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Christian ethics and HIV stigma: Solidarity, social responsibility and the golden rule

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This article examines human immunodeficiency virus (HIV) stigma within South African Christian faith communities, where misconceptions linking HIV to moral failing persist. Employing an analytical approach, the study critically analyses Articles 13 (Solidarity and Cooperation) and 14 (Social Responsibility and Health) of The United Nations Educational, Scientific and Cultural Organization (UNESCO) Universal Declaration on Bioethics and Human Rights, alongside selected biblical narratives, to develop an ethical framework addressing stigma. Using a literature review methodology, it integrates these principles with the Christian 'golden rule' (Mk 12:28–34) and the African philosophy of Ubuntu, promoting compassion, acceptance and collective responsibility for people living with HIV. The framework aims to bridge global bioethical standards with local religious and cultural values. This study offers a unique contribution to Christian ethical evaluations of HIV stigma, emphasising solidarity and social responsibility as actionable responses.

Contribution: The article offers a unique contribution to the literature on HIV stigma in Christian ethical evaluations through the lens of the Universal Declaration on Bioethics and Human Rights.

Keywords: HIV stigma; Christian ethics; solidarity; social responsibility; South Africa.

Introduction

Societal response to human immunodeficiency virus based on solidarity and social responsibility

Human immunodeficiency virus (HIV) critically affects the South African population, with an estimated prevalence of 8.0 million people living with HIV (PLWH) in 2024 (Statistics South Africa 2024). Worldwide, over 1.3 million people were newly infected with HIV in 2022, of which about 160 000 were from South Africa (UNAIDS 2023). Human immunodeficiency virus is a virus that infects human immune system cells, leading to immunodeficiency (UNAIDS 2024). Acquired immunodeficiency syndrome (AIDS) is the most advanced stage of HIV infection, which develops when HIV is not treated (UNAIDS 2024). Because of recent developments in the treatment of HIV, it is no longer seen as a life-threatening illness, but rather as a chronic disease.

The UNESCO Universal Declaration on Bioethics and Human Rights (UDBHR or 'declaration' hereafter) is a declaration of universal principles and norms based on shared values developed to establish universal ethical principles and guidelines for bioethics. In October 2003, at its General Conference, UNESCO mandated the development of a set of universal standards for bioethics. This process was begun by undertaking a wide-ranging consultation process with different experts and stakeholders. In April 2004, drafting of the declaration started by outlining the proposed structure. The second outline was reviewed in August 2004 and importantly, during this process there was consultation undertaken with religious and spiritual experts from 'Buddhist, Catholic, Confucian, Hindu, Islamic and Jewish' beliefs (Ten Have & Jean 2009). A key outcome from these discussions was that despite subscribing to different moral theories, there were certain shared values between the various beliefs. Many revisions of the draft declaration followed, until the preliminary draft was published in February 2005. The declaration was then scrutinised by member states of UNESCO until the final version of UDBHR was accepted at the 33rd General Conference in October 2005. The declaration itself consists of five sections namely: General principles (Articles 1–2), Principles (Articles 3–17), Application of principles (Articles 18–21), Promotion of the declaration (Articles 22–25) and Final Provisions (Articles 26–28) (UNESCO 2006).

Based on the current analyses, two of these articles namely Article 13 (Solidarity and cooperation) and Article 14 (Social responsibility and health) were identified as principles of the declaration

that could best be implemented to develop an ethical framework to address HIV stigma. When considering the list of principles found in the UDBHR critics may wonder why Article 3 (Human dignity and human rights) or Article 11 (Non-discrimination and non-stigmatisation) were not used. Although applying these principles to HIV stigma, would require their formulation to be in the negative, that is 'do not fracture human dignity or human rights', and 'do not discriminate or stigmatise'. The essence would boil down to 'DO NOT' for both Articles 3 and 11, which does not provide a strong foundation on which to build an ethical framework. The authors therefore decided to develop a framework based on the principles of Articles 13 (Solidarity and cooperation) and 14 (Social responsibility and health) because, when applied to HIV stigma, both Articles 13 and 14 can be framed in the positive of 'DO' rather than 'DO NOT'.

