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Emphasizing Reproductive Health and HIV/AIDS Prevention to Youths from the Religious Perspective

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Abstract

Background: Religion shapes everyday beliefs and activities of youths, but few studies have associated HIV prevention with religion. This study explored how religious beliefs were used to enhance prevention of HIV and other sexually transmitted infections among youths. Study examines role of religion in discouraging HIV-related issues like stigma, discrimination and others. It enlightens youth on how to integrate religious beliefs with HIV prevention to boost compliance to HIV/AIDS medical interventions.

Methods: An interactive seminar was held with convenience sample of 530 youth and 8 youth leaders of Seventh-day Adventist church. Therefore, a sample of 538 individuals between 18-51 years was studied. During the seminar, researchers used pictures of various STIs to explain mode of transmission and showed how youth could be at risk of infections. Twenty three self administered questions were used for the study. Simple percentages on frequency tables were used for analysis.

Results: A good number of the respondents 404 (75%) had poor knowledge of sexually transmitted infections including HIV/AIDS. HIV and other STIs were seen as punishment from God for committing adultery and fornication. A total of 377 (70%) respondents were of the opinion that People Living with HIV/AIDS (PLWHA) committed ominous sin and should be isolated. Most participants 280 (52%) said if infected, they would not disclose their HIV. Although a good number of respondents 119 (22%) believed that prayer could cure HIV, as high as 102 (19%) of respondents are of the view that HIV has no cure and that youth should avoid being infected.

Conclusion: The fact that youth in the church regard members who are HIV positive as adulterers and/or fornicators shows poor knowledge of mode of HIV infection. There is therefore, the need to organize regular HIV-education outreach for religious groups to reduce beliefs that discourage HIV prevention.

Keywords: HIV prevention; Disclosure; Stigmatization; Spirituality/religiousness; PLWHA

Background

Religious activities and beliefs frame the daily behaviors and attitudes of many people including those of people living positively with HIV/AIDS. Christians in most developing countries including Nigeria make up 30% to 40% of the population. However, despite the interest shown by some researchers in understanding and addressing HIV-related issues such as stigma, discrimination, rejection and isolation, relatively little is known about the role of religion in discouraging these HIV-related issues on members who are infected with HIV/AIDS [1,2].

Previous studies have drawn the attention of researchers to the correlation between religion and behaviors that protect individuals against HIV infection. A good number of these researches focused on Muslim populations in African countries. In these researches, several religiously motivated behaviors such as higher rates of uncircumcision, fewer instances of extramarital sexual intercourse, and reduced consumption of alcohol were some of the factors that favour HIV prevention. These factors led to lower HIV prevalence rates among Muslims [3-6]. Further studies with Catholic Church and some Pentecostals showed that religious beliefs do not correlate with HIV protective behaviors [7]. In these studies, churches who considered religion "very important" were less likely to display HIV-protective attitudes than others. In other words, religious affiliation correlates with level of HIV knowledge and not with protective behaviors [8,9].

Studies have shown that religious organizations are influential social networks that can support or stigmatize People Living with HIV/AIDS (PLWHA), promote or impede HIV education, and also endorse or reject medical treatment of HIV. For instance, in developing countries with high rates of HIV, Faith Based Organizations (FBOs) are the major providers of HIV/AIDS care service, and education [10]. These services support members with spiritual and daily material needs. For instance churches provide PLWHA with spiritual counseling, prayers for healing, hope for personal spiritual salvation, social and material supports, personal care when they are sick, and assurances of burial when they die. To regulate the behavior of youths, some churches now require couples to be tested for HIV before getting married [11-13].

The sexual and moral connotations associated with HIV transmission make most church members to stigmatize PLWHA. As a result, stigma occurs at all levels in the church, from church leaders to congregation members [14-17]. Many of the stigmatizing attitudes that church members exhibit towards PLWHA arise from the poor knowledge of HIV infection. For instance, church members believe that PLWHA are immoral and that constant contact with them will result in HIV infection. This attitude of church members is responsible for the feeling of guilt and shame PLWHA show in the churches [18,19].

It has been found that allowing PLWHA to participate in church programmes is a major strategy PLWHA use in coping with HIV/AIDS. It was emphasized that such PLWHA were strengthened with the faith that increase in spirituality/religiousness is correlated with slower

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disease progression and also reduces the belief that HIV infection is the end-of-life decisions and activities [20-25].

