

'Not with fear': understanding the role of the Catholic Church in reproductive healthcare in Timor-Leste

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This paper draws on data gathered in Timor-Leste between January and July 2008 for a doctoral thesis currently in the writing-up process. The research project underpinning the thesis explores the Catholic Church's role and influence at different levels of reproductive decision-making in Timor-Leste in order to ultimately understand its impact on Timorese women's reproductive self-determination. Although the research included interviews with a range of participants, this paper focuses on data gathered from interviews with Catholic Church representatives such as priests and sisters from religious orders living and working among the Timorese. In order to situate the issues discussed in the paper the first section will outline the concept of reproductive self-determination and explore the ways in which Catholicism has accommodated and opposed this reproductive right in different contexts. The second part of the paper will look specifically at three areas of reproductive healthcare in Timor-Leste: family planning, HIV prevention and sex education; reflecting on the range of interviewees' perceptions and opinions in relation to this important question of reproductive self-determination.

The right to reproductive self-determination relates closely to Article Three of the Declaration of Human Rights which protects the right to life and liberty (UN 2009). At its heart lies the notion that

All couples and individuals have the right to decide freely and responsibly the number, spacing and timing of the children and to have the information and the means to do so (UNFPA 2007)

As human rights advocates, health experts and women's activists have argued since reproductive rights were first articulated in documents such as the Cairo Declaration and the Beijing Platform for Action in the 1990s, reproductive self-determination also involves having the ability to make reproductive decisions 'free of discrimination, coercion and violence' (ibid). Importantly, such documents have also highlighted women's uniquely vulnerable position as the main bearers of reproductive responsibility and as the main carers of children throughout the life-cycle. More recently the Millennium Development Goals have underlined the importance of reducing maternal mortality worldwide and of increasing women's empowerment through education. While the Goals have not included explicit references to reproductive rights, it stands to reason that these aims relate to reproductive self-determination as women are more able to access education when they are able to control their fertility – and vice-versa (UNFPA 2009).

Thus, empowerment, education, well-being and fertility are intertwined aspects of women's lives and require holistic approaches that recognise the complexity of women's choices. More crucially still, women's survival may depend on their ability to negotiate such choices.

One aspect of this complexity relates to the fact that reproductive decision-making is not just shaped by considerations of access and of economy, but may also require the fulfilment of cultural or religious expectations and norms. Consequently articulations of the right to reproductive self-determination have generated debates across North and South. For example a network of governments (characteristically from countries with strong Catholic or Muslim leadership), faith-based NGOs and other bodies – such as the Vatican – were stringently opposed to certain sections of the final documents prepared during the Cairo and Beijing Conferences. Basing their arguments on the notion of 'cultural' and 'religious' rights they lobbied to remove terms such as 'gender' and attacked rights perceived to challenge traditional family structures by increasing women's control over reproduction and sexuality (see Buss 1998 and Friedman 2003 for an in depth discussion of these events). Since then there have been further efforts by conservative religious lobbies to curtail developments in reproductive rights across the globe. Representatives from the Vatican have been some of the most vocal opponents within these lobbies.

In order to understand the Catholic position on the right to reproductive self-determination it is important to understand its official teaching on contraception and abortion which reflects its stance on

sexuality and reproduction. The Catholic Church teaches that sexual relations are only acceptable in the context of marriage and even then are primarily for procreative purposes. Modern forms of contraception such as the hormonal pill are thus banned since they contravene 'God's plan' for sex. In the 1960s this issue was reviewed by a papal commission comprised of moral theologians, sociologists, married couples and physicians who deliberated for two years eventually recommending that artificial contraception should be accepted as 'morally legitimate within the context of committed, child-raising marriages' (Ruether 1991, 219). However the incumbent Pope, Pope Paul VI, refused to accept the commission's conclusion and reaffirmed the traditional ban in his *Humanae Vitae* address in 1968 which also condemned abortion and sterilisation (ibid).

The official Vatican view, while supported by many within the Catholic Church, does not necessarily represent all Catholic members lay or religious. There were wide-spread protests following *Humanae Vitae* in 1968 and since that time the Catholic faithful have developed diverse ways of approaching reproductive decision-making. In a study conducted for a faith-based NGO Catholics for Choice and its Latin American partner *Católicas por el Derecho a Decidir en Bolivia, Colombia and Mexico*, Catholics in Bolivia, Colombia and Mexico were found to have quite different perceptions about contraception to the Vatican's official line. For example among those interviewed for the study (conducted using representative samples in each country case); 81% of Bolivians, 87% of Colombians and 84% of Mexicans believed that it was possible to use contraception and still be a good Catholic; over 91% of respondents in each country believed that public health services should provide free contraception and over 95% in each country believed that the government should promote the use of condoms to fight HIV/AIDS (Catholics for a Free Choice 2003, 31-33). Among those supporting the work of NGOs such as Catholics For Choice, which provides theological and practical arguments for supporting women's reproductive rights, are also Catholic clergy and religious who also see a need for greater flexibility in dealing with reproductive decisions that impact so profoundly on the lives of women and by extension their partners and families.

