

The relationship between the Zika virus and a sharp increase in the number of children born with microcephaly in Brazil seems probable but as yet unproven. However, it has resulted in various health warnings to women in Latin America about becoming pregnant. This poses a significant challenge to the Catholic Church, particularly since the region is [home to more than 40% of the world's Catholics](#)

For Catholics, there are echoes of the challenge posed by HIV/AIDS when, after years of official resistance to the use of condoms, [Pope Benedict XVI](#) acknowledged in 2010 that it might be better to use a condom than to infect a partner with the virus.

Like the AIDS pandemic, the Zika crisis exposes one of the greatest points of weakness in the Church's moral teaching. Whether we are discussing the effects of repeated pregnancies and a lack of access to birth control on women's lives, or the devastation caused by sexually transmitted diseases and those implicated in foetal abnormality, does the church simply reiterate a morally absolutist position, or does it allow a level of pastoral concern to modify how its teachings are interpreted and applied?

Various [comments](#) from individual priests, bishops and theologians in response to Zika have so far ranged from a reiteration of the church's prohibition of artificial birth control and a call for abstinence, to a more pastorally sensitive approach that recognises this is not about the prevention of life but about the avoidance of potentially catastrophic disability.

The Catholic tradition has always allowed for some flexibility in the interpretation of church teaching in particular circumstances – a [practice known as casuistry](#). When the denial of contraception exposes adults or the children they conceive to life-threatening illnesses and disabilities – and when the criminalisation of abortion condemns women to carry unwanted pregnancies to term or risk their lives through illegal abortions – we need to navigate a path of careful ethical reasoning through contested areas of human vulnerability, rights and responsibilities. The issues are more complicated than simply competing claims to rights.

Choices

First, it is important not to overestimate the influence of church teaching on the reproductive

choices of Catholics. [Recent surveys](#) show that more than 90% of Catholics around the world practise contraception – and a smaller majority believe that abortion should be legal in some cases. However, most countries in Latin America have highly restrictive abortion laws, and access to contraception is sometimes limited.

These laws and prohibitions impact most profoundly upon poor women – the rich can always find ways to access contraception and pay for private abortions. So how can the church reconcile Pope Francis's repeated calls to get involved in the messy realities of people's lives and stand up for the poor and oppressed with the Catholic church's moral teachings that many experience as excessively rigid and consider particularly punitive towards those who are poor?

In considering such debates, it is helpful not to conflate abortion and contraception. In the case of the Zika virus, [the level of risk of microcephaly is not yet known](#) as a certainty. Microcephaly has varying degrees of severity and it does not always constitute a threat to the child's ability to live a normal life. To advocate abortion in situations of a hypothetical risk of foetal abnormality is to come precariously close to eugenics, in which only the healthy are deemed fit for life. Having said that, the despair of a poor woman facing the prospect of caring for a profoundly disabled child demands a response. At the very least, there is a need to ensure that such women have access to sufficient social and economic support to care for their children.

However, the best way to avoid increased abortions owing to Zika is to ensure that women have free access to reliable contraception. To preach abstinence or the church's approved method of natural family planning presumes that a woman has considerable control over whether and when to have sex – and, in the machismo cultures of Latin America, that is a counsel of perfection tantamount to a form of cruelty. In such cultures, wives are often expected to submit to their husband's sexual demands – and women living in situations of violence, overcrowding and poverty face a high risk of sexual assault and rape. Women should have the right to protect themselves from unwanted pregnancy in all such situations, but particularly when the consequences could be so catastrophic.

Gender issues

So far, however, all the advice about avoiding pregnancy has been targeted at women. The real challenge is to make men aware of their responsibilities, and here the Latin American Church could be much more proactive. If the Catholic hierarchy really wants to encourage more responsible and life-affirming attitudes to pregnancy and parenthood, then it needs to do far less to regulate women's lives and far more to educate men. But can an all-male hierarchy, which refuses to share its power and sacramental priesthood with women, offer a model capable of

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Written by The Conversation USA

challenging machismo and fostering more egalitarian and mutually respectful relationships between men and women? I am not convinced.

These are questions that go beyond the Zika crisis, to touch on the most profound issues facing the Catholic hierarchy. The Catholic Church is a major provider of health care and education to the world's poorest people, yet its leaders should not be surprised that they are held to account by the media at times like this. They need to offer a credible response, if they are not to suffer further damage to their already diminished credibility with regard to sexuality, reproduction and the dignity and rights of women.

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