REVIEW PAPER

Unifying of social work with faith-based communities in combating HIV-related stigma: paper for social work

Anthony Kiwanuka[1], Lena Andersson[2], Eddy Walakira[1], David Kaawa Mafigiri[1]

[1]Makerere University, Kampala, Uganda
[2]University of Gothenburg, Sweden

Abstract

Stigma is a widely experienced feature, and recognized as a major factor that facilitates the spread of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) epidemic. Unifying social work skills and knowledge with faith-based organizations and communities, can contribute to combating HIV/AIDS and relating stigma. Political actions, religious influence, societal engagement, social dynamics, and openness are major modalities combating stigma and assisting prevention efforts. The issue of HIV and AIDS is both problematic and dangerous to affected individuals along with social, economic, political, and spiritual grounds. The disease is spreading rapidly among younger generations around the world. It is a societal challenge to overcome HIV and AIDS and related stigma. There is a great need for courage, commitment, and leadership at all levels, particularly among religious leaders, using social influence to make a difference in the course of the epidemic. They are in a position of authority and able to use the trust of their respective communities to significantly influence the course of the scourge. They have the authoritative means for effective fighting of HIV and AIDS-related stigma. This article presented examples and modalities of combating HIV and AIDS-related stigma in the society by church leaders. They and their respective institutions possess strengths, credibility, and are well-grounded in communities. Spiritual leaders have opportunities to make a practical and real difference in battling HIV and AIDS-related stigma The challenges of stigma experienced by individuals affected by HIV and AIDS calls for faith communities to act as a strong force for transformation that results in healing, hope, and change to all HIV/AIDS-affected individuals and associated stigma. In understanding of issues related to HIV and AIDS stigma, engaging community members and church leaders can contribute to effective program planning and development resources that will address stigma. This paper can encourage social workers to examine how religious leadership structures are positioned to take responsibilities for reducing the effects of HIV and AIDS-related stigma utilizing religious, familial, individual, and community strengths. Finally, this article would inspire social workers to focus on the formation of support groups, and faith-based peer education as well as counseling and support services to ensure that HIV/AIDS-infected people living with associated stigma, especially young people, women, orphans, and other children, receive social, emotional, and spiritual services.

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Introduction

Stigma is an effect of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) that imposes personal, social, and economic costs on individuals, families and friends, communities, and nations. It is widely recognized as a major factor that fuels the spread of HIV and AIDS. HIV/AIDS-related stigma is one of the main challenges in the prevention and control of the epidemic. In Uganda, Zambia, and other countries in Southern Sahara, HIV and AIDS-related stigma remains very strong and plays a major role in spreading HIV infection. In these communities, HIV-related stigma tends to be firmly rooted in peoples' minds regarding sexual behavior, which is perceived as immoral. This kind of attitude puts people living with HIV and AIDS in intimidating and embarrassing situations, and they face many forms of discrimination and neglect. To make the matter worse, stigma leads to secrecy and denial that often hinders honesty about HIV, and prevents people from seeking HIV counseling and testing [1]. This leaves hundreds of thousands of apparently healthy-looking HIV-infected individuals, who are transmitting the infection to a countless number of uninfected people. Therefore, in combating stigma and fighting the HIV/AIDS epidemic, every effort shall be undertaken to break the deadly silence on HIV and AIDS by all sectors at all levels. This must involve social workers, health staffs, religious leaders, community-based organizations, NGO's, political and government leaders, people living with HIV and AIDS, community leaders, and families [2]. In addition, social influence can also be conceptualized in this process, by which individuals make real changes in their feelings and behaviors as a result of interaction with others who are perceived to be similar, desirable, or authorities. People adjust their beliefs with respect to others, to whom they feel familiar in accordance with psychological principles, such as balance. Individuals are also influenced by the majority; when a large portion of an individual's referent social group holds a particular attitude, it is likely that the individual will adopt it as well. Additionally, persons may change their opinion under the influence of another who is perceived as an expert.

As a result of this article, participants would be able to:

- Use social influence to explore modalities and roles of social work and faith-based communities in HIV and AIDS work, including actions against stigma, and identify political, spiritual, and social environment of changing attitudes of faith-based communities towards individuals with HIV and AIDS and related stigma.
- Identify ways of accepting HIV and AIDS-associated stigma as a problem without imposing barriers, limitations on various understanding of fighting stigma, and plan for services, such as counseling, home care, and other needed supports in faith-based communities.
- Empower religious leaders of all faiths to spread messages of love and care without discrimination, collaboration, inclusion, and mobilization using sermons, group talks, home visits, and lectures.