In the case of Timor-Leste the Church has been involved in aspects of reproductive health for a number of years. The first Catholic schools and clinics were set up during the Portuguese colonial period and grew in number and influence during the Indonesian occupation between 1975 and 1999 through providing alternative healthcare and education to the beleaguered Timorese. During the occupation the Church spoke out against injustices committed by the regime in particular denouncing its coercive family planning programme which was based on a two-child target per family (Republic of Indonesia 1998). For example in 1985 Bishop Belo dedicated his second pastoral letter to the issue of responsible parenthood in order to clarify the Church's position on contraception. The letter adopted a traditional Catholic line in opposition to artificial forms of contraception; however Belo recognised that the health of mothers as well as the circumstances of the family must be taken into account in any decisions about fertility control (Belo 1985, 5). He also roundly condemned the Indonesian administration's practice of distributing contraception with no proper information or consent (p 6).

Following independence the Church has continued to take an active role in promoting its vision of reproductive health through clinics set up to provide education on 'natural' forms of contraception (which are based on abstaining from sexual intercourse during fertile periods) and through working with the Ministry of Health on its HIV/AIDS campaign through *Caritas Dili*, the local Church's development wing.

The purpose of my research conducted between January and July 2008 was to explore this involvement more deeply by focusing on the issue of reproductive self-determination and the role of the Church through interviewees representing many perspectives, including that of Church representatives themselves. From an initial survey of available data I was able to confirm that women's reproductive health was particularly vulnerable reflected in high rates of fertility and maternal mortality, which impressed upon me the importance of focusing on this issue above others. Among other things I was interested in exploring how decisions were made about fertility, how contraception is perceived from a religious perspective and how flexible Church representatives were in their approaches to modern methods of contraception given the high rates of fertility and the profound poverty faced by the majority of Timorese. Using qualitative methods of interviewing I sought to collect data that would illustrate the complexity of the issues. In the next half of the paper I will use data from interviews with 15 priests and nuns in order to discuss three areas related to the issue of reproductive self-determination: family planning, HIV/AIDS prevention and sex education.

While interviewees expressed diverse opinions on contraceptive methods, there was consensus on support for the concept of family planning, especially when linked with the concept of ‘responsible parenthood’. According to interviewees couples who attend marriage preparation (a prerequisite for a church wedding) are generally required to reflect on their responsibilities as potential parents and to discuss family planning options. However it was unclear whether couples would be encouraged towards non-modern methods of contraception or expected to decide for themselves. On the subject of modern methods of contraception opinions were more divided and were spread across a continuum. At one end the interviewees were critical of modern methods, referring to them repeatedly as artificial thus comparing them unfavourably to the ‘natural’ methods promoted by the Vatican. One young seminarian reflected on the teaching he had received when making this point:

Artificial methods of family planning are not good because they are against human nature. The Church is against artificial methods [Timorese priest in training]

There were also those who recognised the complexity of the issues but insisted that the Church remain focused on providing ‘natural’ methods only. For these interviewees the moral issues were not simply a case of condemning artificial methods but of affirming the need for reproductive education in order to improve reproductive health overall:

The stand is very clear from the Catholic point of view – interfering with whatever is natural is wrong. But... it’s our duty to educate the family and then the choice is theirs [Timorese sister based in Dili]

At the other end of the scale were those voices in support of providing information and even access to all methods of contraception, including modern, in recognition of the fact that women might not have a choice about sexual activity and should not be deprived of contraceptive choices:

...people don’t necessarily know how to use natural methods or they say that their husband might force them and so how can I not provide artificial methods given that people live in such poor conditions and cannot afford to keep having children? [Non-Timorese Sister working in a local clinic]

Another area of reproductive healthcare currently receiving attention in Timor-Leste is the prevention of the spread of HIV/AIDS. Although recorded incidents of the disease are low at present, factors such as high prevalence of STIs combined with a lack of knowledge about how the disease is spread point to a potential epidemic. To combat this spread The Global Fund has allocated resources to the Ministry of Health, which alongside other partner agencies has begun to address the issues. Among the interviewees were those religious representatives working directly with the agencies involved and those who discussed the issues from their moral perspective while not necessarily playing a practical role. The main point of contention which defines the Vatican line on HIV/AIDS prevention is around condom promotion. While the Pope recently condemned condom-use for HIV prevention in comments made while on a trip to the African continent (Butt 2009), some Catholic clergy have supported the concept of condom-use as a ‘lesser evil’ in order to prevent transmission of HIV.