The value of Articles 3 and 11, however, cannot be ignored. Article 3 forms the foundation of many of the other articles, because 'Human dignity refers to the intrinsic value of every human being' (Andorno 2009:94). By acknowledging the human dignity of people, you emphasise that people have worth, including PLWH. Furthermore, according to the UDBHR (UNESCO 2006), the negative formulation of Article 11 also necessitates an understanding of human dignity, affirming that people possess intrinsic worth. Article 3 thus forms the basis of Article 11, stating not only what you should not do, but also what you should prevent; that is, you should not stigmatise people, as it harms their dignity and their health. Articles 13 and 14 again highlight what you should be doing in order to promote their health, that is, show solidarity with PLWH and take responsibility not to discriminate against them. Promoting human dignity is the basis of many actions in the declaration and should be respected. The following sections will focus on the implementation of Articles 13 and 14 into an ethical framework, based on the 'Golden Rule'.

Solidarity and cooperation

Article 13 (regarding solidarity and cooperation) reads as follows:

> Solidarity among human beings and international cooperation towards that end are to be encouraged. (UNESCO 2006:8)

Solidarity and cooperation have been central to the declaration from the outset (Elungu 2009), which highlights how important the authors valued it. The article of solidarity seems simple to discuss but is hard to define. According to the Merriam-Webster Dictionary (2024), solidarity can be defined as follows: 'solidarity; noun; unity (as of a group or class) that produces or is based on community of interests, objectives, and standards'. Solidarity thus encompasses a group of people with common interests or values that are important to them. An alternative definition is provided by the Joint Centre for Bioethics SARS Working Group (2006), which states that 'Solidarity means feeling one has common cause with others who are less powerful, wealthy, or healthy'.

According to Elungu (2009), the principle of solidarity encompasses the universal norm of freedom. This freedom encourages cooperation between nations and creates relationships between free stakeholders. A cooperation that is built on this free relationship is visible at all levels: between states, communities, groups or individuals (Elungu 2009). When confronted with the application of Article 13, Elungu (2009) states that the principle is applied in the realisation of all other principles of the declaration which are 'complementary and interrelated'.

According to the Bioethics core curriculum (UNESCO 2008), solidarity is primarily defined as a moral value aimed at supporting those in need. Solidarity involves caring for vulnerable people despite not benefiting from your actions (UNESCO 2008). The individual, church, community, etc., cannot tackle and solve a problem alone. They need the help, skills and energy of others to solve problems; therefore, they need to seek cooperation with other churches and communities. In order to express solidarity, you, that is, the individual, church, community etc., have to be active in seeking and forming cooperative agreements. This will be used as the working definition of this Article.

Social responsibility and health

The principle of Article 14 (Social responsibility and health) is as follows (UNESCO 2006:8):

1. The promotion of health and social development for their people is a central purpose of governments, that all sectors of society share.
2. Taking into account that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, progress in science and technology should advance:
   (a) access to quality health care and essential medicines, especially for the health of women and children, because health is essential to life itself and must be considered to be a social and human good;
   (b) access to adequate nutrition and water;
   (c) improvement of living conditions and the environment;
   (d) elimination of the marginalisation and the exclusion of persons on the basis of any grounds;
   (e) reduction of poverty and illiteracy.

Article 14 is particularly important because 'it reflects the social aspect of bioethics' (Martinez-Palomo 2009:224). According to the Bioethics core curriculum, social responsibility can be seen as the burden carried by individuals, groups or states to ensure that people's fundamental right to the highest attainable level of health is honoured, through provisions within their means (UNESCO 2008). Social responsibility is becoming increasingly important because the gap between high income versus low to middle continues to increase, when considering public health (Martinez-Palomo 2009). However, 'Health is everyone's responsibility…' (Martinez-Palomo 2009) and should be on the agenda of all countries. The duty to promote

people's health concerns the obligation to do so, as well as also planning strategies to ensure continued sustainability.

Stigmatisation of people living with HIV and the Christian community

On paper it seems as if the battle against HIV has been won, but from a social perspective, things look different. In a recent quantitative study conducted in Cape Town by Kalichman et al. (2021) involving a survey conducted at HIV clinics with PLWH, the authors found that two thirds of participants struggled to disclose their HIV status effectively, while approximately one third chose to keep their status secret from their friends and family because of stigma. Furthermore, nearly half of the participants had indicated that in order to avoid being stigmatised, they would not take their medication in a social setting and that they remove their medication from the bottles received, to prevent somebody from recognising it. This highlights that there remains a strong sense of secrecy around HIV in order to avoid the associated stigma. Furthermore, according to a study conducted by Alio et al. (2019), religious leaders in Soweto reported that within faith communities, many still regard HIV as a death sentence or a punishment from God, thus reflecting societal misconceptions about the virus's transmission. This resulted in open judgement, criticism, disdain and rejection of PLWH in the faith communities. It is thus no wonder that PLWHs are fearful of disclosing their status publicly.

