Vatican had reservations about it. The Congregation of the Doctrine of the Faith (CDF), which is responsible for approving and monitoring Church doctrines, argued against *Just Love*, accusing Farley of attempting to subvert the position of the Church on sexuality by promoting divorce, re-marriage, homosexuality and masturbation (Cahill, 2012). Farley, on the other hand, maintained that *Just Love* was meant to open discussions on sexuality issues in a period when many had many critical questions on the subject (Farley, cited in The National Catholic Reporter, 2012).

Nonetheless, there are some components of sexuality in the *Just Love,* which seem to contradict the Catholic Church's teaching on sex. For example, while *Humanae Vitae* states that sex between married couples is only intended for unity and procreation, Farley (2006:161) adds pleasure as integral to sex. Lisa Sowle Cahill (2012), an American ethicist and Professor at Boston College, offers a detailed account of the engagement of the Church with Farley's book. Cahill argues that, in order to successfully discredit Farley, the Church has resorted to selecting certain aspects in the book for criticism (masturbation, divorce), failing to acknowledge and commend Farley for including in the book issues central to the Church's discussions such as gender-based violence and sexual oppression of women. This supports Reuther's argument stated above that the Catholic hierarchy which excludes women uses brute institutional power to maintain gender injustice within the church.

Lisa Sowle Cahill

Lisa Sowle Cahill is a Catholic feminist and Christian ethicist who engages with issues of sexuality and gender, mostly within the Catholic tradition. In her views on the Catholic teachings on sexuality, Cahill (1996:202) argues that the Catholic Church has not sufficiently dealt with the real human sexuality needs. Referring to the teaching on contraception in particular, she has disputed the Catholic Church's stance on the matter, arguing that the Church has 'treated contraception as a compromise of sexual union, which idealises sex in a way few marital sexual encounters can achieve' (Cahill, 1996:202). These sentiments can be traced in Reuther's and Farley's work above.

In addition, echoing again Farley's (2006) and Reuther's (1990) arguments that sex and reproduction should not be limited to procreation, Cahill (1996:94) contends that sex is 'not fully a biological function but has a social function too.' Relating sex to gender in her essay, 'Catholic Sexual Ethics and the Dignity of the Person: A Double Message', Cahill (1989:122) advocates for the importance of giving value to reproduction and child-care 'without limiting the roles of women to motherhood or tying sexuality only to its biological dimension'; which the Catholic Church seem to be doing in *Humanae Vitae.*

Relating the teaching of *Humanae Vitae* to gender, Cahill (1996:205) argues against the idea of valuing women only in terms of their motherhood, asserting that doing so blocks the recognition of other female roles which empower women. From this standpoint, Cahill (1996:205) queries whether the Catholic Church's continual opposition to contraception and

emphasis on motherhood are strategies of resisting empowering women, or rather of the Church's 'fear of women's social equality.'

Similar to Reuther's argument and suggestion (1993/1994), Cahill (1996:214-219) argues for the need of contraception, especially in the poor and developing countries. Like Farley (2006), Cahill foregrounds autonomy and choice when issues of sexual control are concerned. One aspect, however, which Cahill (1996:242) seems to argue against together with the Catholic teaching on contraception is the use of reproductive technologies for birth control. According to Cahill, using reproductive technologies as birth control is a method that supports patriarchal systems which undermine women – treating women as baby-producing machinery. For example, in surrogacy the woman's power is taken away and given to another woman who is capable of carrying a child (Cahill, 1996:242).

Lisa Fullam

Of the same understanding and argument as Cahill (1996), Farley (2006) and Reuther (1990) on not limiting sex to procreation is Lisa Fullam (associate professor at the Jesuit School of Theology at Berkeley). Fullam (2015:20) has argued that *Humanae Vitae* reflects a 'poor and unnatural understanding of sex'. In addition, Fullam (2015:21) dismisses the argument in *Humanae Vitae* that contraception separates the unitive nature of sex from the procreative, and argues that it is in nature that the division takes place. In emphasizing the procreative nature of sex in a way that sacrifices other dimensions, Fullam (2015:21) contends that the Catholic Church has failed to understand that sex is also about the holistic development of the person in relation to others.

While some feminist theologians argue that contraception plays into the patriarchal system by disvaluing women and making them available for sexual exploitation any time (Roberts, 1997), Fullam (2015), argues that women have always been abused by men before contraceptives were developed and introduced (2015:21). On the contrary, therefore, responsible contraception gives control and self-determination to women with regards to their sexual and reproductive lives (Fullam 2015:21).

Janet Smith

While the scholars mentioned above challenge the Catholic teaching on contraception laid down in *Humanae Vitae*, Janet Smith, a professor of moral theology and advocate for natural

family planning, supports the teaching. Some of her publications in which she expressed her support of the teaching are *Humanae Vitae: A Generation Later* (1991) and *Why Humanae Vitae Was Right* (1993). Smith supports *Humanae Vitae*'s arguments on the consequences of contraception, pointing out that contraception has brought harmful consequences to the world (*Humanae Vitae* 17; Smith 1993).

Some of the consequences of contraception outlined by Smith (1993, 2005) are moral bankruptcy, infidelity, and instrumentalisation of women. According to her, contraception treats fertility as a disease to be prevented using surgical and chemical means – denying God the right to perform the divine creative act, and encouraging selfishness within marriages. As an advocate and supporter of natural family planning, Smith (1993, 2005) argues that couples who use natural family planning have happier marriages as compared to those who use contraceptives. She also argues that natural family planning methods decrease divorce rates compared with contraceptive methods (Smith, 1993).

Jana Bennet & Mary Erberstadt

Together with Smith, Jana Bennet (emerging Catholic feminist and moral theologian) and Mary Erberstadt (Catholic lay women, author and researcher at the Hoover Institution) advocate for adherence to *Humanae Vitae*. In her article 'Catholics, Contraception and Feminism' Bennet (2013) aims to remove the general assumption that all feminists are pro-contraception and against the teaching of *Humanae Vitae*. In this article she cites feminists who she asserts as anti-contraception and in support of the Catholic teaching on contraception. Some of these feminists are Rita Ardetti and Renate Dueli Klein, who express their opposition to contraception citing biological risks for women. For instance, they argue that the oestrogen and progesterone pills have high chances of causing breast and cervical cancer (Bennet, 2013:2).

Echoing Dorothy Roberts (1997), Bennet (2013:4) contends that contraception disempowers women and maintains patriarchal systems. Mary Erberstadt (2008), in the same vein, argues that contraceptives have brought harm to society as prognosticated in *Humanae Vitae.* In the essay 'Vindication of *Humanae Vitae'*, Erberstadt (2008:2-3) argues that with the sexual revolution came an increase in divorce, unfaithfulness between married couples and immoral societies. In the same essay she cites professionals who have argued against contraception -

economists, psychologists, sociologists and scientists -as proof of the evil reality of contraception (Erberstadt, 2008:3).

This section has discussed various positions taken by Western feminist theologians with regards to issues of gender, sexuality and reproductive rights within the Catholic Church. The section noted two broad categories of women, the critics (those critical of the Catholic Church) and the apologists (those who support the Church's teaching and advocate for adherence to *Humanae Vitae*). However, both arguments, supporting and disputing, do not discuss fully the gender dynamics within the Catholic Church and how the teaching addresses or ignores women's sexual and reproductive health rights - something to be still discovered in this current research with married African Catholic women.

3.3.3 Views and studies from Africa

There are not many views and studies by African scholars regarding the Catholic teaching on contraception. Since the release of the encyclical in 1968 some African bishops remained conservative and supported it. This includes Cardinal Wilfred Napier of South Africa, Cardinal Emmanuel Wamala of Uganda, Cardinal Maurice Otunga of Kenya and Archbishop Francisco Chimoio of Mozambique (BBC, 2007; Miller, 2001). However, a few others questioned the relevance of the teaching in the African context, riddled with HIV and AIDS. These include Kevin Dowling of South Africa (CathNews USA,2009) and Archbishop Boniface Lele of Kenya (Catholic Information Services Africa, 2005).

Apart from the positions by African bishops, unlike their Western counterparts, African women have not openly engaged with the Catholic teaching on contraception; there is silence regarding the issue. This is supported by Ackah & Cheabu (2014:67), who asserted that Western Catholics have had many chances to engage with the teaching of *Humanae Vitae* and Catholic sexual teachings, unlike African Catholics. The reason given is that African Catholics do not have many publications on the subject and also issues of sexuality in Africa are not topics to discuss in the church (Ackah & Cheabu, 2014:67). However, a study conducted in Ghana in 2014 at the Catholic University College of Ghana reflects some of the views and perspectives of African people on the teaching. This study will be discussed below.

Scanning through the literature on African women theologians and feminists, I realised that there are few studies of African women scholars' direct engagement with the Catholic

teaching on contraception. However, there are many studies on the impact of religion and culture on women's health, particularly in the context of HIV and AIDS, which indirectly touches on issues of contraception and women's sexual and reproductive health rights. The Circle of Concerned African Women Theologians, a group of African women theologians from diverse religions, cultures, races and nationalities (Oduyoye,2001:10), devote most of their studies to African women's experiences of gender-based violence, HIV and AIDS and issues of rape, utilising in some cases the method of biblical hermeneutics. In all this work the Circle challenges and calls on the Church to stand with and for women (Phiri, 2003:16).

The Circle argues that by discouraging condom use in an HIV and AIDS era, the Church is not doing justice particularly to women in combating the pandemic (Phiri, 2003:13). Focusing on women's health, the Circle challenges Church doctrines and teachings that seem to undermine women (Phiri, 2003:16). In *African Women, Religion and Health*, Phiri and Nadar (2006:9) contend that HIV and AIDS is one of the diseases that take away women's health; this is because it is a threat to women's sexuality. From this view, the Circle argues that gender-based violence and sexual violence between married couples expose women to HIV and AIDS infection which has a negative effect on women's sexual and reproductive health (Phiri, 2003:14). In addition, through biblical hermeneutics and the study of African culture, African women theologians argue against women's oppression justified by the scriptures and by culture (Phiri, 2003:16).

African women theologians' studies on the impact of HIV and AIDS on women's sexual and reproductive health point out that 'HIV/AIDS is not just a health issue but also an issue of justice' (Dube, 2004:13) and of gender (Phiri, 2003:8). Eunice Kaamara (1999) has written extensively, challenging the Church in Kenya for its lack of attention to this issue and of engaging and finding solutions on the reproductive and health needs of adolescent girls and women. She has argued that 'the Church has played the role of spectator and commentator', and failed to realise its role in relation to reproductive health of adolescent girls (Kaamara, 1999:132). In addition, Kaamara (1999:132) views the church as a barrier to African women's access to reproductive health services. As indicated, African theologians and feminists have generally queried the blind application of sexual and reproductive principles in a context riddled with many cultural and health challenges – a Christian sexual ethics tailored to Africa may be in urgent need in such a context.

3.4. Women Health, Contraception and *Humanae Vitae*

Most public health organisations advocate for and advise women to use contraceptives with the arguments that contraceptives preserve and enhance the health of women and also at the same time empower women by giving them freedom to 'exercise their sexual and reproductive health rights through making informed choices about their fertility' (Department of Health [South Africa], 2012:4). In addition, the Department of Health [South Africa] (2012:3, 16) argues as most public health organisations would contend that effective contraceptives lower women's health risks to risks such as abortion, HIV and sexually transmitted diseases. The Minister of Health of South Africa, Dr Aaron Motsoaledi, referred to contraceptives as 'one of the most powerful public health tools for any country' (Department of Health [South Africa], 2012:4). However, while public health organisations promote contraception use for women's health, the Catholic Church condemns it on the basis of morality, arguing that it violates the natural law by taking away the major intent of sex which is procreation, creates immoral societies where people do what they wish with their sexual faculties and forgetting that it is God's role, and that it takes away the dignity of women through men's abuse (*Humanae Vitae,* 1968).

The Catholic Church owns many health facilities and services in the world but because of the teaching in *Humanae Vitae* which prohibits contraceptives there are few, and in most cases no contraceptive services provided in these Catholic health institutions (Catholics for Choice, 2005:1; 2008:17). In the United States, for example, there are six hundred Catholic health institutions and according to estimation, 'one in every six American is treated at the Catholic health institution each year' (Catholics for Choice, 2005:1), including women from other religious denominations seeking sexual and reproductive health services (Catholics for Choice, 2005:1; 2008:17).

In Southern Africa, the Catholic Health Association operating in South Africa, Botswana and Swaziland has a number of clinics and hospices: three clinics in Botswana, seven clinics and one hospice in Swaziland and twenty-two primary health programmes, ninety-nine home based care projects and twenty-one hospices in South Africa (Catholic Health Care Association, 2015). Even though there is no evidence of whether the Catholic Health Association's facilities offer contraceptives or not, it is likely that they do not because their work is based on the ethical and moral teachings of the Catholic Church (Catholic Health Care Association, 2015). However, even though the Southern African Catholic Health

Association does not state that they do not offer contraceptives, a survey study conducted by the Catholics for Choice in 2002 (cited in Catholic for Choice, 2008:17-18) on Catholic hospitals in the United States showed that, following the *Ethical and Religious Directives on Catholic Health Care Services*, emergency contraceptives in Catholic hospitals were offered only to women who were raped and had been found pregnant. In addition, police reports were required in cases of rape before one was given emergency contraception (Catholics for Choice, 2008:18).

In her essay 'Women, Reproductive Rights and Catholic Church' Rosemary Radford Ruether (2006:6), argues against the Catholic Church's "insensitivity" and lack of compassion in denying emergency contraceptives to women who have been raped. She cites two cases when the Catholic Church was 'insensitive' and not compassionate about women's sexual and reproductive health rights. One is when the 'Catholic clerics opposed distribution of emergency contraceptives to refugee women from Kosovo who had fled to camps after having been raped in war' and the second is of 'Pope John Paul II's appeal in 1993, to Bosnian Muslim women who had been raped to 'turn their rapes into acts of love, by accepting the enemy into them' and carry their pregnancies to term' (Ruether, 2006:6). From these arguments it can be concluded that the Church's teaching on contraception as presented in *Humanae Vitae* contributes to the unmet sexual and reproductive services and needs of women.