HIV and AIDS as a global issue

HIV and AIDS-related stigma is a global problem requiring social work and faith-based communities to embrace a coordinated global solution to tackle stigma's root causes, and enable HIV/AIDS-infected individuals to seek care, prevention, and treatment services without the fear of being stigmatized. Stigma is a global problem, which is associated with HIV and AIDS, and played a major role in the worldwide spread of the HIV pandemic. Globally, HIV and AIDS has affected marginalized populations, e.g., youths, women, persons who inject drugs, gay, bisexuals, and commercial sex workers [1]. While governments tried to accommodate programs to access appropriate treatment and care for individuals with HIV and AIDS, it was clearly recognized that stigma prevents individuals from getting health services, such as getting tested, or seeking and adhering to treatment. Generally, stigma is experienced by people living with HIV and AIDS. HIV infection is increasing in poor countries, rural communities, people of color, and those who are already subjected to discrimination. Stigma is obviously a major limiting factor in the process of HIV and AIDS care and prevention, impairing the access to care and treatment as well as voluntary counseling and testing. Furthermore, stigma is a major problem in peoples' lives who already face social and economic problems. Using social influence dynamics and combating stigma, requires a combined effort of social workers and faith-based communities around the world. There is a belief that social workers, as skilled personnel who get involved in investigating social issues at macro, mezzo, and micro levels, can collaborate with faith-based communities to get effective approaches to fight stigma in all aspects. It is important to coordinate both parties to meet the needs of the society using different concepts. Social workers can do the work from grassroots in communities, while religious leaders can encourage and mobilize individuals in communities to testify their experiences to social workers, who can design the action plan to combat the epidemic.

Social influence work in action

At the heart of social work is the opportunity to respond to the awareness of HIV and AIDS-related stigma in all issues in society. As social workers, we are seeing social justice, peace, and happiness as well as pain and sorrow in the eyes of our patients daily [3]. The joys and pains experienced each day by girls and women at risk who use sex for survival, commercial sex workers, discordant couples, youth aged 10-25 years, young married couples, people living with HIV and AIDS, for positive prevention, men from fishing and farming communities, mobile male populations (long-distance truck drivers, motorcycle drivers), lesbians, gays, bisexuals, and transgenders, minorities etc., offer a great challenge in our practice. The great opportunity of being familiar with our clients' struggles of HIV and AIDS-related stigma help us to trust the process of suffering as a passage to a new change of life, become aware of all areas

of concern, and develop appropriate interventions. Understanding community situations allows us to concentrate on what must to be done to combat the disease [3]. It is important for social workers to reflect on experiences of communities in the fight against HIV and AIDS-related stigma, and to link these experiences to investigate health issues. It is our responsibility to communicate in all the possible ways to combat stigma by supporting information and education to enhance the capacity and skills of men and boys for HIV prevention, including counseling centers. We must encourage sensitization activities with religious leaders on how gender inequality fuels the spread of HIV/AIDS and emphasize the importance of men's responsibility to protect their partners. Moreover, encourage men's participation in HIV prevention programs, and to promote and disseminate documents written by religious leaders, theologians, and other experts who address gender equality and males' equality and responsibility [3]. It is also important to train faith-based communities that work with people living with HIV/AIDS on effective approaches and perspectives, such as empowerment and defense of rights in addition to compassion. Lastly, conduct training and sensitization activities with leaders, workers, and volunteers about human rights and social and personal costs of stigma and discrimination as well as distribute to religious leaders and voluntary groups laws and norms existing within each community/country on HIV/AIDS and treatment of people living with HIV/AIDS [4].

Religious values in the fight of stigma

In a study, Cairn explores the religious values and the power of religious leaders of various sects to mobilize communities, in which effective and sustainable community programs to address stigma associated with HIV/AIDS can be utilized [5]. This implies how to involve religious leaders in programs to eliminate the stigma and other forms of discrimination, which are often pointed at persons living with HIV/AIDS, and how to encourage community support and other healthcare services. It is believed that religious leaders have a task to promote a vibrant skillful collaboration to effectively deliver the services needed by the society [6]. Their roles are unique and influence all spheres of life. At best, religious leaders instruct, guide, encourage, correct, mediate, and care for members of their faith communities through all aspects of life, including death. They promote good health and well-being in these people's lives, families, local communities, nations, and the global community. Spiritual leaders have moral authority in the community. They play a major role in determining the direction taken by the community. They are viewed as role models, and their actions and deeds are highly regarded. Religious leaders have a unique catalytic role to play in addressing stigma, denial, and discrimination within groups. They can also influence a community's response. Religion is full of hope for humanity, especially for people who are suffering in the community. This can be translated into action to support those infected and affected

by HIV and AIDS. In this presentation, we aimed to develop an idea to bring religious leaders together, and to get them involved and participate fully in the training and learning process in seminars, workshops, and conferences at micro, mezzo, and macro levels.