Human immunodeficiency virus stigma does not only have an effect on the psyche of PLWH but also holds very real risk to their physical health. The link between HIV stigma and antiretroviral therapy (ART) adherence is well established in HIV literature, where HIV stigma has been determined to lower medication adherence. A further consequence is that if antiretrovirals (ARVs) are not taken regularly and at the same time each day, there is a big risk of the individual defaulting their medication. Defaulting ARV medication regimens leads to the drugs not being effective, requiring that the PLWH change to another ARV regimen, of which there is a limit.

In order to address HIV stigma, however, we have to understand the underlying reasons for its occurrence, especially within Christian faith communities. Human immunodeficiency virus (HIV) which is primarily transmitted through sexual intercourse, creates a dilemma for many Christians in South Africa. Traditionally, it has been understood in most cases that the New Testament teachings promote that sexual relations should only occur within the bounds of marriage between a man and a woman and many Christians similarly view it in this manner. Human immunodeficiency virus (HIV) was initially identified as mainly affecting people in the same sex relationships with multiple partners, and among drug users. As these types of lifestyle are considered problematic within church communities, as they go against the New Testament teachings as previously stated, it is understandable that this has led to widespread condemnation of the 'people who brings it upon

themselves'. According to these communities, people are not seen as 'sick' but are rather judged as being 'bad'. The sickness thus comes from this 'badness', because many deduce it was PLWH's own fault that they became sick. These suspicions regarding these 'condemned' lifestyles thus contribute to the stigmatisation of PLWH within Christian communities (Olivier & Paterson 2011).

Problem statement

Human immunodeficiency virus stigma remains a significant challenge in South African faith communities, where many individuals continue to view HIV as a punishment for promiscuous behaviour, affecting the willingness of PLWH to disclose their status and access treatment. This article proposes an ethical framework, based on the UNESCO UDBHR, to address HIV stigma, by primarily focusing on the principles of solidarity and social responsibility.

Contextualisation

This article is embedded within the Christian tradition. The framework may be criticised as overly Western- or Christian-centric, potentially neglecting the diverse cultural and religious contexts of South Africa. The heavy reliance on Christian ethics and the UNESCO Declaration – developed with significant Western influence – might not resonate universally in a multicultural society where Islam, traditional African religions, or other belief systems also shape attitudes towards HIV. However, the article does briefly mention Ubuntu, an African philosophy emphasising community and interconnectedness, as a cultural complement to solidarity and social responsibility. The authors consequently acknowledge bias by explicitly recognising the potential for cultural bias and propose adaptations to ensure the framework's relevance beyond Christian contexts. The framework's reliance on Christian ethics and the Golden Rule may potentially alienate secular audiences or non-religious stakeholders crucial to addressing HIV stigma broadly, such as public health officials or secular NGOs. Solidarity and social responsibility, as universal principles in the UNESCO Declaration transcend religious contexts. For example, secular bioethics or public health frameworks often emphasise collective well-being, aligning with these ideals. Also, integrating secular strategies such as community solidarity campaigns or stigma-reduction policies, without invoking religious doctrine can provide a more universal acceptance. Otherwise, this framework can be proposed as one tool among many, complementing rather than competing with secular efforts, to enhance its inclusivity.

Methods

The literature review methodology of De Vos et al. (2011:135–137) is used: (1) refine the topic; (2) design a search; (3) locate sources of literature; (4) use sources as a source of reference; and (5) evaluate the information contained in the various works.

The articles of the declaration and biblical narratives

Solidarity of faith communities within Christ

According to the Christian faith, solidarity between believers is possible because of the sacrifice of Christ on the cross. It is this solidarity and faith with Christ that binds Christians together as a group. Because this solidarity is God-given and not human-made Christians will look for inspiration within biblical narratives on how to behave towards PLWH inside the Christian community and outside. As such, the following narratives have been selected.