Religious beliefs about HIV contribute to fatalistic attitudes that hinder health seeking behavior of people living with HIV/AIDS. For instance, a study conducted in rural Mali noted that people with fatalistic attitude believed that AIDS was punishment from God and that no treatment can change the health condition of an infected person. As a result, infected patients were discouraged from continuing HIV treatment and were forced depend on their pastors' prayers for HIV cure [25].

The studies discussed above provide a sound starting point for understanding the relationships between religion and beliefs about HIV infection. However, little or no previous work has been done to elucidate the specific aspects of religious beliefs that influence church members' perceptions about HIV and PLWHA. Therefore, the aim of this study is to examine how religious beliefs influence HIV-related stigma and understanding about the possible causes of HIV and other STIs. The central question is to what extent do the behaviors of some church members contribute to a further spread of HIV and AIDS.

Why Use Faith-based Curriculum for Youth in HIV and Other STI Prevention?

The church is regarded as a safe environment for organizing and sponsoring activities for young people. It is a place where moral values are formed and strengthened. Self-esteem is cultivated, and life's lessons are taught using the Bible, Quran or other holy books. Religion has been found to be a protective factor for youths in terms of healthy sexual behavior. Youths are taught moral instructions in most churches including Seventh–day Adventist church, but little or no training curricula on reproductive health and HIV/AIDS preventions are included in such moral trainings. There is need for churches to meet the needs of youth by teaching effective reproductive health and HIV/AIDS prevention.

This paper therefore addressed reproductive health issues and HIV/AIDS prevention from the religious (here Christian) life perspective. This perspective was used in other to clarify the myths and/or taboo on the discussions about sex and sexuality among youths in the church. Lack of discussions on sexual health issues might leave youths ill-equipped to protect themselves against unwanted sex, pregnancy, STIs and their consequences.

This paper aimed at educating youths and youth leaders about reproductive health, HIV/AIDS issues and other STIs so as to minimize discrimination and rejection of youths infected with HIV/AIDS and/or other STIs. The paper also aimed at assisting youths in the church to build their knowledge, attitudes and skills, on reproductive health and HIV/AIDS within the context of their shared faith. The paper explained the importance of STI prevention among youths in the church and encouraged actions that would improve the self-esteem of youths living positively with HIV/AIDS and other STIs.

Materials and Method

The survey took place on-site in the youth camp meeting of Seventh-day Adventist youths in Abia State. During the study, an interactive seminar was held with a convenience sample of 530 youths and 8 youth leaders of Seventh-day Adventist church during July 2010 youth camp meeting. In all a sample of 538 individuals between the ages of 18-51 years was studied. During the seminar, the researchers used pictures of various STIs to explain the mode of transmission of each STI and showed how youths could be at risk of infections. The authors as much as possible included few Bible passages like Galatians 5: 22-23, Proverbs 17:17, 1 John 3:18, 1 Corinthians 3:16-17 and 1Thessalonians 4:3 in the discussions to explain sexuality from the Christian point of view so as to meet the expectations of the target group as Christians.

Questions and answers were also used to elicit needed responses on knowledge of HIV/AIDS as well as attitudes of church members on youths living positively with HIV/AIDS. Researchers were also available to answer participants' questions during the interactive session. Thereafter, a 23 self- administered questions was given to the respondents.

Specific questions which concentrated on religious beliefs, knowledge about HIV infections, sexual attitudes of youths, and perceptions of church members on people infected with HIV and AIDS were emphasized.

The questionnaire was completed anonymously. This helped to protect the privacy of the participants. The respondents were advised to leave questions that they did not feel comfortable to answer blank. Participants returned their completed questionnaire to the researchers at the end of the session. Simple percentages on frequency tables were used for the analysis.

Prior to data collection at the camp, the researchers met with the church pastor and explained the purpose of the research and sought his approval. Congregants were introduced to the study by an announcement made by the pastor during the church services. Informed consent was therefore implied by seeking the approval of the pastor and that of the congregation. Congregants were told that participation in the survey was completely voluntary

The Abia State University Teaching Hospital Institutional Review Board approved the protocol for this study.