3.5. *Humanae Vitae* and HIV and AIDS

The Catholic Church's opposition to contraceptives has been regarded as "a block to combating AIDS" (Catholics for Choice, 2008:12). Some Catholic bishops and theologians advocate for condom use in the prevention of HIV and AIDS (Catholics for Choice, 2008: 2). The first bishop to speak out and argue for the use of condoms for HIV and AIDS prevention was Bishop Jacques Gaillot of Evreux (Catholics for Choice, 2008:12). A few other Catholic bishops throughout the world supported the use of condoms as a remedy for HIV and AIDS. Among these bishops is Bishop Kevin Dowling of South Africa, an AIDS activist and advocate for condom use since 2001 (Catholics for Choice, 2008:12).

I mention that Bishop Kevin Dowling's support for condom use for HIV and AIDS prevention is relevant to my study because his work pays attention to women as victims of

HIV and AIDS. He shares the pitiable experiences and situations of women, mostly immigrant women, which lead them to engage in "survival sex" which very likely can lead to the women being infected by HIV and AIDS, and for that reason Dowling supports condom use (Coleman, 2009:1). In addition, Dowling (cited in Coleman, 2009:2) points out how HIV and AIDS is dreadful for women's sexual and reproductive health. He is quoted saying 'I've sat with vulnerable women for years in their shacks, have seen them and their babies dying of AIDS. Their hopelessness has seared my heart and spirit' (Dowling cited in Coleman, 2009:1). Bishop Kevin Dowling, Archbishop Boniface Lele of Mombasa, Kenya and others who advocate for condom use for AIDS prevention argue that using condoms and allowing the use of condoms can be understood not as contraception but as "a justice and ethical issue, right to life and protection from serious harm" (Dowling cited in Coleman, 2009:1).

3.6. *Humanae Vitae* and Birth Control

Among the rare studies within Africa on gender and sexuality is the study by Ackah and Cheabu (2014) on the Catholic teaching on contraception from an African/Ghanaian perspective. The study was conducted with university students and staff of the Catholic University College in Ghana. The aim of the study was to investigate the 'practices and perspectives of the students and staff regarding the teaching of *Humanae Vitae'* (Ackah & Cheabu, 2014). Although the study took place at a Catholic university, some of the participants were non-Catholics. From the 508 participants for the quantitative survey, 159 were Catholics 249 were Christians from other denominations, 78 were Muslims; 20 were from African traditional religions and two had no religious affiliation. The same study also employed a qualitative study with 24 participants (Ackah & Cheabu 2014:70). From the interviews, some of the major themes that emerged agreed with the teaching's principles that contraception promotes co-habitation, a bad practice for marriage, and that contraception is an evil and a wrong practice for marriage (2014:72).

Another major theme which emerged was the 'Roman Catholic Church as the major contributor to the HIV pandemic'. Furthermore, a concern which came from the study was how the teaching impacts and affects everyone, not only Catholics: "What if I am not Catholic?" (2014:74). The study concluded that the teaching of *Humanae Vitae* remains controversial even today. Aligning with this conclusion is the Catholics' perspective of the teaching; the authors speak of "nominal Catholics" (Catholic by name only) and or "cafeteria

Catholics" (Catholics who choose and practice some aspects of the Catholic Christian doctrine as they wish it) (2014:74). However, while Ackah and Cheabu (2014)'s study focus was on the practices and perspective of the teaching of Humanae Vitae the focus of the present study is different. The current study focuses on the engagement of married African Catholic women with the Catholic teaching on contraception. It pays particular attention to the women's understanding of the teaching regarding women's sexual and reproductive health rights and how this understanding influences the way gender is understood in the Catholic Church.

Poverty has been pointed out as one major factor to the stagnant and poor state of sexual and reproductive health rights in Africa (Ahlberg & Kulane in Tamale, 2011:316). In addition to this poverty are 'broken pledges' for aid by the international world to Africa and 'a drop in donor funding' for contraceptives (Ahlberg & Kulane in Tamale, 2011:23). According to the UNFPA reports on the donor funding for contraceptives for Africa, there was a drop from 30% in 1996 to 20% in 2004; current statistics of the drop also show the same drop (Ahlberg & Kulane in Tamale, 2011:23). All these factors contribute to the poor state of sexual and reproductive health rights in Africa and affect mostly African women. Evidence of the poor state of sexual and reproductive health rights in Africa are the alarming rates of HIV and AIDS in Africa.

The UNAIDS 2014 report showed that, 'of the 36,9 million people living with HIV& AIDS in the world, 247 are in Africa and women are the most infected. A significant factor is the opposition of the Church to sexual and reproductive health rights. The Catholic Church does not support sexual and reproductive health rights because of its opposition to contraception; it opposes any policy that enhances sexual and reproductive health rights. This power and influence of the Catholic Church, for example its recognised 'observer status' at the United Nations (UN), threatens, 'silences' and affects poor Catholic countries and their governments mostly in Africa (Ahlberg & Kulane in Tamale, 2011:323; Catholics for Choice, 2008:16). The threat to the Kenyan government by the Catholic Church in Kenya which led to the burning of boxes of condoms is an example (Ahlberg & Kulane in Tamale, 2011:323; Catholics for Choice, 2008:16). The Church's opposition to policies that promote sexual and reproductive health rights is not however 'uncontested' (Ahlberg & Kulane in Tamale, 2011:323).

In as much as African women theologians and feminists have produced books and articles on gender, religion and sexual health, there remain gaps on how they engage with issues of sexuality, for example the Catholic teaching on contraception. The lack of voice of African women theologians and feminists regarding such teachings raises concerns for African theologians and feminists' writings. Signe Arnfred (2004:59) a feminist, refers to these gaps as 'absences of sexuality in African feminists writings. Amina Mama, African feminist writer of sexuality argued that racism plays a big role in the reluctance of many African feminists to write about sexuality. This is pointed out in her work, *Women Studies and Studies of Women in African during the 1990s* where she stated that 'the historical legacy of racist fascination with Africans allegedly profligate sexuality that has deterred researchers' (1996:39). Signe Arnfred (2004:59) notices a 'contrast' in the way Western feminists write openly about any issue on sexuality.

An analytical study on African feminists' writings have shown African feminists' approach to sexuality is one-sided, meaning that they have a certain agenda which is 'often donor-driven with studies that mostly explore and investigate victimizing women issues such as female genital mutilation, women violence and HIV/AIDS' (Arnfred,2004:59). Her conclusion was that in their writings African feminists limit issues of sexuality, female sexuality especially, to 'violence and/or death' and do not seem to include the positive aspect of sexuality especially female sexuality, such as 'pleasure, enjoyment and desire' (Arnfred,2004:59). There has been a culture of silence which could be the reason sexuality in Africa is 'approached and conceptualised in that way'.

3.7 Catholic Women and the Church's Decision Making Structures

Gender constructions have always been a complex area of study due to multiple definitions and conceptualisations of the subject within religious and culturally diverse contexts. Religious constructions of gender have been seen to have negative effects and implications in the church and in society. One of the negative effects and implications is the issue of women's abuse and gender inequality, especially the lack of women's recognition in church decision making. Tuyizere (2007:4) has argued that 'right from the beginning of human history, religion has been the engine for gender violence and inequality.'

According to Tuyizere (2007:4-5), religious teachings are the 'root cause' of women's inequality in the church, society and the world over. Moreover, she contends that the understanding of the Bible as rooted in a patriarchal society supports the inferior positioning of women in the church (Tuyizere 2007:4-5). The exclusion of women from ministry, specifically ordination, and decision-making in some of the Christian Churches, the Roman Catholic Church being one, represents the power of Christian traditional teaching that 'women are not fully the image of God, lack true equality with men, are seductive and dangerous, and weak in intellect and will' (Rakoczy, 2004:199). This therefore implies that women cannot be church leaders and more so that they cannot be involved in the Church's decision making. The expectation is that the Church should challenge the way women are treated by society but instead, as argued by Tuyizere (2007:11), it does not question but reproduces the prevalent socio-cultural prescriptions of femininity.

For a long time, Catholic women have raised concerns on being considered in the Church's decision making. In her paper Women in Decision Making in the Catholic Church: Within the Context of *Evangelii Gaudium* (discussed before the October 2014 Synod on the Family) Marilyn Hatton (2014) pointed out some of the 'barriers' to the inclusion of Catholic women in the Church's decision making, basing her arguments mostly from Pope Francis' 2013 Apostolic Exhortation *Evangelii Gaudium*. Some of the 'barriers' Hatton (2014:1) points to are the misrepresentation and 'of many people affected by decisions to be made at synods or councils where decisions are made. To illustrate the misrepresentation and under-representation, Hatton (2014:1) gives an example of the October 2014 Synod on Family which had two hundred and fifty bishops, a few selected individual lay people and yet the issues discussed were divorce, remarriage, same sex marriage, premarital sex, invitro-fertilisation and contraception.

According to Hatton (2014:1) it only makes sense for the Church to invite 'representations from a broad range of views.' Arguing in the same vein on the lack of representation and under-representations of relevant people at synods with Hatton is Peter Steinfels' (2015:13) critique of the 2014 October Synod on the Family in which the Catholic Church 'well-chose a Brazilian couple, Arturo and Hermakinde As Zamberline, a couple committed to the spirituality of marriage and against contraception to represent the married couples. In his critical analysis of the synod Steinfels (2015:12) observed what he has referred to as a 'glaring gap in the synod's work; the lack of attention and vague discussions on the question

of contraception.' He asserts that even though teaching on contraception and on marriage was on the agenda the synod decided to ignore it, creating distrust at the level of the Church and pressure on Pope Francis who insisted on 'speaking honestly' about such issues (2015:12). The second barrier to women's inclusion in the church's decision making which Hatton (2014) points to is 'the culture of clericalism in the Catholic Church'. Clericalism within the religious–gender context is understood as 'a system that is there to exclude women and maintain inequality for women in the Church'(Hatton, 2014:3).In order to get rid of the barrier of clericalism there is a need to realise the significance of women in the Catholic Church and to dissolve clericalism (Hatton, 2014:3). In *Evangelii Gaudium,* Pope Francis has critiqued the idea of clericalism and stressed the importance of women in the Church's affairs, stating that:

> The Church acknowledges the contribution which women make to society through the sensitivity, intuition and other distinctive skill sets which they, more than men, tend to possess. I readily acknowledge that many women share personal responsibilities with priests helping to guide people, families and groups and offering new contributions to the theological reflection. But we need to create still broader opportunities for more incisive female presence in the Church. Because the "feminine genius is needed in all expressions in the life of society, the presence of women must also be guaranteed in the workplace" and in the various other settings where important decisions are made, both in the Church and in social structures (*Evangelii Gaudium*, 81).

Catholic women continue to fight for gender equality and female inclusion in the Catholic Church decision making. Colleen McNicholas, a dean at the School of Education at Dominican University in the United States, like Hatton (2014) also argues against clericalism which she refers to as 'masculine rule.' She has described the relationship between the United States Catholic women and the Vatican as "a crossroad…a challenging crossroad full of potential and frustration" (2006:1)." This is because these women are raising questions, most especially about why the Church refuses to recognise them in the Church's decision making processes. While Hatton (2014) argues that 'clericalism' and 'under-representation' are barriers for Catholic women's inclusion in the Church's decision making, McNicholas (2006:2-3) argues that 'traditional Catholic anthropological understandings of women' and the 'Catholic Church's hierarchical power and authority' are the two major 'visible' and 'invisible' barriers (respectively) to women's inclusion in decision making in the Church.

The traditional Catholic anthropological understanding of women is that women are inferior, less powerful than men and therefore cannot be leaders and cannot be involved in Church's decision making, an understanding found in St Augustine and Thomas Aquinas' theology

(McNicholas, 2006:2; Ruether, 2006:1). Catholic women had no voice in the church, but had hope after the Second Vatican Council because of documents such as the 1965 *Pastoral Constitution on the Church in the Modern World* , which stated that, 'Since all persons possess a rational soul and are created in God's likeness, since they have the same nature and origin, the basic equality of all must receive increasingly greater recognition' (Par. 29); Pope John XXIII's encyclical, *Pacem in Terris* (Peace on Earth) which recognised women 's political rights to participate in decision making (Catholic Voices in Africa, 2003:11; Ruether,2006:2) and also the Holy See's National Report for the Fourth World Conference on Women which supported and advocated for women's recognition in public and political decision making (Catholic Voices in Africa, 2003:11). However, as the Catholic Voices for Africa (2003:12) asserts, the status of Catholic women was not to change because the support the Catholic Church gave was for full recognition of women in decision making in secular society but not within the structures and politics of the Church.

However, Catholic women continue to fight for equality and recognition in the Church's decision making. McNicholas (2006:1) points out that from the way Catholic women are speaking out 'a quiet revolution is underway with the Church.' Several groups such as the International Movement We Are Church (IMWAC) (Hatton, 2014:4), We Are All Church South Africa and many more groups advocate for women's recognition and inclusion in Catholic Church decision making. Writing from an African (Nigerian) context Okure (2001:271-275) argues that Catholic women should be included in the Church's decision making as just a formality and fulfilment because women (Nigerian Catholic women) are already ministering in the Church despite their exclusion from making decisions.

In a letter by Australian Catholic women to the Australian bishops on the need for women's involvement in the Church, the main argument was even though Jesus supported women's dignity and equality the Catholic hierarchy does not want to acknowledge that and instead wants to 'maintain the cultural norms and biases of male dominance' (Henderson,2004:1). Rakoczy (cited in Nadar & Phiri, 2006:188) in 'Women and Peacemaking: The Challenge of a Non-Violent Life' poses a question: 'How would the world be different if women were fully involved in making decisions on how nations and people relate to each other?' Taking this question into the Catholic context of Catholic women's fight for recognition and inclusion in the Church one could ask, 'How would the Catholic Church be different if

women were fully involved in making decisions on how the Church hierarchy and lay people relate to each other?'

In the quest for recognition and inclusion, Catholic women argue that 'women's participation in decision making in the Catholic Church is not only an *issue of justice*, it is an issue of good governance' (Hatton, 2014:7). Similarly, the 1995 Platform for Action at the Beijing Women's Conference speculated that, 'women's equal participation in decision making is *not only a demand for justice* or democracy but can also be seen as a necessary condition for women's interests to be taken into account…' (Catholic Voices in Africa, 2003:11). In addition, Hatton (2014:3) contends that since Catholic women are denied ordination, including them in the church's decision making will create ways of gender equality in the Church. Moreover, the Catholic Voices of Africa (2003:11) argue that refusing women to be involved in decision making contributes to the justification of other forms of injustices and inequalities women face in the secular world. Catholic women from the Second Vatican Council to this day have not stopped speaking out and working on gender equality in the Church.