Firstly, one may look at Matthew 25:31–46 'What you did for the least of these, you did for me' (Mickley 2016), where Jesus calls believers to show compassion. The solidarity of believers should thus exhibit compassion to vulnerable people. Jesus identifies with vulnerable people and calls them brothers and sisters. The call to solidarity thus breaks the boundaries of Christians to find solidarity with all vulnerable people. When aligned to HIV and HIV stigma, it is a call to embrace PLWH, not to judge them. Jesus calls upon his followers to provide for physical needs, social needs and emotional needs. Acceptance of PLWH can eradicate HIV stigma, and compassion towards them can show a person living in fear of HIV stigma, that they do not need to fear judgement.

Secondly, John 9:1–12 shows how Jesus heals a blind man. 'Neither this man nor his parents sinned', said Jesus, 'but this happened so that the works of God might be displayed in him' (Jn 9:3). It is not the sins of the man or his parents that are important, but Jesus's mission to heal. Similarly, solidarity should not focus on sins but on caring for the vulnerable and marginalised. The PLWH should not be treated as 'bad' (see section 'Stigmatisation of people living with HIV and the Christian community'), but be cared for in solidarity. Christians and PLWH cannot solve the issue of HIV alone; they need to act in solidarity with each other.

Thirdly, another event in the Gospel of John is when a woman accused of adultery is brought before Jesus in the hope that he will consent to stoning her. Jesus refuses and instead challenges the sinlessness of those wanting to stone the woman. In John 8:1–11, it is described that none of the teachers of the law condemned the woman and then Jesus says: '"Then neither do I condemn you," Jesus declared' (Jn 8:11). This narrative highlights that all people share a common human weakness and because of this, and especially for those guided by faith, we ought to resist judging the sins of others. This shared vulnerability creates space for genuine forgiveness and mutual acceptance. Humans have a commonality in sin, and as an ethical consequence, Christians are called upon to refrain from judgemental attitudes towards the sin of others, being aware that all humans require forgiveness. This commonality in sin' opens the door to forgiveness and acceptance and so to the broader solidarity in compassion.

Fourthly, the passages of Acts 2:44–45 and Acts 4:32–35 describe the early Christian community sharing possessions and ensuring no one was in need: 'All the believers were together and had everything in common. They sold property and possessions to give to anyone who had need' (Ac 2:44–45). This exemplifies solidarity and communal responsibility, offering a model for faith communities to support PLWH. Early Christians practiced solidarity by pooling resources and caring for each other. This historical example strengthens the call for faith communities to embrace PLWH as part of the collective 'we', countering stigma with inclusion.

Lastly, Deuteronomy 10:18–19:

> He defends the cause of the fatherless and the widow, and loves the foreigner residing among you, giving them food and clothing. And you are to love those who are foreigners, for you yourselves were foreigners in Egypt.

This passage emphasises God's care for the marginalised and commands believers to extend compassion and solidarity to outsiders, directly applicable to PLWH who often feel excluded. This passage emphases that solidarity extends beyond insiders to the 'stranger', paralleling the need to include PLWH in community support networks.

Social responsibility to care for others

Social responsibility for believers is possible because God is active in the lives of believers and the world. This principle is evidenced in the following biblical narratives.

Firstly, the tale of the good Samaritan in Luke 10 might be examined. He is considered a hero because of his caring and human concern for someone that might be dying (Mickley 2016). He had no way of knowing if the injured man would survive, but he took care of his wounds (Lk 10:34) and paid for his care nonetheless. He did more than the bare minimum by paying the innkeeper extra money and offering to settle any additional accounts, when he next passed by the inn (Lk 10:35). What is more, according to the social norms of the time, people were considered to have responsibility only for the people of their own group. Because Jews and Samaritans were traditionally avoiding each other's company because of the animosity between them, the fact that it was a Samaritan who took care of the harassed and agonised Jew, his action is presented as an example of social responsibility transcending the limits of your own group. Furthermore, the good Samaritan took on the responsibility to care for the injured man, which was something that he was under no formal obligation to do. The good Samaritan personifies the essence of social responsibility by promoting the highest obtainable standard of health for the injured, and therefore vulnerable man. The care shown by the good Samaritan transforms care into loving your neighbour. This love (and care) translates into looking out for the interests of each other, because it highlights that you should not only look out for your own interests but also those of your neighbour (Phlp 2:1, Rheeder 2020). Social responsibility, as a principle connects well to this idea of looking out for the interest of others. By placing

their interests in the highest regard, one may place the social responsibility for their well-being in high regard as well.