Results

The respondents' socio-demographic variables were varied. Table 1 contains the variables. The greater number of the respondents 372 (69.1%) were between the ages 20-30 years. They were essentially students 255 (47.4%) and a good number of them 284 (52.8) were in tertiary education. During the interactive session, participants were taught different strategies of preventing STIs including HIV using quotations from the Bible. These strategies include:

Building more virtues

This strategy of building more virtues was emphasized to encourage

Socio-demographic variables		
Age in years	Frequency of response	Total **N=538**
	18- 19years	95(17.6%)
	20-25years	182(33.8%)
	26-30 years	190(35.3)
	31-35years	56(10.4%)
	36-40years	10(1.9%)
	46 years and above	5(1%)
Sex	Female	356(66%)
	Male	182(34%)
Education	Primary school	58(10.8)
	Secondary school	196(36.4)
	Tertiary school	284(52.8)
Occupation	student	255(47.4%)
	Civil/public service	132(24.5%)
	artisans	151(28%)

Table 1: Socio-Demographic Parameters of Respondents.

church members to show love and belongingness to PLWHA so as to reduce the extent of discrimination and rejection noted against PLWHA in the church. In this respect, Galatians 5: 22-23 which states that "But the fruit of the spirit is love, joy, peace, kindness, goodness, faithfulness, gentleness and self-control, against these there is no law" was used to enlighten the respondents on the need to accept all church members irrespective of the health conditions.

Building healthy relationship

Another strategy emphasized in the study was the acts of building good relationships among church members. Bible quotations were given to highlight how to care, trust, support and respect one another's views. The specific Bible quotations used were Proverbs 17:17 which states that "a friend loves at all times, and a brother is born for adversity." Also 1 John 3:18 which says, "let us not love with words or tongue but with actions in truth." These Bible verses were used to emphasize the benefit of caring in building healthy relationships.

Avoiding risky sexual behaviour

For the strategy of avoiding risky sexual behavior, the researchers centered their discussions on abstinence, fidelity and avoiding multiple sex partners. Bible verses used to highlight this strategy were 1 Corinthians 3:16-17, which stresses that "Don't you know that you yourself is God's temple and that God's spirit lives in you? If anyone destroys God's temple, God will destroy him; for God's temple is sacred and you are that temple" and 1 Thessalonians 4:3, which says, "it is God's will that you should be sanctified: that you should avoid sexual immorality."

Say no to sex

1Thesselonia 4:3 which reads "it is God's will that you should be sanctified, that you avoid sexual immorality" was used to explain the need to delay sexual intercourse until marriage and the need to be fateful after marriage. The participants were reminded that having unprotected sex (vaginal, anal, or oral) could put them at risk of STIs especially HIV/AIDS. The basic information on the etiology of STIs was given as thus:

Bacterial STIs	Viral STIs	Protozoan STIs
Syphilis	Genital Herpes	Trichnomoniasis
Gonorrhea	Human Papilloma Virus (HPV)	
Chancroid	HIV	
Chlamydia		

Most general signs and symptoms of these STIs according to gender were emphasized as follow:

Signs of STIs in Men

- A wound, sore, rash, ulcer or blister on or around the penis
- Pus like discharge from the penis
- Pains or burning sensations when passing urine
- Pain and swelling of the testicles
- Abnormal swelling or growths in the genital area

Signs of STIs in Women

- A thick or itchy discharge with unusual smell or colour from the vagina
- Pain in the lower abdomen
- Pain or burning sensation when passing urine
- Pain during sexual intercourse
- Irregular abnormal bleeding from the vagina
- Itching in the genital area
- Abnormal growth or swelling in the genital area
- Sores around the genital area

It was re-emphasized that some people may not experience any or all of the above symptoms yet they could be infected with an STI. Therefore, emphasis was laid on the need for regular check-up especially when risk of unprotected sex with a partner had been engaged or when multiple sex partner had been practiced. At this point, pictures of STIs were shown to enhance the respondents' knowledge and illustrate further the need for protection from such infections.

Knowledge about HIV/AIDS

The respondents were asked the main causes of HIV. Results indicate that a good number of the respondents had poor knowledge of sexually transmitted infections including HIV/AIDS. As high as 404 (75%) of the respondents regarded HIV and other STIs as punishment from God for violating the commandment which forbids adultery and fornication. Table 2 contains the respondents' responses on the causes of HIV.