Faith-based communities/ organizations (FBOs)

Communities and organizations involved in the fight against HIV and AIDS-related stigma use different definitions of community. The term "community" covers a wide range and diversity of people, groups, and institutions. This sector is not a single entity, rather it is a collection of different interests, opinions, capacities, resources, and priorities involved in a variety of activities ranging from advocacy to service provision [7]. In each country, this sector needs to be defined according to the characteristics related with the epidemic and conditions, which make certain communities more affected by HIV and AIDS. In these, the community sector refers to people living with HIV and AIDS, their groups and networks, community networks, and community-based organizations, including those involved or supported key populations, local national and international non-profit organizations, faith-based AIDS service organizations, NGOs networks, and NGOs support organizations [8]. Worldwide programs addressing HIV and AIDS involve the same functions of support to local responses and support to the community sector. In contrast, the Joint United Nations Program on HIV and AIDS (UNAIDS) defines community in the widest and most inclusive sense – as a community, a group of people who have something in common and will act together in their common interest. Many people belong to a number of different communities, such as the place they live, people they work with, or their religious groups, etc. [7]. Therefore, the issue of unifying social work with faith-based communities is a good practice for community-based organizations responding to HIV and AIDS-associated stigma, as this partnership can be used to encompass wide range of organizations that can be characterized as non-governmental organizations, including community-based organizations (CBOs) faith-based organizations (FBOs), and organizations of affected communities, such as people living with HIV and AIDS, sex workers, women's groups, youths, etc., responding to HIV and AIDS [9].

Strengthening sustainable HIV and AIDS-related stigma programs by working together (partnership)

Social work practitioners cannot build their capacities entirely on their own, neither on faith-based communities. By working together, social workers and faith-based communities can develop creative solutions to the challenges of building sustainable systems for HIV and AIDS service delivery. The scope of the partnership between the two can

vary considerably [9]. In Uganda, a multi-sectoral approach was adopted in the fight against HIV and AIDS with an active participation among faith-based organizations as early as 1992. Nearly all major religious institutions, both Islamic and Christian, have been actively engaged in the country's struggle with HIV and AIDS. While there is general agreement supporting the critical role of a faith-based community in the reduction of Uganda's HIV prevalence, a better understanding of what faith-based communities are doing with regard to addressing the epidemic is critical. In this presentation, our aim was to explore the perceptions of society's key decision-makers about the past, present, and future roles of faith-based community organizations in HIV and AIDS work, including actions to dissuade stigma and discrimination. We need to analyze faith-based organizations' performance and contributions in relation to priorities established in Global Strategy Framework on HIV and AIDS, an internationally recognized, consensus-based strategy developed by Member States of the United Nations. This strategy encourages simultaneous efforts to reduce risk of HIV transmission, lessen vulnerability to HIV and AIDS, especially among women and other high-risk groups, and mitigate the impact of the disease by providing care, treatment, and support to those affected [1]. The main issue of this article was to present key components of the overall strategy to combat HIV/AIDS-related stigma that undermines the success of the three approaches. It is hoped that working together will help faith-based communities to better understand how they are perceived, and how people in a variety of sectors think faith-based organizations can most usefully collaborate. Armed with this information, both faith and secular groups, can benefit from perceived strengths and address apparent weaknesses of FBOs to improve the collective response in reducing stigma and improving lives of those living with the virus [1]. Social workers collaborating with faith-based communities can be one of the most strategic approaches to combat HIV/AIDS-related stigma and discrimination around the world. Faith-based communities are one of the most sustainable ways to reach out to people living with HIV and AIDS, but often excluded by various interventions and community-based organizations [10]. Faith-based communities can use methods of hope to challenge the attitudes of religious leaders in the effort to transform stigma and discrimination into active involvement in care and support for those living with HIV and AIDS. Following sensitivity training, religious leaders of different faiths can select various people in their congregations to create an HIV and AIDS task force to organize workshops by social workers [5], who can cooperate with different congregations to encourage communities to change social norms. They can also support congregational leaders and trained facilitators to promote the utilization of HIV/AIDS counseling and testing services as well as life skills for youths, etc. Another potential activity for ending stigma of people living with HIV and AIDS is to encourage sensitization activities with religious leaders on how gender inequality fuels the spread of HIV and emphasizing the importance of men's responsibility to protect their partners [11].

Conclusions

Considering the issues of stigma, faith-based communities play a huge role in its combating; they possess an advantage in their ability to address stigma through their existing channels of social mobilization. As trusted entities within communities, faith-based communities are viewed for their significant ability to influence the cultural norms of their congregations. Furthermore, there are many people going to Church on Sundays or Mosque on Fridays; it is always good opportunity for social mobilization, and developing, sustaining, and changing social norms. Always potentially more powerful than political systems; it seems that people, although listen to politicians, they do not really trust them [1]. Faith-based communities together with social workers can address HIV/AIDS-related stigma and discrimination through their institutions that provide care and support to people living with HIV/AIDS. The primary focus is care. Participating in several activities, such as healthcare, offer medical and nursing care, home visits, and all types of counseling and support for orphans and preventive care focusing on youths. We need to visualize the ways of accepting HIV and AIDS as a problem without borders, and share the message of love and care throughout communities. Therefore, if someone with HIV and AIDS in the community should be supported, we must help the person, because he/she may not be necessarily a sinner. Ideally for social workers is to work as a team with faith-based communities to restore hope among HIV/AIDS-infected people to help them re-discover their self-esteem, re-build their self-confidence, and promote positive living [12]. Lastly, theoretical perspective of social influence as the outcome of exertion of social power include five bases: reward power, coercive power, legitimate power, expert power, or referent power; they all play a major role in the norms of a society. A change in opinion or attitude is considered an instance of social influence.

Disclosures

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