Secondly, the healing of the woman with the issue of blood (Mk 5:25–34) contextualises the health issue of showing compassion. The woman's condition caused shame and humiliation in the community, because it signalled her possible infertility. Jesus demonstrated that she was worthy of healing and therefore restored her social standing, thus eliminating the stigma she carried (Grigsby 2019). Similar to the women with the issue of blood, PLWH experience shame and stigma caused by the perceptions of their condition by others. Acting in line with the principle of social responsibility to address health issues, we can surmise that social health might be combated, by accepting PLWH. Acceptance without judgement is key to restoring the social and mental well-being of PLWH and this is what social responsibility is all about.

Thirdly, the sermon of Matthew 25:31–46 reveals the criteria for the final judgement, which states that, 'The King will reply, "Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me"' (Mt 25:40). From this verse, we can deduce that taking care of the vulnerable, including the sick (like PLWH), is central to the way God will judge each human being. Social responsibility thus requires that we care for the vulnerable and marginalised. From the definition of Article 14 in the declaration, under Section Solidarity of faith communities within Christ, we know that social responsibility must focus on ensuring sufficient access to healthcare, that is:

> (a) access to quality health care and essential medicines, especially for the health of women and children, because health is essential to life itself and must be considered to be a social and human good, the fulfilment of the physical and basic needs of people, that is, (b) access to adequate nutrition and water; and (c) improvement of living conditions and the environment, and eliminating the marginalisation of people, that is, (d) elimination of the marginalisation and the exclusion of persons on the basis of any grounds; and (e) reduction of poverty and illiteracy. (UNESCO 2006:8)

All of these aspects are evidenced in the sermon Jesus gives to indicate who are the righteous.

Fourthly, James 1:27 states:

> Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world.

This defines true faith as caring for the marginalised, aligning with social responsibility towards PLWH. James 1:27 emphasises that caring for the vulnerable is a fundamental expression of faith, directly applicable to PLWH. This reinforces the argument that social responsibility involves active care, not judgement towards PLWH.

Lastly, Isaiah 1:17: 'Learn to do right; seek justice. Defend the oppressed. Take up the cause of the fatherless; plead the case of the widow'. This call to action underscores social responsibility and compassion towards the vulnerable, reinforcing the ethical duty to support PLWH. Isaiah 1:17 highlights the proactive duty to defend the oppressed, linking it to the responsibility to combat HIV stigma and ensure access to health resources for PLWH.

Africa-centric perspectives

In the previous sections we looked at what the Western world dictates with reference to the principles of solidarity and social responsibility, and then at how biblical principles align with the aforementioned articles. This section is focussed on producing an Africa-centric perspective on the articles of the declaration.

The concept of Ubuntu is central to African spiritualty, culture and life in general. According to John Mbiti, Ubuntu means 'I am because we are, and we are because I am' (Chuwa 2014:vii). Desmond Tutu explained the IsiXhosa roots of this, that is, '*Umntu ngumtu ngabantu*' meaning 'A person is a person through other persons' (Tutu & Allen 2011:21). Tutu further explained that it is the togetherness with other humans that makes us human; for example, as children we cannot do anything alone, as we learn from others how to function (Tutu & Allen 2011). Learning from others through our whole lives creates the humanness in us. Furthermore, '*Ubuntu* speaks of spiritual attributes such as generosity, hospitality, compassion, caring, sharing' (Tutu & Allen 2011:22). One can thus have Ubuntu regardless of any physical attributes or materialistic possessions.

Ubuntu instils a collectiveness and a sense of respect in people. One example of Ubuntu is when children call an older man in the community 'Nate' (father), thereby showing respect and acknowledging him as central to their development as people (Masango 2017). Respectful treatment of elders is the beginning of caring for one another (Masango 2017), and can be seen similar to the principle of solidarity. Masango (2017) stated that '… in an African community a person is expected to be in relation with other people'. They further explain that to live life to the fullest one needs other people, as it cannot be accomplished alone. 'I am a person because I belong' says Tutu of the solidarity of Ubuntu (Van der Walt 2003).