A recent publication by Catholic women theologians, *Catholic Women Speak: Bringing Our Gifts to the Table,* is an example of the continual work of Catholic women towards recognition and inclusion in the Church's decision making (Catholic Women Speak Network, 2015). In this book forty-four Catholic women theologians from all over the world, including Africa, argue that the Church is incomplete without the contribution of women in decision making and formulation of teachings. Expressing the need for female participation and involvement, one of the theologians, Lucetta Scaraffia, is quoted saying, 'We are a Church breathing on one lung' (Berger,2015). These women theologians, and many other Catholics, are relying on Pope Francis, a Pope described as 'liberal', to ensure there is balance and equal representation of women in the Catholic Church's decision making council. (Hatton, 2014:7). However, the issue of women's exclusion continues to be a challenging issue in the Roman Catholic Church that also affects women's sexual and reproductive health.

3.8 Gaps and Limitations of the Study

The gaps identified in the literature are the lack of voices of African women theologians and ordinary African Catholic women on the Catholic teaching on contraception in the encyclical *Humanae Vitae*. This study therefore attempts to fill this gap through research on how

married African Catholic women engage with the teaching, focusing particularly on how their engagement brings out the teaching's influence on women's sexual and reproductive health rights. The research also investigates the status and role of African Catholic women in the Church's decision making, paying attention to the teaching of *Humanae Vitae* and its influence on women's health. Marshall and Rossman (1999:42) contend that: 'no proposed research is without limitations; there is no such thing as a perfectly designed study.' One of the limitations of this study is that it has been conducted with only a few married African Catholic women who reside in Scottsville (a suburb in Pietermaritzburg) and who attend church at Emaphethelweni, a small Catholic Dominican religious community. It could not get responses from a wider community with many voices. However, since a qualitative study is concerned with depth and not numbers this limitation does not invalidate the study; it rather enhances the study since seven African countries are represented by the seven women.

3.9 Conclusion

This chapter reviewed the literature on the Catholic Church and contraception and its impact and influence on women's health, particularly in the context of HIV and AIDS. It also reviewed the issue of gender, women and Church decision making in the Catholic Church. However, it pointed out that most of the responses and reactions were from the perspective of Western women, and few from an African perspective. As such, this study finds its justification of exploring married African Catholic women's engagement with the Catholic teaching on contraception, focusing on their understanding of the teaching particularly with regards to women's sexual and reproductive health rights and Catholic women's status in the Church's decision making.

The following chapter will discuss the theoretical framework which will be used in the analysis of data and the methodology of the study.

CHAPTER 4: THEORETICAL FRAMEWORK AND METHODOLOGY

4.1 Introduction

The previous chapter was a review of literature on global reactions and responses to the Catholic teaching on birth control and paid attention to women's reactions and responses. This chapter is a combination of the theoretical framework and the research methodology of the study. The study explores, investigates and seeks to understand the engagement of married African Catholic women with the Catholic teaching on contraception as presented in the papal encyclical *Humanae Vitae*. In doing so, it also questions and investigates African Catholic women theologians' analysis of the Church's teaching on contraception. In order to conduct such a study, an appropriate theoretical framework and methodology is indispensable. As such, this chapter unpacks the theoretical framework and the research methods that will be used to underwrite this study, beginning with the discussion of the theoretical framework and then the research methodology.

4.2 Theoretical Framework

Asher (1984:23) gives the following insight on the theoretical framework:

> The theoretical framework is the structure that can hold or support a theory of a research study. It introduces and describes the theory which explains why the research problem under study exists. The selection of a theory should depend on its appropriateness, ease of application, and explanatory power. A good theory in the social sciences is of value precisely because it fulfils one primary purpose: to explain the meaning, nature, and challenges of a phenomenon.

Sexual ethics is as diverse as human moral norms. It is thus a highly controversial field of study, with its multiple and diverse conceptions on human sexuality and its end. However, despite this diversity, sexual ethics has much to offer in understanding not only human sexuality issues, but human behaviour in general. Sexual ethics deals with various codifications of sexual conduct, and aims at guiding societies to live moral lives. It deals with 'fundamental questions on human sexuality' (Higgins, 1997:1) and with "decisions and values in the area of sexuality and genitality" (Dignity USA, 1969:4). Farley (2006:207) poses some of the fundamental questions to be considered when formulating sexual ethics, for example: 'When is sexual expression appropriate and morally good and just, in a relationship of any kind? With what kind of motives, under what sort of circumstance, in what forms of relationships, do we render our sexual selves to one another in ways that are good, true, right and just?' Some of the human sexuality issues dealt with by sexual ethics

are homosexuality, abortion, reproductive rights, contraception, gender, marriage, and many related issues.

This study examines the Catholic teaching on contraception, and its concerns about women's sexual and reproductive health rights. It focuses on the way gender is orientated in the Catholic Church meaning it determines the relative positions and roles of men and women in the church. This orientation qualifies sexual ethics as a theory to guide this study. In addition, the sexual ethics theory will be invaluable in explaining the gender dynamics in the Catholic Church in order to find out what women think about the church's decision-making, especially on issues that have direct impact on their personal (sexual), health and reproductive challenges.

That having been said, the study uses two sexual ethics theories, one African and one Christian, to explore, investigate and understand African Catholic women's engagement with the Catholic teaching on contraception. The rationale for choosing the two sexual ethics theories is that the study is dealing with women who are African and also Catholic Christians therefore the two theories fit the investigation. The African sexual ethics framework is a stipulative edifice, abstracted from the work of major African ethics scholars. The study uses a well-constructed framework for Christian sexual ethics – the *Just Love Theory* – developed by Margaret Farley (2006). Using these major theoretical frameworks, the hope is to make sense of African Catholic women's understanding of *Humanae Vitae* the Catholic teaching on contraception.

For the African sexual ethics framework, much of the work is from prominent African ethicists, sexuality scholars and African women theologians including Benezet Bujo, Munyaradzi Felix Murove, Isabel Apawo Phiri, Stella Nyanzi , Fulata Moyo and many others. The main arguments of African sexual ethics are that community significance and sex taboos create ethics/norms/ rules of African sex and sexuality, which in most cases have more impact on women's sexual and reproductive health rights than on men. Farley's *Just Love Theory* upholds, at the centre, the principle of justice, which is integral to what she refers to as 'norms of a just sex'.

4.2.1 African Sexual Ethics

There is no readily codified African ethics, yet sexual norms and rights are embedded in a general tapestry of African ethics. Even though Africa is a large and diverse continent with many cultures, despite the diversity there are commonalities found pervading many cultures - human sexuality seems to be one of them. There is a generally common way in which sex and sexuality is understood in Africa. These commonalities, therefore, are the foundations of a unified African sexual ethics, which can be defined as codes of conducts or rules that guide African personal sexual behaviour and practices. However, the creation of a unified sexual ethic is faced by many complexities.

To elaborate the complexity of African sexuality and the challenge to create African sexual ethics, Farley (2006:78) gives three points that describe the complexity: (1) Africa is a huge continent with many countries with different cultures, structures, morality codes, rituals; (2) the complexity is also compounded by the continual migration of African people, from rural to urban areas or other countries, and; (3) the 'three historical experiences that continue to shape sexual mores in Africa - indigenous traditional experience, the experience of colonialism and modern and contemporary experience.' The other influence contributing to the complexity is the continual critique of African sexuality by postcolonial feminists, Christian theologians, and other scholars, which overemphasises the negative aspects – leading to a popular conception of African sexuality as totally bad and perverse.

Sex and sexual behaviour, like many other activities in Africa, is mostly determined by the culture, tradition and values – while it is also largely influenced by modernity and Western forms of colonialism. According to Kayode (1986:51), 'to talk about sex in Africa is not easy because it is still considered in the realm of complete taboo.' However, in as much as this has been a conventional position, this study contends that this perspective on African sex is somehow foreign and misunderstands African culture, which is clearly pervaded by sex and sexual symbolism. Most rituals and art celebrate African sexuality. Ansah (1989:249) puts the 'sexual taboo' issue in perspective in the argument that, sex taboo forms a code of sexual conduct that any deviation from it is deeply detested. The code stipulates time or manner of having sex and also the person with whom one may or may not enter into sexual relationship.

African ethics emerged from an African need for an independent ethics formulated by Africans, shaped by 'traditional indigenous knowledge systems' and free from Western

domination and influence (Murove, 2009:xiv). It is, however, an area of study that is still developing (Murove, 2009:xv). Despite this African need for an independent ethics, studies done on African ethics have shown that the West continues to have an influence on how African ethics is created; one example is in the area of African sexuality. Amadiume (1987:185) contends that with colonialism came western cultures and religions (Christianity), which had 'rigid gender ideologies' which supported gender disparities, strengthening women's subordination and affirming a hierarchy of power in government, church and modern society. These western cultural and religious practices brought by colonialism have had an impact in the formulation of an African sexual ethics and thus contributes to its complexity.

However, despite all the complexities, negatives and challenges of African ethics and African sexuality, there are common and central elements, characteristics and norms found in African ethics and sexuality that contribute to what one can term African sexual ethics. The following sections provide some of the elements and norms of African sex and sexuality which can be codified into a unified African sexual ethics.

Elements /Characteristics of African sexual ethics

The first element of African ethics is communitarianism. Many African scholars agree that community plays an essential role in shaping African sexualities. Bujo (2001:3, 5) asserts that 'the community has a central place in African ethics' and that it is from this prioritisation of community as an essential African ethical element that some norms or rules of African sexual ethics emerge. Murove (2009:95) echoes the same argument when he asserts that in Africa the community creates all 'traditional customs and institutions.' Celibacy (an unmarried life) is also discouraged for the sake of community; for 'one who remains unmarried for life withdraws from solidarity with other human persons' (Bujo, 2001:7). As much as community is the centre of African ethics, marriage is also at its centre. As already mentioned above, within the African culture everyone is expected to marry, and marriage is understood as a 'lifelong relationship', not only between individuals but also different sections of the community (Farley, 2006:82).

Another important element of African sexuality is reproduction or productive efficacy. This underwrites practices such as polygamy, wife-sharing and wife inheritance. Polygamy is still a major institution among African communities and a practice justified because of various

benefits, some which are that it allows for fertility in case the first wife cannot have children. Some also argue that it acts as a remedy for prostitution and adultery for men in cases where wives are abstaining from sex (nursing a child or menstruation period) and adding more help to the family (Farley, 2006:82). Non-productive sex is traditionally frowned upon in many African contexts, and many interventions will be instituted to make sure that sex is productive. It is from the basis of this productive efficacy of sex that important issues such as kinship, inheritance, kingship and chieftaincy are decided.

African norms for sex

As mentioned above, elements/characteristics of African (sexual) ethics produce African norms for sex. There are several norms for sex that can contribute to shaping African sexual ethics:

1. *Sex is for procreation*: One of the primary aims of sex in African cultures is to have children. Married couples are expected to have children. Farley (2006:80) drawing information from several African scholars, notes that in Africa 'fertility rather than sex is at the heart of traditional African sexual ethics' and to die without a child is one of the 'worst deaths'.
2. *Abstinence*: This norm applies to both the married and unmarried, especially to girls and women. Sex is only for the married (Ojo, 2005:4) and premarital sex is condemned (Ansah, 1989:250). All the unmarried are to abstain from having sex and so do women during menstruation or who have just given birth and widows too, not widowers, for a period of time. Traditional healers (men or women) are also to abstain when 'performing their rituals to ensure efficacy' (Familusi, 2012: 5).
3. *Faithfulness*: Women are supposed to be faithful to their husbands and not have extramarital affairs, even though their husbands can engage in sexual intercourse with other women as supported by custom (Akintola, 1999:182). In the African custom there is 'a general assumption that men need more sex than women and that they therefore require more than one sexual partner' (Caldwell and Caldwell cited in Farley, 2006:81). In addition, Caldwell and Caldwel (cited in Farley, 2006:81) assert that in African societies 'sex rules vary along gender lines' and that African men 'hold exclusive sexual rights over their wives, but wives do not expect to have exclusive sexual rights in regard to their husbands' (Nasimiyu Wasike cited in Farley, 2006:81).
4. *Sex is a nocturnal activity*: In the African tradition sex is regarded as a sacred, secret and private affair (Ayantayo, 2002:56); therefore, the activity should take place

during the night if done during the day there can be dire consequences (Abogunrin, 1989:280).

5. *Sex is a communal activity:* This norm is characterised by the importance of traditional marriages and that an African women is married to the whole community not only to her husband or immediate family (Farley 2006)
6. *Sex is the highest ritual:* There are several ritual and ceremonial events where sex is used to perform rituals. The sexual activity (actual or symbolic) can occur at the beginning or end of a ritual (Mbiti, 1976:146). Some of the events are funerals (at the death of a child, parents engage in sex to replace the dead child) (Nyanzi in Tamale, 2011: 324); when a child gets married, or develops a tooth (Farley, 2006:80).
7. *Sex for male pleasure*: Most of the initiation rituals (female circumcision- traditional cutting or/and sewing of women's sexual organs) women go through are preparations for marriage and have the purpose to please men during sex (Phiri, 2003:11).

The combination of African sex elements and norms creates what can be regarded as the African sexual ethics. All the norms are to be observed in view of sex as a communal and reproductive act. This conception of sex and human sexuality may depart significantly from the Westepr Christian perspective.

4.2.2 Farley's *Just Love Theory*

In as much as there are various and multiple types of sexual ethics theories, there are also multiple Christian sexual ethics theories. Catholic sexual ethics might not be the same as Anglican sexual ethics. This shows how complex Christian sexual ethics theories can be. However, this study uses a Christian sexual ethic which has at its centre justice as a sexual ethics principle. Farley's Christian sexual ethics the *Just Love Theory* is a theory based on the principles of justice (Farley, 2006:xii). Farley contends that the Christian sexual ethics she offers is 'contextualised differently and give significance to norms such as faithfulness, forgiveness, hope, loving kindness and patience for relevant Christian communities and sexual relationships' (Farley, 2006:241). While this theory offers a comprehensive overview of human sexuality, this study will engage with two aspects; 'sexuality and its meanings' and 'just sex'.