The issue is no less polarised in Timor-Leste with some interviewees expressing extreme criticism of condoms and linking their use to promiscuity and ‘dangerous’ sexual behaviour as in the following two examples:

...condoms are effective in preventing infection and pregnancy but in a loving relationship love is something natural that should be between bodies... Poison can enter in through artificial methods. People can get sick through them... even in those who are aware of having AIDS I would never encourage condoms. I would only encourage self-control [non-Timorese priest based in Dili]

The problem is that lots of money comes into the country from the UN and other sources to focus on artificial methods. Like the emphasis in HIV/AIDS on condom use...

This will lead to encouraging the society to engage in ‘free sex’ [Timorese Priest based in Dili]

On the other hand a sister whose work was dedicated to HIV/AIDS prevention and had links to the agencies involved in the national campaign took an opposite view:

When we don’t talk about condoms as a tool which can protect health we’re denying people having access to information – and it is people’s right to have all the information available as well as information about abstinence etc. [non-Timorese sister based in Dili]

However according to this interviewee her opinions were not shared by the majority of her fellow religious and indeed although there was acceptance of condom-use by one other sister in reference to the method of ABC prevention (Abstinence, *Be faithful*, Condom-use) on the whole the picture painted by interviewees was one of condoms as ‘risky’ and morally suspect.

It should be pointed out here that while government clinics have a mandate to provide a range of family planning services across Timor-Leste, many Timorese remain unaware of their options or have incomplete information about the benefits or disadvantages of different methods. In discussing the issue of information and education provision on sexuality and reproduction with the interviewees, there was overwhelming consensus about the need to provide more and better education to the Timorese population.

For some of the religious representatives interviewed however this vision focused rather narrowly on the conviction that the education must emphasise the importance of adopting ‘natural’ methods of contraception (reflecting the opinions of those who had been critical of modern methods). There was nevertheless a shared enthusiasm for education to provide more knowledge of the physical and psychosocial aspects of sexuality and reproduction. Importantly interviewees recognised that past cultural and religious taboos needed to be addressed:

In terms of education there used to be a taboo on teaching about these kinds of things... there should be systematic teaching on this issue but it still hasn’t been programmed. People need to understand these things but there should be more of an emphasis on natural methods [Timorese priest based in Dili]

While this priest recognises the need for more sex education he is careful to emphasise the Church’s focus on natural methods.

Among the sisters interviewed there was a keen desire to be part of the implementation of such education. One sister in particular felt it would be important to work alongside others expressing enthusiasm for partnership in the provision of education, exclaiming ‘we are not going to teach it by ourselves – we should have doctors, psychologists, biologists, priests and nuns!’ One of the most striking comments on this issue was made by another sister who felt that young women in particular needed to be given support without the fear of reproach or punishment:

God doesn’t want us to choose things out of fear but out of our own choice... Some young women that I know about don’t even know their own body because of the fear ‘oh no – the Church will punish us!’ ... We need to give information about people’s bodies – just because we don’t want people to use contraception doesn’t mean we should keep people in the dark. People should have the information... There’s the concept of – don’t talk about it and it’s not there. We must educate people on this aspect. Not with fear. [Timorese sister based in Dili]

The overwhelming message from this interviewee is one which resonates soundly with the principle of reproductive self-determination. That education should inform without coercion through fear or threat of violence. Just as representatives from the Church supported political self-determination throughout the years of the occupation, this religious sister is essentially supporting the right to reproductive self-determination for the Timorese in present-day Timor-Leste.

Is it appropriate to compare the principle of reproductive self-determination with the hard-won political self-determination achieved 10 years ago through popular consensus? Given the vulnerable status of women in present-day Timor-Leste I feel it is. In the concluding observations by the Committee on the Elimination of Discrimination against Women, reproductive health was pointed to as an area of special concern given the high rates of maternal and infant mortality in the country (CEDAW 2009). Reproductive self-determination is not simply a question of choosing between more or less acceptable methods of contraception; it involves decisions that can make the difference between life and death. It is therefore vital to understand how cultural and religious norms shape these decisions; understanding the Catholic Church's role as a significant stakeholder in this contemporary struggle for life and liberty is essential.

The opinions and attitudes explored in this paper have demonstrated the diversity that exists among Catholics across the globe while focusing specifically among Church representatives – priests and religious sisters – in Timor-Leste. While some interviewees take a strict line in tune with the Vatican's ban on modern methods of contraception, others are more flexible in their approach due to the compounding factor of elements such as extreme poverty, misinformation, coercive sex and the spread of diseases like HIV/AIDS. Such flexible and thoughtful engagement with the issues reflects the principles that underpin reproductive rights as articulated at the UN conferences of Cairo and Beijing. As we are reminded in the words of the sister mentioned above, information should be given without the damaging component of fear. For Timorese men and women access to reproductive healthcare and education should be based on the principles of transparency and choice. For Timorese women, whose very lives depend on negotiating reproductive self-determination, the Church must support their right to make such decisions confidently; '*Not with fear*'.

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