> *Ubuntu* teaches us that our worth is intrinsic to who we are. We matter because we are made in the image of God. *Ubuntu* reminds us that we belong in one family – God's family, the human family. (Tutu & Allen 2011:24)

Regarding social responsibility, Ubuntu encompasses mutual responsibility, that is, taking care of every member of the group, with respect and equal dignity. Furthermore, it personifies sharing and caring (Smit 1999:13). According to the principle of Ubuntu, a person can count on the group in times of crisis or need for help (Deacon 1999), which is what social responsibility asks, that is, that those with plenty should share their excess with those that do not have. Similarly, Shutte (2001) explains the concept of 'seriti', which

is a personal ability to share with others, without making the person that is sharing, any weaker. Ironically, Ubuntu and social responsibility are often clearly evident in poor communities, where sharing resources is commonplace, despite the fact that resources are often constrained in such communities (Shutte 2001).

This article briefly addresses the use of Ubuntu as a cultural framework for implementing solidarity and social responsibility, yet it might lack a robust exploration of its implications for HIV stigma. Ubuntu is a way of understanding life in a manner that highlights the centrality of community and interconnectedness, which is central to being human. As such, it provides a more self-evident cultural context for the virtues of solidarity and social responsibility than in the case of a Western individualised culture that tends to see interactions between humans primarily as economic transactions. There are strong relationships between the principle of Ubuntu and Articles 13 and 14 of UDBHR. Solidarity is similar to the cooperativeness of Ubuntu, in that it is only through working together and shaping each other, that we can become fully human. Similarly, Ubuntu directs behaviour, which will lead towards the best health for the community, which is also the goal when implementing the principle of social responsibility. If the community is healthy, then the individual will also experience good health. Ubuntu as a lifestyle therefore promotes both solidarity and social responsibility, which can be effectively used in any ethical framework that is developed to address the issue of HIV stigma.

'The golden rule' as basic Christian ethical principle for dealing with HIV stigmatisation in South Africa

The golden rule

A Reformed moral theory for ethics was developed by Dennis Macaleer, which is based on his in-depth investigation into the twin commands, that is, to love God and love one's neighbour, which is also referred to as the so-called 'golden rule'. Mark 12:28–34 highlights the greatest commandments, which are the basis of the golden rule: 'The most important one', answered Jesus:

> [I]s this: 'Hear, O Israel: The Lord our God, the Lord is one. Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength'. The second is this: 'Love your neighbour as yourself'. There is no commandment greater than these. (Mk 12:29)

Macaleer sees these commands as being central to the teachings of Jesus, an opinion that is supported by the inclusion of the aforementioned scripture section in the gospels of all three synoptic writers. Paul echoes the principle of loving one's neighbour as fulfilment of Jewish law in Romans 13:10, which states that, 'The value of the law is not for salvific purpose, but for ethical and moral purposes' (Macaleer 2014:80) or stated alternatively, the law becomes the compass for a life of gratitude. When we take the moral

theory of the 'golden rule' and apply it to the principles of Solidarity and cooperation (Art 13) and Social responsibility and health (Art 14), then a new perspective develops. This new perspective is illustrated in Figure 1. However, the 'golden rule' is not just about love, but can also be interpreted as doing to others as you would want done to yourself. When one looks at the 'golden rule' in this manner, then it becomes the source of motivation for action; for example, if I am motivated to treat others as I would like to be treated, then I will act in solidarity with others, because I want others to also act in solidarity with. Similarly, I would act in a socially responsible manner, because I would expect others to do so, as well.

The 'golden rule' is furthermore in line with the previous biblical narratives pertaining to solidarity and social responsibility, as indicated in Matthew 25 and Luke 10 as examples. Matthew 25:31–41 describes how one should care for the vulnerable, which links directly with the 'golden rule'. It also indicates that one should show solidarity with your neighbour, in order to promote the health of your neighbour, as if you were caring for Christ. Similarly, in Luke 10, where it is indicated that loving your neighbour means caring for him without expecting anything in return, which is the basis of social responsibility.

Solidarity and the golden rule

Solidarity (Art 13) encompasses the will to and the act of organising caring for those who need help, which is a principle that fits very well within the scope of the 'golden rule'. Vulnerable people are also one's neighbours, and thus caring for them is an explicit command. One then also has a sense of solidarity with one's neighbour (see Figure 1). The 'I' of individualism becomes the 'we' of collectiveness; that is, 'We' look out for each other, 'we' care for each other, 'we' promote each other's health, 'we' trust each other, and 'we' love each other. These statements are, however, in stark contrast to what PLWH experience. The HIV stigma results in shame, fear, secrecy and judgement, all of which lead to a lack of solidarity between PLWH and their neighbours. When PLWH are treated in solidarity, however, shame becomes dignity, fear becomes trust, secrecy becomes freedom, and judgement becomes acceptance.