In 'sexuality and its meanings', Farley (2006:160) argues that 'sex and sexuality is socially and historically constructed. Hence experiences of sex and sexuality will vary not only from individual to individual but in significant ways from culture to culture across time.' From this

argument, Farley is of the view that there is not one universal experience of sex and sexuality; this then implies that justice has a variety of meanings and experiences. Along the same line of argument, Farley (2006:162-164) asserts that there are many elements found in sexual experiences. Some of these elements are embodiment (sex and sexuality is embodied in multiple ways for example phone sex, genital sex… and this varies according to culture), emotions (diverse feelings and emotions in sex can include pleasure and pain, joy and sadness, peacefulness and anger, a sense of well-being and a sense of shame), pleasure (the key component and the reason why sexual activity can be desired even though not all traditions agree on this), language and communication (to articulate desire for fruitfulness or pleasure) and power (sex makes one exercise power over another and conforms to certain values). In laying out the multiple elements of sexual experiences, Farley contends that sexual justice is found in various ways and that procreation, though an element of sex, is not the only aim and goal.

In the 'just love' dimension, Farley proposes 'a framework that is not justice and love, but justice in loving and in the actions that flow from that love.' (Farley, 2006:207). To further elaborate what just sex is, Farley (2006:216-229) proposes seven features/characteristics which she says "are all part of justice". The following are the seven norms which form the integral part of the *Just Love Theory* and are used as a framework for this study:

1. *Do No Unjust Harm*: This include physical, psychological, spiritual and relational harm. This is significant in sex and sexuality in that it deals with potential sexual vulnerabilities which can be caused by the desire for sexual pleasure or power (Farley, 2006:216).
2. *Free Consent*: This entails respecting one's right to make preferable choices (freedom of choice) and respecting one's privacy (bodily integrity) (Farley, 2006:218).
3. *Mutuality*: An understanding that both men and women's reproductive organs are sexually active and receptive rather than the understanding which regards women as passive (Farley, 2006:220).
4. *Equality*: Just sex implies that there are equal power relations between partners 'and hence unequal vulnerability, dependence and limitation of options' (Farley, 2006:223).
5. *Commitmen*t: This means to be responsible and accepting of any kind of sexual outcome and not narrowing the outcome to procreation only. This also includes

commitment to doing no harm, allowing free consent, mutuality and equality in sexual relationships (Farley, 2006:223-224).

6. *Fruitfulness*: An understanding that fruitfulness means several things not just procreation and that for sex to be just 'procreation must be within a context that assures responsible care of offspring' (Farley, 2006:226).
7. *Social Justice*: This involves respect of one's autonomy as sexual beings whether married or single in communities (Farley, 2006:228).

This study will therefore use the communitarian concept of African sexual ethics and the liberal and just interpretation of the *Just Love Theory* as a framework for explaining African Catholic women's understanding of the Catholic teaching on contraception. While African, this study appreciates that most women who participated in the study have been influenced greatly by intersectional experiences of Catholic religion (Catholic) and education, hence the comprehensive framework of sexual ethics.

4.2.3 Relevance to present study

The two sexual ethics theories were chosen because of their relevance to different aspects of this study. Both African sexual ethics and Christian sexual ethics theories will be invaluable in explaining from which kind of sexual ethic the married African Catholic women draw their understanding of the teaching on contraception in *Humanae Vitae.* The norms for African sex will be used to investigate what in the teaching coincides or does not coincide with African sexual ethics and how the women perceive this with regard to their sexual and reproductive health rights. An example is that while the Catholic teaching states that 'No one but God has complete power and control over one's body particularly one's sexual functionalities which are meant by nature to be for producing children who come from God' (*Humanae Vitae,* 13*),* the African sexual norm gives this power to the men as mentioned above that 'African men have exclusive sexual rights over their wives…' (Farley, 2006:81). The question to be investigated is: from which ethic do the women base their understanding and opinions?

Another aspect in which African sexual ethics will be relevant for this study's analysis is the issue of gender, having pointed out above that in African tradition rules for sex are created along gender lines, which as evidenced above give men privileges, rather than women. The question will be how much influence from the African perspective do women use to

understand the gender orientations, which are the positions and roles of men and women and dynamics in the Catholic Church, and how much they take in or take away to create space to contribute to the church's decision making especially regarding teachings that directly affect their sexual and reproductive health. These are some of the aspects which point to the relevance of the African sexual ethics theory to this study.

Farley's *Just Love* and Christian sexual ethics will, be used toinvestigate whether married African Catholic women uphold justice as a major principle in their understanding of sex and of the Catholic teaching on contraception. In addition, Farley 's *Just Love theory* will be invaluable in finding out whether these women consider justice as part of consideration of women's sexual and reproductive health rights.

4.3 Research methodology

4.3.1 Position of Researcher

This section demonstrates the methods used for this study to produce and analyse data. My ontological and epistemological position in this study was based on a feminist approach and paradigm. As a feminist, Catholic and also prospective gender ethicist, I use a Catholic feminist sexual ethics lens to engage in my research**.**

4.3.2 Design of the Study

This was an exploratory study using a qualitative research method. Creswell (1994) posits that a qualitative methodology 'is a broad approach in social science which is aimed at understanding a particular social situation, event, group or interaction.' The study explores and investigates the perceptions of married African Catholic women's understanding of the Catholic Church's teaching on contraception (*Humanae Vitae*) in the light of women's sexual and reproductive health rights and gender orientation with regards to the Church's decision making processes.

4.3.3 Target Population and Sampling

Purposive sampling was used to select participants for this research. Babbie (1990:97) describes purposive sampling as selecting a sample 'on the basis of your own knowledge of the population, its elements and nature of your research'. Marshall and Rossman (1999:72) have pointed out that researches should "be always mindful of the need to retain flexibility" when choosing and deciding on sampling methods. For this study seven married African

Catholic women were sampled as participants. The aim and focus of the study was to understand how married African Catholic women engage with the church's teaching on contraception; therefore, only women and not couples or men were sampled. There was no age limitation or age choice for this study.

The research was conducted with married African Catholic women who attend church services at Emaphethelweni, a Roman Catholic community for Dominican brothers and priests in Pietermaritzburg. The participants were students at the University of KwaZulu-Natal and members of ACTS (Association of Catholic Tertiary Students). To select the women, personal contacts were made after church services with women who had already been identified as married because they attend church services together with their families, that is husbands and children. Making an announcement in church was considered inappropriate because the nature of this study involved sexuality, a sensitive topic which would have made people uncomfortable and maybe unwilling to participate.

The criteria which were used to choose the participants was through personal approach and inviting those who came from a particular African country and not to take two or three from the same country. Considering the fact that some of the women might not have been aware of the Catholic teaching on contraception or had little knowledge about the teaching, a simplified summary was prepared for all the participants and some selected quotes provided in simple and understandable language which were used to reflect on in order to respond to the study questions. This, however was done as a courtesy since all the participants were university students capable of understanding even difficult English (See appendix 3). Cochrane (1953:2) asserts that "using correct sampling methods allows researchers the ability to reduce research costs, conduct research more efficiently and provide greater accuracy." The rationale behind this sampling was that even though the encyclical was written for all Catholics it had a special focus on married Catholics.

4.3.4 Data Production

The data was produced from two sessions, a 90 minutes guided reflection session and seven one hour individual interviews. In the guided reflection session, the women sat, read and reflected on the selected quotes provided from the encyclical. In this session the data was produced from the women's individual responses to the reflection questions formulated from

the selected quotes. Answer sheets were provided to write on but the women preferred to type their responses using their laptops and emailed them to me. For the individual interviews, some questions were prepared and the sessions were scheduled by individual contacts through WhatsApp. The seven interviews were conducted in five days, three were done within a day meeting at different times with three of the women; the other four also were conducted in four days at different times which suited the participants' schedules. All the interviews took place on the campus of the University of KwaZulu-Natal. From the interviews, data was produced from the women's responses transcribed during the interviews.

4.3.5 Data Analysis

Mouton (1996:85) describes data analysis as a process of bringing order, structure and meaning to the mass of collected data. In this study thematic content analysis was used for the qualitative data gathered through the two methods, guided reflection questions and individual interviews. Anderson (2007:1) describes thematic content analysis as a 'descriptive presentation of qualitative data which is theoretically flexible and suits questions related to people's experiences, views and perceptions.' This study aimed at learning and understanding the perceptions of married African Catholic women on the Catholic teaching on contraception and therefore this method of data analysis was appropriate. There are two components to the process of thematic content analysis, the mechanical whereby the researcher physically organizes and subdivides the data into categories and the interpretative component whereby the researcher determines meaningful categories in terms of the questions being asked (Searle, Krippendorf, Millward cited in Altawil, 2008:193). The advantage of using thematic content analysis is that using themes helps to capture something important about the data in relation with the research questions and at the same time provides meaning within the data set (Braun & Clarke cited in Altawil, 2008:193). This was a helpful strategy to utilize during the analysis as themes emerged which were appropriate and aligned to the study research questions and objectives.

4.3.6 Ethical Considerations

Permission to conduct this research and a gatekeeper's letter was granted by Father Mark James OP, the Chaplain priest of the Association of Catholic Tertiary Students (ACTS) at the University of KwaZulu-Natal to ensure that it was the right manner to conduct such a study with the married African Catholic women who are also students and members of ACTS (See

appendix 4). When approaching the women, assurance was given that their participation would be highly confidential, their names would not be used but pseudo or code names would be used and that they had the right to withdraw from participating if they wished to. This assurance of confidentiality, use of pseudo names and the right to withdraw was also included in the participant's invitation and information letter (See appendix 1). Clarity was to be given and it was emphasised when approaching and speaking to the women that this research was about their opinion on the church document; therefore, they would not be coerced or pressurised to share or speak about their sexual lives and experiences if they did not feel the need to do so. All that was promised to ensure confidentiality for participation in the study was fulfilled.

4.4 Conclusion

This chapter presented the theoretical framework underwriting the study and the methods utilised for the study. The two sexual ethics theories, African and Christian, were thoroughly unpacked and analytically explained on how they will be used in the study. In the same chapter the methods used for the study were presented showing how the study made use of the qualitative empirical methodology. The following chapter presents the analysis of research findings conducted for this study.

CHAPTER 5: AFRICAN MARRIED CATHOLIC WOMEN'S ENGAGEMENT WITH *HUMANAE VITAE*

5.1 Introduction

The previous chapter combined the theoretical framework used in this study and the research methodology of the study. This chapter will focus on the research findings of the study on the engagement of *Humanae Vitae*, the Catholic teaching on contraception, with seven married African Catholic women, who are wives, mothers and also postgraduate students at the University of KwaZulu–Natal in Pietermaritzburg, South Africa. The names used for the participants are pseudo names, for the participants did not want their names disclosed and for confidentiality. Also included in this chapter is the theoretical analysis of the findings using two sexual ethics theories: African sexual ethics and the Christian sexual ethics theory of Just Love formulated by Margaret Farley, a Catholic nun, feminist and ethicist.

5.2 Results

Table 5.1 Biographical information of participants

Pseudo Names	Country of participant	Number of years married	Number of children	Knowledge of H.V before study	Catholic born/Convert
Azuka	Nigeria	Six	Three	Yes	Born Catholic
Chantal	Congo	Five	Three	No	Converted
Enhle	South Africa	Fifteen	Seven	Yes	Born Catholic
Mwayi	Malawi	Four	Two	No	Born Catholic
Marie	Rwanda	Three	Two	No	Born Catholic
Rebekah	Zambia	Two	One	Yes	Born Catholic
Kundai	Zimbabwe	Two	One	No	Converted

5.3Emerging Themes

5.3.1 Serious Marital and Social Consequences of Sex Denial

While the Catholic Church teaches that contraception has negative consequences to married life and to society such as infidelity between couples, disrespect and mistreatment of women by men, immoral societies (*Humanae Vitae* .17), married African Catholic women understand this Church teaching as a cause of marital and social consequences that affect women. The Catholic teaching on birth control states that every sexual act should be with the intention of having a child; if the couples feel the need to space their children, they can resort to periodic abstinence (*Humanae Vitae.* 12*;* 16*)*. It is from this teaching that married African Catholic women argue that the teaching promotes denying men sex which has marital and social

consequences for married African women. The women raised issues of male sexual dominance and male sexual demand by African men within African marriages and the consequences that arise out of the unmet male sexual satisfaction, not only from the husband but from the in-laws. Pointing to how African men's sexual dominance and demands make it difficult for married African Catholic women to commit to the Catholic teaching on birth control, or even negotiate with their husband on the matter, Azuka (Nigerian) said:

> *No matter how much we can want this, when it comes to sex you cannot stop a man who paid lobola for you, no matter how devoutly Catholic you are. African men always demand sex, it doesn't matter and they do not care whether it's during your infertile or fertile period.*

Echoing the same view, and stating how difficult it is to use natural family planning as the Catholic teaching advocates, with a husband who only cares about his sexual needs since he paid the bride-price, Mwayi from Malawi says, '*I cannot tell amuna anga (my husband) that I am waiting for when I won't get pregnant; it will be war in that house.'* Showing how the marital consequences of denying African men sex extend to social consequences, the women express their fear of being rejected by husbands, families, in-laws and the community for not fulfilling wifely duties of satisfying the men sexually. Rebekah (Zambian) lamented:

> *Natural is always the best, I am all for natural family planning methods if I was able to. As a wife I cannot deprive my husband of sex; this has serious consequences with the family if the husband reports to the aunts and the village elders; this does not work for the marriage*.

Applying the two sexual ethical theories to this analysis, married African Catholic women seem to have been drawing their understanding of the Catholic teaching on contraception from African sexual ethics. The understanding and fear that the Catholic teaching on contraception can cause marital and social consequences might have emerged from understanding of the African sex norms that, within African marriages 'sex is for male pleasure' (Phiri, 2003:11) and that African men need sex more than women (Caldwell & Caldwell cited in Farley,2006:81). Therefore, employing periodic abstinence (*Humanae Vitae* .11*)* does not work as it might be regarded as denying men sex. In this line of understanding is where Farley's Just Love, Christian sexual ethics would argue for mutuality between couples, on the understanding that both men and women's reproductive organs are sexually active and receptive rather than the understanding which regards women as passive (Farley, 2006:220). From the women's responses, however, this aspect of mutuality did not seem to

matter. What appeared to matter in this understanding is the communitarian concept of African sexual ethics whereby sex is understood as a '*communal activity*' in which 'traditional marriages especially the practice of bride-price signals that a woman is married not only to her husband but to the family and community'(Bujo, 2001:85).Therefore any sexual matter that arises within the marriage has to be reported to the family and community in order to be solved; hence the fear of the married African Catholic women to breach these norms. This, however, does not coincide with Farley's *Just Love* and Christian sexual ethics which is against 'power inequalities, unequal vulnerability, dependence and limitation of options' between partners who are supposed to be equal partners (Farley, 2006:223). According to the married African Catholic women the issue was how the Catholic teaching on contraception causes them to deprive men of sex, which for them was abiding by the African custom of marriage and they did not view it as a form of inequality.

