



## Strange bedfellows: The Catholic Church and Brazilian National AIDS Program in the response to HIV/AIDS in Brazil

Laura R. Murray<sup>a,\*</sup>, Jonathan Garcia<sup>b,2</sup>, Miguel Muñoz-Laboy<sup>a,1</sup>, Richard G. Parker<sup>a,1</sup>

<sup>a</sup> Department of Sociomedical Sciences, Columbia University, Mailman School of Public Health, 722 W. 168th Street, New York, NY 10032, USA

<sup>b</sup> Yale School of Public Health, Center for Interdisciplinary Research on AIDS, 135 College Street, Suite 200, New Haven, CT 06510, USA

### ARTICLE INFO

#### Article history:

Available online 27 January 2011

#### Keywords:

Brazil  
Religion  
HIV  
Institutional ethnography  
Catholic Church

### ABSTRACT

The HIV epidemic has raised important tensions in the relationship between Church and State in many parts of Latin America where government policies frequently negotiate secularity with religious belief and doctrine. Brazil represents a unique country in the region due to the presence of a national religious response to HIV/AIDS articulated through the formal structures of the Catholic Church. As part of an institutional ethnography on religion and HIV/AIDS in Brazil, we conducted an extended, multi-site ethnography from October 2005 through March of 2009 to explore the relationship between the Catholic Church and the Brazilian National AIDS Program. This case study links a national, macro-level response of governmental and religious institutions with the enactment of these politics and dogmas on a local level. Shared values in solidarity and citizenship, similar organizational structures, and complex interests in forming mutually beneficial alliances were the factors that emerged as the bases for the strong partnership between the two institutions. Dichotomies of Church and State and micro and macro forces were often blurred as social actors responded to the epidemic while also upholding the ideologies of the institutions they represented. We argue that the relationship between the Catholic Church and the National AIDS Program was formalized in networks mediated through personal relationships and political opportunity structures that provided incentives for both institutions to collaborate.

© 2011 Elsevier Ltd. All rights reserved.

### Introduction

Religious organizations play key roles globally in relation to population health by providing front-line access to primary and terminal care, advocating for health and social welfare resources and influencing national public health and social policies (DeHaven, Hunter, Wilder, Walton, & Berry, 2004, pp. 1030–1036). The scientific analysis of religious responses to population health needs has thus far focused on identifying the barriers between religious policies and health promotion (Agadjanian & Sen, 2007; McGirk, 2008), and documenting religious approaches to public health interventions (Duan, Fox, Derose, & Carson, 2000; Sanders, 1997). It has described the effects of religion on health, especially in terms of psychosocial processes such as coping (Prado et al.,

2004; Simoni & Ortiz, 2003), yet often not analyzed why religious institutions become involved in public health policy and practice. Religious responses to HIV/AIDS provides an ideal scenario for examining institutional religious involvement in health precisely because of the controversies that the HIV epidemic has brought to the forefront of social debates.

The majority of literature on the involvement of religious institutions in responding to HIV/AIDS has focused on Africa (Agadjanian, 2005; Byamugisha, Steinitz, Williams, & Zondi, 2002; Maman, Cathcart, Burkhard, Omba, & Behets, 2009; Watt, Maman, Jacobson, Laiser, & John, 2009). Less attention has been paid to Latin America, despite the fact that the region has one of the strongest organized religious movements worldwide. Latin American has long-standing and complex ties between the State and the Catholic Church existing in nearly all the countries of the region. The very nature of the HIV epidemic has raised important new tensions in the relationship between Church and State in many parts of the region where policies and actions of governmental prevention and control programs, steeped as they are in a secular public health framework, frequently collide with key elements of religious belief and doctrine (Smallman, 2007).

\* Corresponding author. Tel.: +1 917 675 2575.

E-mail addresses: [lrn2137@columbia.edu](mailto:lrn2137@columbia.edu) (L.R. Murray), [jonathan.garcia@yale.edu](mailto:jonathan.garcia@yale.edu) (J. Garcia), [mam172@columbia.edu](mailto:mam172@columbia.edu) (M. Muñoz-Laboy), [rgp11@columbia.edu](mailto:rgp11@columbia.edu) (R.G. Parker).

<sup>1</sup> Tel.: +1 917 675 2575.

<sup>2</sup> Tel.: +1 203 747 1304.

However, such contentious relationships have not always been the case. Brazil for example, nominally the world's largest Catholic country with over 125 million people (73% of the population) reporting being Catholic (IBGE, 2000), has an apparent national religious response to the epidemic articulated through the formal structures of the Catholic Church (Transferetti, 2005). The country is also unique for its widely recognized National AIDS Program (NAP) which has arguably produced the largest and broadest response to HIV/AIDS of any country in the developing world through a rights-based, solidarity approach to HIV prevention, treatment and care (Berkman, Garcia, Munoz-Laboy, Paiva, & Parker, 2005; Nunn, 2009; Okie, 2006). Building on the current literature regarding the Brazilian response to HIV/AIDS (Berkman et al., 2005; Grangeiro, Silva, & Teixeira, 2009; Nunn, 2009; Parker, 2009), this article presents original qualitative data from a five-year, multi-site ethnography designed to understand the social processes and contextual factors that structured institutional religious responses to HIV/AIDS over the past three decades (Seffner et al., 2008). We combine a historical analysis with contemporary, local experience, to suggest that the values of solidarity and citizenship, similar organizational structures, and interest in forming opportunistic alliances have formed the basis for the complicated, but strong, partnership between the two institutions. By linking the issues to a theoretical framework of interorganizational relations (IOR) theory (Alter & Hage, 1993), we seek to explore how this distinct history may advance our theoretical understanding of the ways in which partnerships are formed and sustained between religious, public health, and government institutions. Understanding the multilevel social processes involved may contribute to facilitating more fruitful partnerships between religious institutions and HIV prevention programs in other settings.