Social responsibility and the golden rule

Taking social responsibility (Art 14) for the health of one's neighbours, can also be established as being central to the framework of the 'golden rule' (see Figure 1). The church must take responsibility for the health of its neighbours. They should prepare for the development of ill health in their neighbours, and support those who are already ill. It is important to notice, however, that the term 'neighbours' might refer to both fellow believers or people outside the church community. This should be taken into account when designing any strategy to address HIV stigma within faith-based communities. Although historically, the church has a very storied relationship with HIV health, we must celebrate
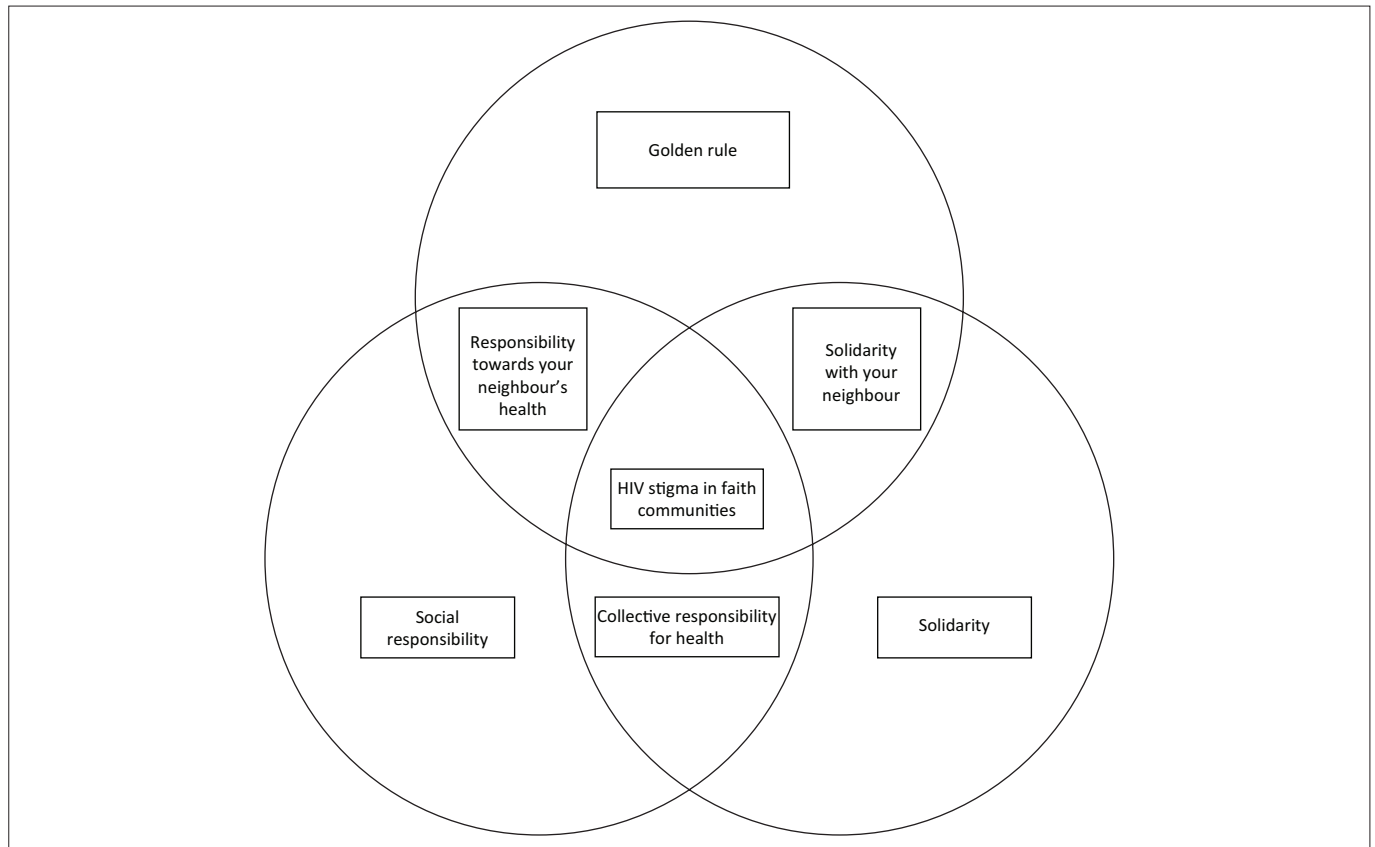
HIV, human immunodeficiency virus.