These three aspects of Catholic teaching on birth control that *'every sexual act must intend to have a child'* (*Humanae Vitae* .11), *'couples have to engage in sex only during a women's infertile days if they want to space the children' (Humane Vitae* .16) *and that 'only natural family planning method is permissible* (*Humanae Vitae.*16)*'* were understood in a hateful way by the married African Catholic women because they seem to depart significantly from the African sex norms and to cause serious marital and social consequences if adhered to. According to married African Catholic women, the teaching has not taken into considerations any cultural sex norms of the community involved which make it complicated for cultures like those of Africa that have their own sexual norms.

5.3.2Unfaithfulness Is Not the Issue

Building up from the previous theme, married African Catholic women's reflections on the Catholic Church's teaching that artificial contraceptives have marital and social consequences leading to 'unfaithfulness in marriages, immoral societies, men disrespecting women and treating them as instruments which they can use anytime and couples thinking they have complete autonomy over their bodies'; (*Humanae Vitae.*17), show a different and opposing understanding. According to their understanding the real issue is not about contraceptive consequences of using artificial birth control methods, since both methods natural and artificial family planning have consequences. In her response Mwayi (Malawian) makes the connection to what emerged as consequences in the first theme because of relying on periodic abstinence (a natural family planning method) and that of using artificial family planning

(leading to unfaithfulness as according to *Humanae Vitae*) and argued that neither method is better than the other. She pointed out that:

> *Both methods have consequences. This issue of waiting to have sex until the infertile period is one consequence, men cheating because they can use condom is a consequence, getting in trouble with your family for refusing your husband sex, a woman can actually be sent back home, divorced, another consequence.*

The women shared that since African married men's unfaithfulness is justified by African culture and tradition, the Catholic teaching that artificial contraceptives cause unfaithfulness between couples is not an issue to be worried about. Pointing out to the justification of African men's unfaithfulness and dismissing contraceptives as the main cause of unfaithfulness Chantal (Congolese) stated that:

> *I have many friends here and in Congo who have husbands who have children with other mistresses outside of marriage, therefore the first warning on unfaithfulness is true but it is not the reason of contraceptives only it is the normal thing supported by African culture… to get children outside is saluted.*

From most of the women's reflections on the consequences of contraceptives I came to the conviction that they understand both methods (artificial and natural) as having consequences but mostly natural family planning as less reliable and less convenient as they reflect on the number of illegitimate children their husbands have outside of marriage. Marie (Rwandan) expressed this saying:

> *Men will always cheat, it's like their second nature, it's not an issue of having contraceptives as a pass to cheat, no these things always happen. Surprises always come to families of kids born outside, so consequences yes are there because of contraceptive but that's not the real issue.*

Applying the two sexual theories to married African Catholic women's understanding of the Catholic teaching on the consequences of contraceptives, it appears that their perceptions were guided by two African sex norms, abstinence and faithfulness. According to African sex ethics, only women, whether married or unmarried, abstain from sex, and only women are called to be faithful within a marriage. This is supported by the fact that within African marriages women abstain from sex during menstruation or when they have just given birth and still nursing the child (Familusi, 2012:5). African men, however, are not expected to abstain from sex and therefore are allowed by African custom to engage in sexual intercourse with other women, even outside their marriage (Akintola, 1999:182). It is from this African cultural knowledge and understanding of sex that married African Catholic women argue that

whether or not contraceptives cause unfaithfulness in marriages, which the Catholic teaching on contraception argues it does, it is not an issue since male unfaithfulness is justified anyway by African marriage customs even though they (women) are expected to remain faithful to their husbands no matter the circumstances (Akintola, 1999:182). Caldwell and Caldwell (cited in Farley, 2006:81) posit that this justification of male unfaithfulness by African sexual ethics is from the assumption that 'men need more sex than women therefore require more than one sexual partner' (Caldwell &Caldwell cited in Farley, 2006:81) and most African women as reflected by the married African Catholic women's responses seem in their understanding of African marriage customs to justify and not challenge such an assumption.

In Farley's *Just Love* and Christian sexual ethics such a kind of understanding of sex will be regarded as a lack of equality, mutuality, commitment, free consent and faithfulness (Farley,2006). Diverting from both the Catholic teaching on contraception and African sexual ethics' understanding of faithfulness, Farley's *Just Love*, Christian sexual ethics argues that faithfulness can mean several things, not just procreation as the Catholic teaching on contraception would argue and not just female faithfulness as African sexual ethics requires. From the study, however, the women seemed to focus only on African sexual ethics' understanding of faithfulness in their dismissal of the Catholic teaching on contraception that contraceptives cause unfaithfulness in marriages.

It was interesting to realise, however, that of all the concerns regarding contraceptives raised by the married African Catholic women only one participant, Kundai (Zimbabwean), raised concerns about the high risks of HIV and AIDS in reference to the Church's prohibition of contraceptives. She argued that '*contraception will not hinder unfaithfulness at all, but would rather promote spread of diseases such as HIV and AIDS';* yet, as according to the literature reviewed in the study, HIV and AIDS risks for not using contraceptives is one of the main concerns raised by African bishops such as Kevin Dowling of South Africa and by the Circle of Concerned African women theologians whose work is primarily to challenge both religious and cultural traditions that oppress women and make women vulnerable to HIV and AIDS(Phiri, 2003:16) .Does this mean that married African women are less concerned about HIV and AIDS and more about African men's sexual needs? That is a question for further research.

5.3.3 Choice Matters

The study was interested to find out from the married Catholic women's understanding of *Humanae Vitae* whether or not the Catholic teaching on contraception guides or safeguards women's sexual and reproductive health rights. There were three different responses from the women's reflections: those who *certainly disagreed*, those who were *uncertain /unclear* and one who *certainly agreed* that the teaching of *Humanae Vitae* guides and safeguards women's sexual and reproductive health rights.

The Certainly Disagreed Group

Among the seven participants were three who were convinced that the Catholic teaching does not address women's sexual and reproductive health rights. These comprised the *certainly disagreed* group. Their argument was based on the understanding that *Humanae Vitae* fails to give women options and choices to choose the methods of birth control that work for them and that maintain and enhance their sexual and reproductive health. Rebekah (Zambian), certainly disagreeing and stressing the importance of choice, said:

> *Rights come with choice and freedom and Humanae Vitae come with no choice, no freedom, it says all women use natural family planning, is that giving women choices, freedom, talk about sexual and reproductive rights? It's not there.*

Sharing the same concern about rights and choices and how women have different sexual and reproductive health needs and therefore need various options, Azuka (Nigerian) brings in an interesting understanding, that men are the ones who should be the first to be accountable and responsible for safeguarding women's sexual and reproductive health rights. This is how she expressed her thoughts:

> *I personally think women's sexual and reproductive health rights are safeguarded first by your husband because he is the one whose actions can violate or respect them. How the Church or the state can safeguard these rights is by giving women choices, to use what works for them. In this teaching are no choices or options, or the freedom for women to choose what's best for their sexual and reproductive health. No choice yet women have different sexual and reproductive health needs; we don't all have the same problem which can be solved by NFP.*

Another concern raised by married African Catholic women about *Humanae Vitae* regarding women's sexual and reproductive health rights was its failure to see women as victims in the HIV and AIDS era. According to the married African Catholic women's understanding,

contraceptives help women to exercise their sexual and reproductive health rights through making informed choices about their fertility (Department of Health [South Africa], 2012:4). *Humanae Vitae* therefore, by opposing contraceptives, denies women their sexual and reproductive health rights. Kundai (Zimbabwean) expressed her disregard of the Catholic teaching on contraception and her fear of its promoting the increase of HIV and AIDS which affect mostly women and from that understanding emphasized that:

> *All these principles are placing the woman's sexual and reproductive rights on the line, meaning the woman will have no right to reduce her risk of contracting HIV by using any artificial birth control such as condoms. But looking at the HIV epidemic in the world we are living in, it is an unfair risk to take especially if there are suspicions of unfaithfulness in the marriage.*

The Uncertain/Unclear /Maybe Group

There were some responses which showed that the participants were not sure whether *Humanae Vitae* has concern for women's sexual and reproductive health rights or not. I have named this group the uncertain/unclear/maybes. The following were some of the responses from this group:

> *The Church might have intended it to be a guide but it is not, the teaching does not really address women's sexual and reproductive health rights. (Mwayi from Malawi).*

Also uncertain but also bringing in the essentiality of choice when talking about sexual and reproductive health rights, Rebekah (Zambian) said:

> *About women's sexual and reproductive health rights, I do not see how that is captured in this teaching, it's unclear. Well they might be safeguarded, but I think only those couples who follow and commit to this teaching together. I don't see also how in this teaching this is well articulated., We stop using contraceptives yes but what does having sexual and reproductive health rights mean, isn't it about having freedom and choice and here we a basically told what we should or should not do. For AIDS also this teaching does not really help especially with women here in SA.*

Echoing Rebekah Zambian)'s view that safeguarding women's sexual and reproductive health rights has got nothing to do with what method of contraception is used or acceptable, Mwayi (Malawian) added: '*promoting natural family planning does not ensure that women's sexual and reproductive health rights are safeguarded.'*

Certainly agree.

Out of the seven participants only one responded with conviction that the Catholic teaching on contraception in *Humanae Vitae* is fully concerned and addresses women's sexual and reproductive health rights and needs. She strongly asserted that:

> *Of course the teaching is a guide to improving women's sexual and reproductive health rights. It guides women about when to have sex and when to have a child which is good for their sexual and reproductive health. It is also women's sexual and reproductive rights to be guided on these issues. Encouraging natural family planning is also part of guiding women's sexual and reproductive health rights (Enhle, South African).*

Aligning all the responses from the three groups with the sexual ethics theories underwriting the study it was clear that the participants, unlike in the previous discussions, were not basing their understanding and arguments on African sexual ethics but rather on Farley's *Just Love*, Christian sexual ethics. According to married African Catholic women's responses, choice and freedom emerged as the important aspects in their understanding of what women's sexual and reproductive health rights means. African sexual ethics did not fit as a positive theory in this understanding since sexual rights only seem to favour males at the expense of women as clearly stated by Nasimiyu Wasike (cited in Farley, 2006:81), that 'Husbands hold exclusive sexual rights over their wives, but wives can ordinarily not expect to have exclusive sexual rights in regard to their husbands.' From this view Farley's *Just Love*, Christian sexual ethics would argue for the idea of free consent which entails respecting one's right to make preferable choices (freedom of choice) (Farley,2006:218) and equality, that is having equal power relations as couples and having a sexual relationship based on justice in loving (Farley,2006:223).

A study conducted with African men from Zambia, Ghana, Namibia and Uganda on their perceptions of contraception showed that most African men disapprove of female contraception on the understanding that it takes away men's control over their wives' sexual and reproductive organs (Do & Kurimoto, 2012:24-25), which could explain why according to African sexual ethics women are denied not only their sexual rights but also their husbands'. From this analysis the study concluded that according to the married African Catholic women, the Catholic teaching on contraception does not address sufficiently women's sexual and reproductive health rights and that Farley's *Just Love*, Christian sexual ethics was the basis of the women's understanding and a guide to married African Catholic women's aspirations of reclaiming their sexual and reproductive health rights.

5.3.4 Aspirations of Sidelined Minds

Catholic women, married or unmarried, no matter how educated and competent they are, do not form part of the Church's decision making structures in significant ways. The study wanted to learn and understand married African Catholic women's perceptions regarding the role and status of Catholic women, especially African Catholic women, and how that might influence decision making of teachings like *Humanae Vitae*, a teaching that affects mostly women and women's health. When asked about the role and status of Catholic women in the Church most of the women's responses pointed to gender inequality for Catholic women's full recognition in the Church's decision making. The majority of the participants pointed out the efforts and willingness Catholic women put into being involved in the Church's decision making despite the Church's hierarchy's continual ignorance of the women's plea. Pointing to how Catholic women are allowed to participate, speak but not decide, Ehle (South African), a spiritual director and theologian among the participants, attested that:

> *I am a spiritual director, was trained by the Jesuits, I also studied a bit of theology. I participate in the church that's the power I have, but not in the Church's decision making that is for the magisterium. No matter how vocal Catholic women are about this now. Women can be allowed to speak their minds but when it comes to decision making, our minds are sidelined.*

Other responses seemed to show that Catholic women theologians, feminists and nuns had a better chance of being recognised only in terms of participation and speaking out but not making decisions just as ordinary Catholic lay women. Expressing this feeling Marie (a Rwandan and ordinary lay Catholic woman) said, '*The Catholic Church can never be ruled by women it seems. Maybe feminists and theologians can be listened to but won't be able to make the decision, if you are just an ordinary African woman, it is difficult.'* Resonating with Marie's thought, Rebekah (Zambian) declared; '*We have powerful women in the Catholic Church but there is just no platform for them to get to the top.'* Placing the two sexual theories on the married African Catholic women's perceptions of gender dynamics in the Catholic Church, Farley's *Just Love* and Christian sexual ethics seem to take precedence in the women's understanding. They understand the Catholic Church's positioning of women as gender inequality and hence advocate for equality in which there are equal power relations and social justice in which one's autonomy, whether male or female, is respected, two of Farley's Just love sexual norms. African sexual ethics did not seem to fit in the married African Catholic women's understanding of the Catholic Church's gender inequality since it privileges men on issues of gender and sex. Within the African tradition women do not make

decisions with men or for men; therefore, Catholic women's fight for recognition in decision making would not be acceptable by the African cultural tradition norms, a position similar to the Catholic Church's.

Married African Catholic women's perceptions of the gender orientations of the Catholic Church, and the position of Catholic women in this orientation, are supported by literature on Catholic women and decision making. A recent publication, *Catholic Women Speak: Bringing Our Gifts to the Table* by the Catholic Women Network (2015), is an example of Catholic women's initiative to be part of the Church's decision making. Lucetta Scaraffia, one of the forty-three contributors to the book, argued that the Church's voice is to be heard, women must share the work of proclamation' (National Catholic Reporter, 2015). This therefore points to the fact that teachings such as *Humanae Vitae* that have more impact of women's sexual and reproductive health rights need women's voices and opinions on the subject.