The perception of the respondents on people living positively with HIV/AIDS was explored. The result showed that a good number of the respondents 377 (70%) are of the opinion that people living with HIV/AIDS (PLWHA) should be avoided so as not to share their punishment from God. Table 3 shows the various views of the respondents on PLWHA.

Multiple choice

The respondents' preparedness to disclose their sero-status to relations and others was examined. From the result, a good number of the respondents 240 (44.6%) was not willing to disclose their sero-status to anybody. Table 4 contains the responses.

Causes of STI	Response category N=538
Virus infection from animals	12(2.2%)
Virus infection from human beings	45(8.4%)
Punishment from God for ominous sins	404(75.1%)
Witchcraft sent by enemies	12(2.2%)
Infection got through immunization	40(7.4%)
Family curse	8(1.6 %)
Do not know	17(3.2%)

Table 2: Respondents and Causes of HIV.

Perception	Response category
PLWHA are disobedient to God's words and should be avoided	377(70%)
PLWHA have family curse and need serious prayers	74(13.8%)
PLWHA are people who are to die from HIV	68(12.6%)
PLWHA are individuals who had sex with animals	14(2.6%)
PLWHA are witchcrafts who poisoned others	5(1%)
PLWHA are single parents	35(6.5%)
PLWHA are people with HIV virus infection	49(9.1%)
Do not know	37(6.9%)

Table 3: Perception of Respondents about PLWHA.

Preparedness to disclose HIV status	Response category N=538
Not prepared to disclose status to anybody if positive	240(44.6%)
Would disclose to the Pastor only	50(9.3%)
Would disclose to male family members only	55(10.2%)
Would commit suicide if positive	74(13.8%)
Would tell female family members alone	85(15.8%)
Do not know	34(6.3%)

Table 4: Respondents and their Preparedness to Disclose their Sero-Status.

Methods of treating HIV and other STDs	Response category N=538
Infected person is treated with antibiotics	88(16.4%)
Treated with antiretroviral	86(16%)
Treated with herbs	79(14.7%)
HIV has no treatment, youths should avoid this infection	102(19%)
Prayer is the only thing that cures HIV infection	119(22%)
Do not know	64(11.9%)

Table 5: Respondents and Views on Methods of Treating HIV and other STDs.

The respondents were requested to state known methods of treating HIV and other STDs. The respondents had various views on how HIV and other STDs are treated. Table 5 contains their responses.

Although a good number of the respondents 119 (22%) believed that prayer could cure HIV, as much as 102 (19%) of the respondents are of the view that HIV has no cure and that youths should avoid being infected.

Discussion

The analysis of the respondents' hypothetical willingness to disclose their sero-status to Pastors only could be associated with the belief that prayer cures HIV. Some of the respondents' refusal to disclose sero-status to anybody could also be correlated with lack of knowledge about mode of HIV infection.

The findings on willingness to disclose HIV sero-status are relevant to both social and clinical applications in HIV prevention. The findings provide better understanding of how religious beliefs influence stigmatization against PLWHA, and also explain the basic knowledge of youths about HIV transmission and treatment. These findings can guide collaborations between church leaders and clinicians/HIV educators on better understanding of PLWHA.

The finding that HIV could be cured with prayers helped to strengthen the feeling of youths and other religious members that those who are infected with HIV are those who committed ominous sins. The fact is that the youths in the church regard any church member who is infected with HIV as those who committed adultery and/or fornication. This view shows that the respondents had poor knowledge of HIV mode of infection. This finding on HIV mode of transmission agrees with the findings of the research group in the following mentioned references [14,17,25]. Also the finding that youths did not associate freely with those who are HIV positive confirms stigmatization and discrimination for those living positively with HIV/AIDS. This negative attitude of youths isolating people living positively with HIV/AIDS could make those positive to feel depressed and as a result self-stigmatize them.

The respondents' response that HIV has no cure and the view that youth should be careful so as to avoid being infected is a panacea for HIV prevention. This finding justifies why the researchers emphasized certain Biblical verses during the seminar. It is likely that these Bible verses used helped to instill confidence on the youths on the need to say no to sex before marriage, avoid multiple sex partners and to be faithful to ones sex partner.

From these findings, there is therefore, the need to organize regular HIV-education outreach for religious groups so as to improve their knowledge about HIV infection especially prevention. Such training will also improve their perception about people infected with HIV.

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