## Background

The HIV epidemic is concentrated in Brazil, with the prevalence rate in the general population reported at 0.61% (Ministry of Health, 2010). While the largest number of cases continues to be among men, since 1998 there has been an increase in the number of AIDS cases among young women and young men who have sex with men (MSM) (Ministry of Health, 2010). The highest prevalence rates of HIV infection however have remain concentrated among MSM, female sex workers and injection drug users (estimated at 13.6%, 6.2%, and 23.1% respectively in a recent meta-analysis) (Malta et al., 2010). While AIDS cases have been reported in all of Brazil's five regions, the largest number of AIDS cases is concentrated in the Southeast (59% of the AIDS cases), followed by the South (19%) and Northeast (12%) (Ministry of Health, 2010). The Ministry of Health's response is multilevel, implemented through national, state, and municipal HIV/AIDS programs that support local projects with civil society organizations representing vulnerable population groups such as gays, transvestites, female sex workers and people living with HIV, and nationwide projects implemented through networks of organizations (including the Church).

Researchers have documented the fundamental role that civil society and non-governmental organizations played in structuring the country's response, tracing it to the historical processes associated with the period of redemocratization in Brazil (Grangeiro et al., 2009; Le Loup et al., 2009; Parker, 2009). In the mid-1970s to the mid-1980s, the country passed through a period of opening in civil society after decades of dictatorship that resulted in redemocratization. Several social movements came together in solidarity for reform in a wide range of sectors, including the health care system, eventually leading to the inclusion of principles of civil society participation, universality, decentralization, integral care,

prevention, and treatment of illness in the Constitution of 1988 and the foundation of the universal health care system (Sistema Único de Saúde – SUS). Thus, when the first cases of AIDS were reported in the early 1980s, Brazil was in the midst of a nationwide political discussion over the country's future in which social movements and opposition leaders articulated a vision of political solidarity and an economically, socially and politically democratic Brazil (Parker, Bastos, Galvão, & Pedrosa, 1994). This facilitated a connection between the national AIDS movement and other social movements, such as the gay rights movement and the sanitary reform movement (Parker, 2009). During this same period, Brazil developed its own multifaceted National AIDS Program, and state level, and a few local level, governments developed their own HIV/AIDS programs as well.

Some of the most important grassroots-based movements active in confronting the country's dictatorship in the 1970s and early 1980s were the Catholic Ecclesiastic Base Communities (CEBs – acronym in Portuguese) (Azevedo, 2004; Burdick, 1993). CEBs have religious values based on Liberation Theology; they emphasize grassroots involvement, individual self-esteem building, emancipation, and the people's ownership of social problems and solutions (Burdick, 1993). Thus far however, little attention has been paid to their role in building Brazil's response to the epidemic (Galvão, 1997; Parker, 2003). The research that does exist has focused on the macro level – on the Catholic institutional response as articulated through the National Council of Bishops (CNBB – acronym in Portuguese), the central source of official positions and bureaucratic power of the Catholic Church in Brazil (Transferetti, 2005). The official Catholic response to the epidemic, however, has not translated into a monolithic discourse throughout the Church hierarchy, specifically with regard to HIV prevention (Rios, de Aquino, Muñoz-Laboy, Oliveira, & Parker, 2008). The discourse suggests that a multilevel perspective (van der Geest, Speckmann, & Streefland, 1990) to data collection and analysis is necessary to understand the institutional dynamics and social processes that have structured the Church's response.

Furthermore, research has tended to focus on how each institution responded separately, without conducting analysis of social and cultural processes that facilitated the formation of networks between them. IOR theory (Alter & Hage, 1993) has been used in public health to explore how diverse networks and coalitions are formed among organizational partners to confront a variety of community health issues (Butterfoss, 2007). IOR theory draws on stage theory (Lewin, 1951) and elucidates a three stage continuum to explain the formation of collaborative institutional relationships over time: exchange or obligational networks, action or promotional networks, and systemic networks (Alter & Hage, 1993). In this study, we are particularly interested in understanding how two institutions with distinct, and at times, conflicting, ideological and organizational objectives came to be partners in the response to HIV/AIDS in Brazil, moving along a three stage continuum from informal exchange networks to systemic networks over time (Alter & Hage, 1993).

## Methodology

Data presented here were collected from October 2005 through March of 2009 by Brazilian research teams in the five field sites of São Paulo, Rio de Janeiro, Porto Alegre, Brasília, and Recife. The Columbia University Institutional Review Board (IRB) approved this study, and the study protocol was translated into Portuguese and approved by the Committee of Research Ethics of the State University of Rio de Janeiro (CEP/UERJ) and by the Brazilian National Research Ethics Commission (CONEP). Interview respondents were read and asked to sign an informed consent form to participate.

Download English Version:

<https://daneshyari.com/en/article/952678>

Download Persian Version:

<https://daneshyari.com/article/952678>

[Daneshyari.com](https://daneshyari.com)