The need to have women in decision making as women representatives emerged from the study when, from the face to face interviews, five out of the seven interviewees shared that they would be comfortable discussing marriage and sex issues with women rather than with priests, arguing that as a woman they would understand the female language. One of the participants (Rebekah, Zambian) during the interview expressed this need. Even though Marie's (Rwandan) response to the role and status of Catholic women seemed to have stressed that Catholic women theologians, feminists and nuns stood a better chance of being recognised as part of the Church decision makers than ordinary lay Catholic women, when questioned on what they could have contributed as ordinary married African Catholic women supposing they had been present when *Humanae Vitae* was being drafted , six of them had interesting contributions while one did not respond to the questions. The following are the suggestions and contributions of the six participants. Chantal (Congolese) said:

> *I was going to point out how this teaching promotes women suffering and so warn the Church about it.*

While that was Chantal's suggestion, Azuka (Nigerian) said:

> *I was going to argue that different methods work for different people therefore having one method would not be fair and would not work. I was going to yes emphasise on procreation and natural family planning but leave options for those who cannot manage NFP).*

Mwayi (Malawian) similarly states that:

> *I was going to tell them how much African women and every woman needs contraceptives at one stage in their lives. I would tell the Church authority that, it is not that all women want to use contraceptives but it is a need, not a want but a need. Women use contraceptives out of need not out of want.*

On a slightly different understanding, Rebekah suggested that:

> *I was going to suggest that the teaching be made flexible for everyone, men, women, youths, everyone. By flexible I mean that, the teaching accommodates those who can reproduce and those who can't and also gays and our youths because sexuality issues also affect them, so to target married couples only was not wise enough. Flexible yet remain moral that's what I would contribute.*

Concerned about health and the need for contraceptives Marie (Rwandan) said that:

> *I would have advocated for contraception consideration especially for health reasons (Marie, Rwandan).*

More positive and in support of the Catholic teaching on contraception Enhle (South African) asserted that:

> *I would have supported the Church's decision on the matter and add that the Church need to find stricter ways of dealing with Catholic married couples who disobey the teaching because as it is many married Catholics get away with such disobedience.*

The sexual ethics that would apply to these responses is Farley's *Just Love* and Christian sexual ethics which takes into consideration gender equality and social justice to promote gender justice within the Catholic Church that will take full consideration of women and make women's sexual and reproductive health rights a major priority when formulating Church teaching such as *Humanae Vitae* .

5.3.5 A Clash Between Two Traditions

The three themes explained above responded to the research questions and the objectives of the study. However, after considering the women's responses the study found there emerged an over-arching theme which showed a clash of traditions or rather conflicts of interests between being a Catholic and an African married woman in understanding Church teachings such as *Humanae Vitae.*

Looking at the married African Catholic women's engagement with *Humanae Vitae* it was not easy to categorise them. For example Hasson & Hill 's (2012) study with North American

Catholic women came up with 'the faithful (who fully accepted the teaching), the soft middle (who accepts parts of the teaching but not all the teaching and are open to learn more), and the dissenters (who completely rejected the church's teaching.' In this study the women portrayed an understanding of the teaching that I can call a dilemma of cultures/traditions whereby they felt obligated to honour both traditions; yet in both cultures there were some aspects they did not agree with. There were responses which showed that in some aspects of the teaching the women were at the same level and shared the same understanding but in some it was as if there were opposing views. The following are some responses from participants which can show the clash between the Catholic and African tradition and which may also be regarded as cultural dilemmas. Some of the women's responses which reflect the clashes and cultural dilemmas were responding to the question of the Church's main teaching in the encyclical that 'each and every marital act must of necessity retain its intrinsic relationship to the procreation of human life' (*Humanae Vitae* 12), Mwayi (Malawian) responded by saying, '*Long gone are the days when all that matters in African marriages was the ability to have children, things are different'* but responding to another question on whether the teaching appealed to her, the same participant says;

> *It is not a bad teaching at all, because as a married woman you are expected by culture, society to have children, it strengthens the marriage and makes you a well-respected woman. Most of our African cultures if a woman is barren, she is regarded as an outcast, unimportant and in my culture for example the more children I have the more respect.*

Mwayi's (Malawian) responses are examples of a conflicting understanding of the teaching. Mwayi's responses showed that she drew her understanding of the teaching on contraception from the two sexual ethics, Farley's *Just Love* and Christian sexual ethics which is liberal and from African sexual ethics which emphasises community. Another participant, Rebekah (Zambian) directly pointed out the difficulty she faced in trying to understand the teaching of *Humanae Vita*e because of her honour for both traditions. She said:

> *The difficulty is not knowing what really to do especially for some of us who are strong Catholics, want to respect the Church but also to respect my family, my husband especially so at the end of the day its confusion.*

The same dilemma of culture was reflected in some of the responses to the role and status of Catholic women in the Catholic Church and decision making. It was not clear whether the participants' responses were apologetic or resigned. While Chantal (Congolese) said:

> *There is no such thing as a woman making decision in the Church same like in our culture a woman cannot stand in front of men and make decision or make the decision with men it shows disrespect and disloyal.*

Azuka (Nigerian) said:

> *Worse in Africa, it will be difficult, our culture places women under men always and it's normal, and the Church will always take advantage of that.*

Another conflict of interest that emerged was that from the married African women's understanding of *Humanae Vitae*, the importance of fulfilling African men's sexual needs came out strongly yet as most African sexual ethicists and scholars argued that 'fertility rather than sex is at the heart of African sexual ethics' (Bujo, 2001).This echoes the Catholic teaching on contraception which states that the main purpose of marriage is procreation and union between married couples (*Humanae Vitae.*12). This analysis has therefore pointed to the complexity of having to adhere to the teaching of two cultures which sometimes has clashing expectations and norms as reflected by the married African Catholic women in this study.

5.4 General Discussion.

Humanae Vitae is not a well-known teaching among African Catholic women. For this study three out of the seven participants had little knowledge of it, whereas four had not heard about it before participating in this study. It was tempting to assume that only women who convert to Catholicism will have little or no knowledge of the Catholic teaching on birth control but as the study demonstrated, even the women born as Catholics still had no knowledge of the teaching of *Humanae Vitae*. Married African Catholic women's engagement with *Humanae Vitae* also showed how this encyclical is opposed to most of the African sex norms and African sexual ethics in general.

Looking at the emerging themes that came up from the women's responses and the application of the two sexual ethics theories, Farley's *Just Love* and Christian sexual ethics and African sexual ethics, the study found that there was a balance in how the sexual norms from both sexual theories appeared in the women's responses to the understanding of the Catholic teaching on contraception. In the first two themes, marital and social consequences of sex denial and unfaithfulness is not an issue; for example the women largely drew their understanding from African sexual ethics based on these African sex norms, abstinence (Ojo,2005:4), faithfulness (Akintola,1999:184), sex as a community activity (Farley,2006)

and sex as an activity for male pleasure (Phiri,2003:11). For the following themes, choice matters and aspirations of sidelined minds, the women drew their understanding of the teaching regarding how the teaching addresses women's sexual and reproductive health rights and how gender is oriented in the Catholic Church from Farley's *Just Love* and Christian sexual ethics. Five out of the seven Just Love norms appeared in the women's responses. These are equality (2006:223), mutuality (2006:220), commitment (2006:223-224), free consent (2006:218) and social justice (2006:228). In this regard the women's responses reflected a need for gender justice and the liberation of Catholic women from being excluded in the Church's decision making, especially in the formation of teachings such as *Humanae Vitae* that largely women's sexual and reproductive health and rights.

The women's responses reflected in the fifth theme also show a balance of the two sexual theories, even though they are explained as conflicts of interest. For example, in both sexual theories is faithfulness as a sex norm in which the women argue that they want to be faithful to both traditions and at the same time remain independent and liberal. This balance seems to explain that though seemingly different the two sexual theories, African sexual ethics and Farley's Just Love and Christian sexual ethics, somehow complement each other. For instance, in both theories as already mentioned, faithfulness between couples is emphasised though from different perspective with African sexual ethics privileging males in this regard. Another aspect which features in both sexual theories and strongly stressed by the Catholic teaching on contraception is procreation and fertility. *Humanae Vitae (*12) argues that procreation is the main purpose of sex in marriage while African sexual ethics has a sex norm which states that the primary aim of sex is to have children and that dying childless will be one of the 'worst deaths' but at the same time teach and justify sex for male pleasure (Phiri, 2003:11). Farley's Just Love and Christian sexual ethics, however, brings the liberal aspect of procreation and argues that procreation or fruitfulness in marriage does not only mean having children but can mean several other things such as 'interpersonal love' (Farley,2006:227). Other sex norms from both sexual theories however do not coincide; for example Farley's *Just Love* norms accentuate equality, mutuality, free consent, social justice, norms which are not found in African sex norms. While Farley's *Just Love* norms are more liberally based, African sexual ethics is from a communitarian concept which focuses on the importance of community.

In addition, the study showed that the Catholic teaching on birth control in *Humanae Vitae* in as much as it argues that its aim was to 'safeguard the holiness of marriage' (*Humanae*

*Vitae.*30), according to married African Catholic women the teaching of *Humanae Vitae* destroys marriages with the consequences that comes with its principles. Moreover, it does not safeguard women's sexual and reproductive health rights as most of the participants attested. The lack of Catholic women's voices in the Catholic Church decision making also showed how disadvantaging the teaching such as *Humanae Vitae* is to women's sexual and reproductive health rights since its teaching has more impact and effects on women's health. The possible contributions of the married African Catholic women to the 1968 encyclical was a sign that Catholic women have much to contribute and are willing to contribute towards the Church's evangelisation and prioritisation of women's health.

5.5 Conclusion

This chapter discussed the perceptions of married African Catholic women in their engagement with the Catholic teaching on birth control in the encyclical *Humanae Vitae*. The themes that emerged from the two sessions, guided reflection sessions and the face to face interviews, showed that the teaching of *Humanae Vitae* was not well received by the married African Catholic women who generally were not fully aware of the teaching in detail before participating in this study. The analysis, however, also reviewed that the Catholic Church in its formulation of teachings such as *Humanae Vitae* does not take full cognisance of African tradition, in this case African sexual ethics. This chapter discussed the findings of the study, the following chapter summarises the findings and concludes the study.

CHAPTER 6: SUMMARY OF FINDINGS AND CONCLUSIONS

6.1 Introduction

The aim of this study was to understand married African Catholic women's perceptions of the Catholic Church's teaching on birth control as presented in the encyclical *Humanae Vitae*. The study had three objectives: first to understand married African Catholic women's understanding of the teaching of *Humanae Vitae;* secondly, to investigate how from the women's understanding, *Humanae Vitae* addresses women's sexual and reproductive health rights and, thirdly, to understand the role and status of Catholic women and how that influences the Church's decision making in terms of the concern of women's health.

The first chapter was the conceptualisation of the study, providing the background and context of the study. Chapter Two presented the Catholic teaching on contraception in the encyclical *Humanae Vitae*, the teaching at the centre of this study. In Chapter Three responses and reactions to the teaching were reviewed. Chapter Four discussed the theoretical framework underwriting the study and the research methodology employed in the study. In Chapter Five, through thematic analysis, the engagement of married African Catholic women was categorised into five themes that summarise the findings of the study. This chapter provides the summary of findings and conclusions of the study and proposes areas for further research.

6.2 Summary of findings

The study used two instruments to produce data: guided reflection sessions and individual interviews. From the data produced emerged five themes which were aligned with the research questions and the research objectives. The first theme that emerged was 'Marital and Social Consequences of Sex Denial' in which the married African Catholic women shared that they understood the teaching as asking them to deny men sex which will have marriage and societal consequences from both their husbands and their in-laws. This understanding was largely based on African sexual ethics in which African men's sexual needs are justified and prioritised.

The second theme, 'Unfaithfulness Is Not an Issue', emerged from the women's understanding that both methods of contraception, natural and artificial, have consequences

as against the Catholic teaching that only artificial methods have consequences. The first and second themes were responses to the first objective of the study. The third theme was a response to the second objective which investigated whether *Humanae Vitae* addresses women's sexual and reproductive health rights in which the married African Catholic women shared that *Humanae Vitae* does not give women options and choices to choose birth control methods that work for their sexual and reproductive needs, hence concluding that the teaching does not fully address women's sexual and reproductive health rights.

With the knowledge that Catholic women do not form part of the decision making structures of the Church and that African Catholic women seem more conservative about the matter than their Western counterparts, the study questioned the understanding married African Catholic women have of the role and status of women in the Church. The theme that emerged in response to this question was 'Aspirations of Sidelined Minds', in which the participants first admitted that Catholic women do not make decisions despite their educational capabilities, competency and knowledge of the Church, which indicated an issue of gender disparity and lack of gender justice within the Church politics. From the responses there also emerged an interesting finding that women theologians, feminists and religious sisters stood a better chance of being recognised in the Church than ordinary lay women which again is problematic in terms of representations at synods where decisions for teachings such as *Humane Vitae* are made which affect all women not only theologians and feminists. The findings from this theme was a response to research objective three that the role and status of Catholic women can influence decision making and bring a difference to how women's health issues are handled and decided on.

The fifth theme emerged as an overarching theme in which the study from the findings discovered that there were clashes between the two traditions, the Catholic and African tradition, from the married African Catholic women's overall understanding of the teaching of *Humanae Vitae*. There was a back and forth understanding in which the women not only drew their understanding from African sexual ethics but also from Christian sexual ethics, specifically Farley's *Just Love Theory*. In some instances, responses showed that their understanding was from neither of the two sexual ethics theories but from a general Catholic or African tradition in which some of the issues complemented both traditions and some clashed. An example was the idea of procreation which emerged as an important element of marriage and sex in both traditions but was premised on different interpretations. The

Catholic tradition as according to *Humanae Vitae* states that procreation as the sole purpose of marriage and sex, while African tradition argues also for procreation but adds that male sexual pleasure matters too within African marriages. The five themes that emerged therefore form part of the summary of findings of the study.

6.3 Study Limitation and areas of further research

This was a qualitative study and therefore the study engaged seven married African Catholic women residing in South African from seven nationalities and the findings would have been enriched if the study had employed a quantitative survey as was the similar study conducted with North American Catholic women on the same subject. However, this therefore provides an area of further research with married African Catholic women from a wider context and more African nationalities. Another limitation of the study is due to the instruments used. Initially, focus group discussions were scheduled for further engagement with the participants; however, as most of the women had study commitments as they were students, it was not possible to conduct focus group discussions which again would have enriched the study findings as compared to individual interviews later resorted to.