FIGURE 1: The golden rule applied to the principles of solidarity and cooperation, and social responsibility and health.

those churches and faith-based organisations that personify good social responsibility in how they care for PLWH. Many other faith communities can learn from these entities, in their struggle to address HIV health issues effectively, despite the associated moral judgements, which often result in neglecting the complexities of sexual health education. When sexuality is indeed mentioned by such faith communities, it is in terms of the supposed immorality of the promiscuity associated with sex outside marriage. To highlight this issue, the main strategy used by health organisations trying to ensure HIV prevention is generally based on the ABC (Abstain, Be faithful and Condomise) strategy; however, when similar programmes are developed by churches and other faith-based organisations, will only focus on the A and B aspects, but negating the 'Condomise' aspect as they feel that by promoting the use of condoms, they would be encouraging sex outside of marriage. This then results in less effective programmes. The moral judgement of HIV as a sexual disease therefore fuels HIV stigma, while also placing believers at even greater risk of being exposed to the disease. The HIV should be treated as any other disease, that is, without judgement, because the church is supposed to be a safe and loving space.

Social responsibility and solidarity

When solidarity and social responsibility overlap, it leads to a collective responsibility for health (see Figure 1). The principle of solidarity can be summed up as the individual

becoming the collective. There is no longer an 'I' but rather a 'we'. In addition, social responsibility states that everyone should be accountable for the health of the community. Thus, the church as a collective should be responsible for the health of the community. This responsibility asks individuals to help each other without expecting something in return. The collective is one's neighbour, and one should help out of selflessness. As such, PLWH should therefore be cared for by the greater community. Human immunodeficiency virus becomes everyone's problem because the needs of a few become the needs of all. As such, HIV stigma becomes a challenge for the church, and strategies must be implemented to overcome this issue. The church needs to combat HIV stigma because it is a health issue (social responsibility) and because it affects members of the church (solidarity).

HIV stigma in faith communities

Human immunodeficiency virus (HIV) stigma is multifaceted, consisting of both individual and societal aspects. It has an influence on how individuals are viewed by society and how they view themselves (Alonzo & Reynolds 1995). Within a faith community, the aforementioned model calls for church members to develop solidarity with PLWH in order to eliminate the 'us and them' phenomenon. Church members are also required, based on the principle of social responsibility, to take accountability for the health of PLWH. All of this, according to the 'golden rule', should be without judgement and should come from the love of one's neighbour.

In South African communities, faith organisations should take the lead in addressing problems pertaining to HIV stigma. The 'golden rule' is a moral compass to address issues such as HIV and HIV stigma. The 'golden rule' calls for loving your neighbour regardless of how they acquired HIV and to show them acceptance and compassion. The 'golden rule' should be visible in communities that value Ubuntu because looking after each other is the centre of a healthy community. In a faith community, PLWH should feel cared for and safe.

Practical implications

Although not the focus of this article the following practical implications are suggested:

- Organising stigma awareness workshops to educate church members about HIV and its social impact
- Integrating HIV education into sermons and youth programmes to foster understanding and compassion
- Providing training for church leaders on HIV facts, stigma-reduction techniques, and the ethical framework's principles
- Leveraging Christian values of compassion and non-judgement to shift attitudes of HIV as a moral failing
- Involving PLWH in leadership or storytelling roles within the church to humanise the issue and reduce prejudice.

Conclusion

In this article, the principles of Articles 13 and 14 of UDBHR was discussed in relation to biblical narratives. The principles and HIV stigma were then put into the perspective of the Ubuntu worldview. Lastly, the principles of solidarity and social responsibility and health, as well as HIV stigma, were developed into a Christian model that used the 'golden rule' of Mark 12:28–34, as a basis. In conclusion, HIV stigma should be addressed as a collective responsibility, in solidarity with each other and as part of the church's social responsibility to care for the health of all PLWH.

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Competing interests

Authors' contributions

G.K. and A.L.R. contributed to the design study. G.K. drafted the first manuscript. G.K., A.L.R. and E.A.J.G.v.d.B. revised and finalised the manuscript. A.L.R. and E.A.J.G.v.d.B. provided student supervision.

Ethical considerations

Funding information

Data availability

Data sharing is not applicable to this article, as no new data were created or analysed in this study.

Disclaimer

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