Another area of further research would be to conduct a similar study with married African Catholic women from different African nations as this study did, but from rural communities and church contexts to find out how accessible a teaching such as *Humane Vitae* is to them and what their perceptions are of the teaching. Conducting a similar research together with Church authorities such as local bishops, organisations such as the Catholic Health Association (Catholic Health Care Association) would also be an area of further research and greater perspective.

6.4 Concluding Remarks

The study focused on married African Catholic women's perceptions of the Catholic teaching on birth control, a teaching in the encyclical *Humanae Vitae* which was issued by Pope Paul V1 in 1968. It questioned these women's understanding of the teaching, how the teaching addresses women's sexual and reproductive health rights and the position of Catholic women in the Church's decision making structures and how that might affect the formation of teachings such as *Humanae Vitae*, a teaching that has greater impact on women's sexual and reproductive health than men's. According to the results of the married African Catholic women's engagement with the Catholic teaching on birth control, the study concludes that

Humanae Vitae seems to have been designed from a Western perspective not a universal perspective as shown by women who seem to draw their understanding largely from African sexual ethics and not from a Christian sexual ethics as reflected in the themes that emerged in chapter five.

The study also concludes that the Catholic teaching on birth control has not adequately dealt or concerned itself with women's sexual and reproductive health rights as the married African Catholic women pointed out. Another conclusion the study made was that in as much as Catholic women are underrepresented and their minds are sidelined in the Church's decision making, teachings such as *Humanae Vitae* will continue to be understood in a negative way, leading eventually to its rejection as shown by most of the participants' very negative responses to the teaching. This therefore implies that consideration has to be made by the Catholic Church authorities, the *Magisterium*, of beginning to recognise and involve women in decision making. Although the study has limitations, it contributed to a few empirical studies done on *Humane Vitae* in Africa by Africans and to the ongoing theoretical debates on the intersections of gender, religion and sexual and reproductive health rights. As is the aim of the Gender, Religion and Health programme to show the interdisciplinary and interrelatedness of the three disciplines, the study showed the engagement of the three disciplines. It demonstrated how the real sexual and reproductive health concerns of ordinary women are affected by religion, tradition and culture.

REFERENCE LIST

Abogunrin, S. O. 1989. 'Ethics in Yoruba Religious Tradition.' In: Crawford, S.C (ed). *World Religion and Global Ethics*. New York: Paragon House. 266-296.

Ackah, Y. J & Cheabu, N, S, B. 2014. *Humanae Vitae* and Birth Control: Practices and Perspectives from the Catholic University College of Ghana. *Researc*h *on Humanities and Social Sciences*. 4(22):66-76.

Akintola, A. 1999. *Yoruba Ethics and Metaphysics*. Ogbomosho: Valour Publishing Venture Limited.

Amadiume, I. 1987. *Male Daughters, Female Husbands: Gender and Sex in African Society.* London and New Jersey: Zed Books Ltd.

Anfred, S. 2004. *Re-thinking Sexualities in Africa*. Uppsala: The Nordic Africa Institute.

Ansah, J. K. 1989. 'The Ethics of African Religious Tradition.'In: Crawford, S.C (ed). *World Religion and Global Ethics*. New York: Paragon House. 241-265.

Asher, H.B. 1984. *Causal modeling*: *Sage University Paper series on quantitative applications in the social sciences, 07-003*. Newbury Park, CA: Sage Publications.

Ayantayo, J.K. 2002. The Religious Ethical Significance of Igbo Song to the Contemporary Igbomina in Osun State. *Journal of Arabic and Religious Studies*. University of Ilorin. Vol.16.

Babbie, E. 1990. *Survey Research Methods*. 2nd ed. Belmont, California: Wadsworth Publishing Company.

Babbie, E., Mounton, J., Vorster, P & Prozesky, B. 2001. *The practice of Social Research. South African Edition*. Cape Town: Oxford University Press Southern Africa.

Bujo, B. 2001. *Foundations of an African Ethics: Beyond the Universal Claims of Western Morality*. New York: The Crossroad Publishing Company.

Cahill, S. L. 1996. *Sex, Gender and Christian Ethics*. Cambridge: Cambridge University Press.

Catholics for Choice. 2008. *Truth and Consequences: A Look Behind the Vatican's Ban on Contraceptives.* Catholic for Choice: Washington DC.

Catholic Women Speak Network. 2015. *Catholic Women Speak: Bringing our Gifts to the Table*. New York: Paulist Press.

Cochrane, W. G. 1953. *Sampling Techniques*. New York: John Wiley & Sons, Inc.

Creswell, J.W. 1994. *Research design: Qualitative and quantitative approaches*. Thousand Oaks, CA: Sage Publications.

Dube, W.M & Kanyoro, M (ed). 2004. *Grant Me Justice: HIV/AIDS & Gender Readings of the Bible*. Maryknoll: Orbis Books.

Eckert, P and McConnell-Ginet, S. 2003. *Language and Gender*. Cambridge: Cambridge University Press.

Familusi, O. O. 2012. Human Sexuality in African Thought and the HIV/AIDS Scourge. *Lumina*. 22(2): 1-13.

Farley, M. 2006. *Just Love: A Framework for Christian Sexual Ethics*. New York: The Continuum International Publishing Group Inc.

Fullam, L. 2015. Does Method Matter: Contraception & Catholic Identity? *Commonweal.* 20-21. March 20.

Hart, C. 1998. *Doing a literature review: Releasing the social science research imagination*, London: Sage Publications.

Hasson, M. R & Hill, M. M. 2012. *What Catholic Women Think about Faith, Conscience and Contraception*. United States of America: Polling Company.

Henderson. 2004. Tradition and the Status of Women in the Catholic Church. *Australian eJournal Theology*. 2(1): 1-9.

Inhorn, M. 2003. 'The Worms Are Weak': Male Infertility and Patriarchal Paradoxes in Egypt". *Men and Masculinities.* 5 (3): 236-256.

Isherwood, L. 2000. *The Good News of the Body: Sexual Theology and Feminism*. England: Sheffield Academic Press.

Kaamara, K, E. 1999. Reproductive and Sexual Health Problems of Adolescent Girls in Kenya: A Challenge to the Church. *Reproductive Health Matters*. 7(14):130-133.

Kayode, J, O. 1986. 'African Ethics on Sex.' In: Abogunrin, S.O (ed). *Religion and Ethics in Nigeria*. Ibadan: Daystar Press.

Mackin, T. 1982. *Marriage In The Catholic Church: What Is Marriage?* New York: Paulist Press.

Marshall, C & Rossman, G, B. 1999. *Designing Qualitative Research*. 3rd ed. London: Sage Publications, Inc.

Mama, A. 1996. *Women's Studies & Studies of Women in Africa during the 1990s*. Working Paper Series 5/96. Codesria: Dakar.

McEnroy, C. *Guests in Their Own House: The Women of Vatican 11*. New York: The Crossroad Publishing Company.

Mbiti, J, S. 1976. *African Religion and Philosophy*. London: Heinemann.

Meilaender, G and Werperhowski, W. 2005. *The Oxford Handbook of Theological Ethics*. New York: Oxford University Press.

Miller, P. 2001. The Lesser Evil: The Catholic Church and the AIDS Epidemic. *Conscience*. XX11 (3):6-15.

Mounton, J. 1996. *Understanding Social Research*. Pretoria. Van Schaik.

Murove, F. M. 2009. *African Ethics: An Anthropology of Comparative and Applied Ethics.* Pietermaritzburg: University of KwaZulu-Natal Press.

Noonan, J.T. 1966. *Contraception*: *A History of Its Treatment by the Catholic Theologians and Canonists*. Cambridge, Massachusetts: Harvard University Press.

National Health Statistics Reports. 2013. *Contraceptive Methods Women Have Ever Used: United States, 1982-2010.* US Department of Health & Humana Services: Centre for Disease Control & Prevention. No. 62. February 14.

Oduyoye, M.A. 2001. *Introducing African Women's Theology*. Sheffield: Sheffield Academic Press.

Ojo, A. M. 2005.Religion and Sexuality: Individual, Choice and Sexual Rights in Nigerian Christianity. *Africa Regional Sexuality Research Centre*. 1-14. June 9.

Okure, T. 2001. Women Building the Church in Africa: A focus on Nigerian Catholic Church., *Anvil* 18(4): 269-275.

Phiri, I. A. 2003. 'African Women of Faith Speak Out in an HIV/AIDS Era.' In: Phiri, I. A, Haddad, B & Masenya, M (eds). *African Women, HIV/AIDS & Faith Communities*. Pietermaritzburg: Cluster Publications. 3-22.

Phiri, I. A & Nadar, S. 2006. *African Women, Religion and Health: Essays in Honour of Mercy Amba Oduyoye*. Pietermaritzburg: Cluster Publications

Rakoczy, S. 2004. *In her Name: Women Doing Theology*. Pietermaritzburg: Cluster Publications.

Roberts, D. E. 1997. *Killing the Black Body: Race, Reproduction and the Meaning of Liberty*. New York: Pantheon Books.

Rock, J. 1963. *The Time Has Come*. New York: Avon Books.

Reuther, R. R. 1990. Women, Sexuality, Ecology and the Church. *The News Journal of Catholic Opinion Conscience*. XIV (4): 8-12.

Reuther, R. R. 1993/94. Watershed for Faithful Catholics. *The News Journal of Catholic Opinion Conscience*. XIV (4): 13.

Selling, A. J. 2014. Regulating Fertility and Clarifying Moral Language. *The Heythrop Journal.* 55 (6). 1033-1043.

Smith, J. E. 1993. *Why Humanae Vitae Was Right: A Reader*. San Francisco: Ignatius Press.

Smith, E. J. 2012. *Natural Law and Sexual Ethic*s. University of Dallas. Irving, Texas.

Steinfels, P. 2015. Contraception & Honesty: A Proposal for the Next Synod. *Commonweal*. 12-19. June 1.

Tamale, S. 2011. *African Sexualities: A Reader*. Cape Town: Pambazuka Press.

Thomas, A. 1912. *The Summa Theologiae of Thomas Aquinas*. London: Burns Oates & Washbourne.

Tuyizere, A.P. 2007. *Gender and Development: The Role of Religion and Culture*. Uganda: Fountain Publishers.

United Nations Educational Scientific and Cultural Organisation (UNESCO). 2003. *Gender and Education for all: The Leap for all*. Paris: UNESCO.

Wolfe, C. 2003. Understanding Natural Law. *The Good Society*. 12(3): 38-42.

World Health Organisation.2006. *Defining Sexual Health: Report of a Technical Consultation on Sexual Health, 28-31 January 2002, Geneva*. Geneva: World Health Organisation.

Electronic Sources

Altawil,M.2008.ThematicContentAnalysis (online). Available @ https://uhrs.herts.ac.uk/bitstream/handle/.../2.9%20chapter%20eight.pdf? [Accessed 30 May 2015].

Anderson, R. 2007. Thematic Content Analysis (TCA: Descriptive Presentation of Qualitative Data) (online). Available @ http://www.wellknowingconsulting.org/publications/pdf/ThematicContentAnalysis.pdf [Accessed 6 May 2015].

Anglican Communion Office, 2005. Lambeth Conference Resolutions Archive from 1930 (online). Available @ www.anglicancommunion.org/media/127734/1930.pdf?language. [Accessed 9 May 2015].

BBC News. 2007. Shock at Archbishop Condom Claim. 26 September. 14:50 GMT (online). Available @ newsbbc.co.uk/2/hil/Africa/7014335.stm.BBC. [Accessed 7 July 2015]

Bennett, J. 2013. Catholics, Contraception and Feminism (online). Available @ catholicmoraltheology.com/catholics-contraception-and-feminism/. [Accessed 12 August 2015].

Berger, M. R. 2015. Rose, M. Berger's Review of Catholic Women Speak (online). Available @].www.amazon.com/review/RZ4V7RVSPS0P0. [Accessed 3 October 2015

Burke, W.F. 1966. Contraception. John T. Noonan, Jr (online). Available @ http://scholarlycommons.law.wlu.edu/wlulr/vol23/iss2/23 [Accessed 5 March 2015].

Cahill, L.S. 1989. Catholic Sexual Ethics and the Dignity of the Person: A Double Message (online). Available @cdn.theologicalstudes.net/50/50.1/50.1.6.pdf. [Accessed 4 May 2015].

Cahill, L. 2012. Vatican dogma v. Margaret Farley's Just Love (online). Available online @ www.theguardian.comopinioncatholicism [Accessed 5 September 2015].

CathNews .USA. 2009. USF under fire over controversial South African bishop (online). Available @ http://www.cathnewsusa.com/article.aspx?aeid=13538.[Accessed 14 September 2015].

Catholic Health Care Association (CathCA):CharitySA (online). Available @ www.charitysa.co.za/cathca.html. [Accessed 9 May 2015].

Catholic Information Service for Africa (CISA). 2005. Couples with HIV May Use Condoms, Says New Catholic Archbishop (online). Available @ http://allafrica.com/stories/200504130133.html [Accessed 14 September 2015].

Catholic Online, 2012. Nigerian Woman (Obianuju Ekeocha) Writes to Melinda Gates: We Don't Need Your Contraception (online). Available @ www.catholic.org/news/national/story.php?id=47264 [Accessed 6 September 2015].

Catholic Voices in Africa.2003. Catholic Voices on the Rights of Women in Africa: Challenges for the Church and Society (online). Available @ https://www.catholicsforchoice.org/topics/internationaldocuments/2003catholicvoicesafrica.pdf. [Accessed 5 September 2015].

Catholics for a Free Choice. 2005: *The Fact about Catholic Health Care in the United States*. www.catholicsforchoice.org/healthcare/2005factsaboutcatholichealt...[Accessed 4 May 2015].

Coleman, J.A .2009. Bishop Kevin Dowling: AIDS and Condoms (online). Available @ americamagazine.org/content/…bishop-kevin-dowling-aids-and-condoms [Accessed 5 March 2015].

Department of Health South Africa. 2012: National Contraception and Fertility Planning Policy and Service Delivery Guidelines: A Companion to the Natural Contraception Clinical Guidelines (online). Available @ www.health-e.org.za/.../National-Contraception-family-planning-policy.pdf. [Accessed 5 March 2015].

DignityUSA. 1969. The Challenge to be Sexual (online). Available @ https://www.dignityusa.org/book/sexual-ethics.../challenge-be-sexual. [Accessed 1 July 2015].

Eberstandt, M. 2008: The Vindication of *Humanae Vitae* (online). Available @ www.scifiwright.com/…the-vindication-of-humanae-vitae-by-mary-eberstadt. [Accessed 5 March 2015].

Hatton, M. 2014. Women in decision –making in the Catholic Church: within the context of *Evangelii Gaudium* (online). Available @ www.catholicforrenewal.org/.../Final%20in%decision%2. [Accessed 7 August 2015].

Higgins, S. 1997. The Ethics of Sex (online). Available @ storage.cloversites.com/northfitzroychurchofchrist/…/Sexual-Ethics-2pdf. [Accessed 5 August 2015].

Hollinger, P. D. 2013. The Ethics of Contraception: A theological Assessment (online). Available @ www.etsjets.org/files/JETS-PDFs/.../JETS_56-4_683-96_Hollinger.pdf [Accessed 14 July 2015].

Do, M & Kurimoto,N. 2012. Women's Empowerment and Choice of Contraceptive Methods in Selected African Countries (online). Available @ http://dx.doi.org/10.1363/3802312 [Accessed 6 September 2015].

McNicholas, C. 2006. Overcoming Visible and Not So Visible Barriers to Women's leadership in the Roman Catholic Church in the United States (online). Available @ www.forumonpublicpolicy.com/archive07/mcnicholas.pdf [Accessed 19 August 2015].

Mizzi, J. 2011. *An Evaluation of Natural Family Planning* (online). Available @ www.justforcatholics.org/nfp.pdf [Accessed 18 May 2015].

Moorhead, J. 2012. Melinda Gates challenges Vatican by vowing to improve contraception (online). Available @ www.theguardian.com › US News › Melinda Gates. [Accessed 23 August 2015].

National Catholic Reporter. 2012. No Justice for Margaret Farley and Just Love (online). Available @ ncronline.org/blog/grace…/no-justice-margaret-farley-and-just-love. [Accessed 5 September 2015].

Olugbenga-Bello, AI, Abodunrin, OL & Adeomi, AA. 2011. Contraceptive Practices Among Women in Rural Communities in South-Western Nigeria (online). Available @ *https://globaljournals.org/.../1-Contraceptive-Practices-Among-Women-i*... [Accessed 4 August 2015].

Oxford Advanced Leaner's Dictionary. 9th ed. 2015. (online) Available @ www.oxfordlearnersdictionaries.com [Accessed 15 August 2015).

Pope Francis, *Evangelii Gaudium* (24 November 2013) (online). Available @ w2.vatican.va/…franceso/…papa-franceso-esortazione-ap-20131124. [Accessed 23 August 2015].

Pope Paul V1, *Humanae Vitae* (July 25, 1968) (online) Available:w2.vatican.va/content/.../hf_p-vi_enc_25071968_humanae-vitae.html [Accessed 30 April 2015].

Pope Pius XI, *Casti Connubii* (December 30, 1930) (online). Available www.vatican.va/holy_father/ pius_xi/encyclicals/documents/hf_p-xi_enc_31121930_casti-connubii _en.html [Accessed 30 April 2015].

Population Reference Bureau. 2005. The Changing Demographics of Roman Catholics (online). Available @ www.prb.org/Publications/Articles/2005.../TheChangingDemographicsofRomanCatholics.aspx [Accessed 4 June 2015].

Religious Coalition for Reproductive Choice: Access to Contraception.n.d. (online). Available @ http://rcrc.org/issues/contra.cfn. [Accessed 23 September 2015].

Ruether, R. R. 2006. Women, Reproductive Rights and the Catholic Church (online). Available @ http://www.catholicsforchoice.org/topics/reform/documents/2006womenreproductiverightsandthecatholicchurch.asp. [Accessed 13 July 2015].

Simon, M.K & Seattle, W, A. 2011: *Validity and Reliability in Qualitative Studies* (online). Available @ dissertationrecipes.com/…2011…./Validity-and –Reliability-in-a Qualitati …[Accessed 19 April 2015].

St Augustine. Church Fathers: On the Good of Marriage (online) Available @ www.newadvent.org.FathersoftheChurch –New Advent. [Accessed 23 April 2015].

United Nations. 2009. *World Contraceptive Use, Wall* Chart (online). Available www.un.org/esa/.../contraceptive2009/contracept2009_wallchart_front.p... [Accessed 29 May 2015].

United Nations, 2011. World Contraceptive Use. (online) Available*:* www.un.org/esa/.../contraceptive2011/wallchart_front.pdf [Accessed 17 May 2015]

United Nations. 2014. Reproductive Rights Are Human Rights: A Handbook For National Human Rights Institutions (online). Available @ www.ohchr.org./Documents/Publications/NHRIHandbook.pdf. [Accessed 17 May 2015].

APPENDICES

Appendix 1: Participant Invitation Letter

Contacts Details

Name	Email address	Phone number
Student: Martha Mapasure	mmapstaug@gmail.com	**073 657 7239**
Supervisor: Professor Sue Rakoczy	srakoczy@sjti.ac.za	**076 960 4298**
UKZN Research Office: Ms P. Ximba	ximbap@ukzn.ac.za	**(+27) 031 260 3557**

Dear Mrs……

Research Project aligned with Masters Programme in Gender, Religion and Health

My name is Martha Mapasure, a UKZN student from Zimbabwe doing a Masters Degree in the programme of Gender, Health and Religion. I write this letter, respectfully seeking your participation in my Research Project undertaken in conjunction with the Masters Programme in Gender, Religion and Health. I have identified you as a participant in this Research Project by virtue of you being an African and married woman in the Roman Catholic Church. As a participant in this research project you will be requested to take part in the reflection sessions and focus group discussions using some quotes from the Catholic encyclical on contraception, *Humanae Vitae.* You will also be required to respond in writing and through discussion to the reflection questions provided which will be used in the Research Project. I wish to draw your attention to the clause below relating to your right not to participate in this Research Programme and will respectfully accept your decision in this is regard, if it is such. The following information sheet offers a brief background to the Research Project.

Research Project Title: The Roman Catholic Church and Contraception: Exploring how married African Catholic women engage with *Humanae Vitae*

Central Research Question

How does the engagement of the teaching of *Humanae Vitae* by married African Catholic women reflect their decision making-power with regards to their health and with regards to the church?

Research objectives

The objectives of the study are:

- To understand married African Catholic women's understanding of the church's teaching on contraception as presented in *Humanae Vitae*
- To investigate married African Catholic women's perceptions on how the teaching addresses or promotes women sexual health
- To understand the role married African Catholic women play in decision making in the Roman Catholic Church regarding the church and the health of women

Project Location Scottsville, Pietermaritzburg

Participation is Voluntary Participation in this Research Project, through guided reflection questions and Focus Group Discussions, is entirely voluntary; with the right being reserved to the Participant to withdraw participation without experiencing any disadvantage. There are no financial benefits for participating in the Project.

Confidentiality & Anonymity Participants' involvement in this research will be confidential and anonymous. "Code names' will be used.

Research Instruments 1 – Hour Reflection Sessions and 45 minutes, three Focus Group Discussions will be conducted at Emaphethelweni, Scottsville. A copy of the reflection sheet with quotes, reflection questions and focus group discussion questions will be send to you together with the consent form.

Once you have had a chance to examine the nature, objectives and benefits of the Research Project, I kindly request that you sign the ***Consent to participate*** on the consent form send

with this letter. Feel free to contact me if you have any questions or other contacts provided above.

I look forward to receiving your response to this request.

Thank you.

Martha Mapasure (Student)

Appendix 2: Participant's Informed Consent

UNIVERSITY OF
KWAZULU-NATAL

CONSENT TO PARTICIPATE IN THE RESEARCH PROJECT

I…… (full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participate in the research project.

I understand that I am at liberty to withdraw from the Project at any time, should I so desire.

ADDITIONAL CONSENT.

I hereby provide consent to:

Audio-record my focus group discussion YES NO

NAME OF PARTICIPANT _____

SIGNATURE OF PARTICIPANT_____DATE _____

Appendix 3: Instruments - Guided Reflection Questions & Face to Face Interview Questions

***Humanae Vitae*: Roman Catholic Teaching on Contraception**

A Brief Introduction and Summary.

Humanae Vitae is a Catholic encyclical on the issue of birth control. It was issued on the 25th of July 1968 by Pope Paul V1. *Humanae Vitae* teaches that marriage has a threefold inseparable purpose: love, unity and openness to life. It was written for all Catholics but had a special focus on married Catholics.

Reflection Quotes

1. **Main Teaching:** *Every time you have sexual intercourse as couples you should intend to have a child*. (*Humanae Vitae,* 11, 12).
2. **Faithfulness to God's Design:** *No one but God has complete power and control over one's body particularly one's sexual functionalities which are meant by nature to be for producing children who come from God* (*Humanae Vitae,* 13).
3. **Unlawful Birth Control Methods:** *Any artificial method or means of getting rid of pregnancy , abortion even if it is done for health reasons are not permitted and are not lawful ways of spacing the number of children. Also not permitted is the direct sterilisation temporarily or permanently for a man or woman* (*Humanae Vitae*, 14).
4. **Lawful Birth Control Methods:** *The Church only permits natural methods of controlling births for example the natural family planning. This is if couples have physical, psychological and other valid reasons for spacing their children. Here the Church teaches that the couple can have sexual intercourse during the infertile times of the menstrual cycle of the woman* (*Humanae Vitae,* 16).
5. **Consequences of Artificial Methods:** *The Church warns that using artificial methods of birth control can lead to:*
    - *Unfaithfulness in marriages*
    - *Immoral societies*
    - *Man disrespecting and not caring for their wives, regarding them as instruments which they can use to satisfy their desires.*

- *Couples thinking they have complete power and control over their bodies forgetting God has* (*Humanae Vitae,*17).

Reflection Questions

1. From your reflection what did you think about the main teaching in the document that; 'Every time you have sexual intercourse as couples you should intend to have a child?'

2. What was your reaction to the second reflection quote which stated that one does not have complete control and power over the body and especially the sexual faculties? What could this quote be saying about women's sexual and reproductive rights?

3. What did you think about the Church's teaching on quotation 4, promoting the use of natural family planning and having sex only during the infertile periods in a woman's menstrual cycle?

4. What were your reflections on the consequences of using artificial contraceptives, quotation 5?

5. As an African Catholic woman living in a country with high incidences of HIV, do you think women's sexual and reproductive health rights are safeguarded by the principles of this teaching?

6. As an African Catholic woman who has been married and living in South Africa does the main teaching of the document appeal to you? If not what are the challenges or difficulties?

7. What role do you play, and what power do you have in the Church's decision making?

8. To what extent can women's status be recognised in the Church's decision making?

9. Looking at what you have reflected on from the teaching what did you value about the teaching and what did you not?

10. Would you say the teaching is a guide to improving women's sexual and reproductive health rights?

11. Suppose you were chosen to contribute towards the formulation of the encyclical in 1968, as an African Catholic woman what would you have contributed?

Face to Face Interview Questions

1. For how long have you been married?
2. Were you born a Catholic?

3. Were you aware of the Church's teaching on contraception before your participation in this research?
4. How many children do you have?
5. How do you relate to the priests in charge, your Chaplain priest, here at Emaphethelweni and with your local priest back in your country? Is there anything different and if there is how is it different? Will you be comfortable discussing your marriage issues with either of the priests or you would prefer discussing such issues with a woman? What challenges do you face as a married women and a student in terms of sexual and reproductive health issues?
6. Has your participation in this study changed the way you view the Church, if so how and why?
7. What challenges do you face as a married women and a student in terms of sexual and reproductive health issues?

Appendix 4: Permission-seeking letter

Emaphethelweni Dominican Priory
Number 5 Leinster Road
Scottsville, Pietermaritzburg
3201

21 May 2015

Dear Father Mark James

Ref: Permission to conduct Research

This letter respectfully seeks your permission to conduct a research with four or five married African Catholic women who attend mass at Emaphethelweni Dominican community. My name is Martha Mapasure, a UKZN student from Zimbabwe doing a Master's Degree in the programme of Gender, Health and Religion. My supervisor is Professor Sue Rakoczy. My research topic The Roman Catholic Church and Contraception: Exploring how married African Catholic women engage with *Humanae Vitae.'* I am planning to conduct the research through reflection sessions and focus group discussions from some selected quotes from the encyclical. In this study:

1. Participants will be informed on the purpose of the research, all facets of their participation, role in the research and rights as participants.
2. Research will be conducted with participants who have consented.
3. Participation is voluntary.
4. Participants can withdraw their participation any time and without consequences.
5. Data will be collected anonymously.
6. Individuals will not be identified in the report(s) or publication(s) of the results of the study.
7. The use of data collected will not be extended beyond the purpose of this study.
8. The data collected will be responsibly and suitably protected.
9. Privacy of individual will be respected and protected at all times.

I have attached together with this letter a copy of the reflection sheet with quotes and questions and consent form letter which will be given to the participants to sign.

Looking forward to be granted permission to conduct my research.

Sincerely

Martha Mapasure

Appendix: 5: Gatekeeper's letter

Association of Catholic Tertiary Students

25 May 2015

To whom it may concern

This letter serves to confirm that Martha Mapasure has permission to conduct research for her Masters' thesis with African Catholic married women who are students and attend church services held for ACTS in Pietermaritzburg.

If you have any further information, please don't hesitate to contact me.

Yours sincerely

Fr Mark James OP
Chaplain

Appendix 6: Ethical Clearance Certificate

UNIVERSITY OF KWAZULU-NATAL ™
INYUVESI YAKWAZULU-NATALI

2 October 2015

Ms Martha Mapasure 214580169
School of Religion, Philosophyand Classics
Pietermaritzburg Campus

Dear Ms Mapasure

Protocol reference number: HSS/1393/015M
Project title: The Roman Catholic Church and Contraception: Exploring how married African Catholic women engage with Humanae Vitae

Full Approval – Expedited Application

In response to your application received on 9 September 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: Professor Sue Rakoczy
Cc Academic Leader Research: Professor P Denis
Cc School Administrator: Ms Cathy Murugan

Humanities & Social Sciences Research Ethics Committee
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Website: www.ukzn.ac.za

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