

Influence of Religious Beliefs and Practices on the Care Given to Children Living with HIV and AIDS in North Central Nigeria: A Qualitative Analysis

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ABSTRACT

Religion creates a platform for correcting erroneous beliefs among people involved in the care of people living with HIV and AIDS in a bid to establish an appropriate care perspective. The purpose of this research was to analyse how religious beliefs and practices affect acceptance and cooperation with the care of children living with HIV. A qualitative research method with a grounded theory approach was adopted and children living with HIV, their caregivers, nurse practitioners and stakeholders participated in the study. The study was conducted at two hospitals and two agencies for the control of AIDS, with focus group discussions and individual interviews. Data analysis employed Strauss and Corbin's grounded theory approach of open, axial and selective coding. The major themes identified include: 1) Acceptance of care by religious beliefs and practices; 2) Facilitation of care by religious belief systems; 3) commitment to care by religious leaders; 4) Activities of Muslim fasting, and 5) Influence of polygamy and Christian teaching on prayer for healing of HIV and AIDS. The study highlighted a good collaborative network among Christian and Muslim religious faiths in enhancing acceptance, thereby facilitating cooperation with the care. It is therefore recommended that various religious organizations should partner with programs that can assist the children living with HIV.

Key words: AIDS, Beliefs, Care, Children, HIV, Practices, Religion

INTRODUCTION

Christian and Muslim religious sects predominate in Nigeria, together with a minority who practice traditional religion, and there is a belief among the religious groups that afflictions and torments are

caused by evil spirits in response to evil committed against the deity; hence people are punished either physically or spiritually because of the offences. This is seen as being the case with HIV infection which

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invariably affect the care provided for those infected.¹ The Pentecostal teaching on punishment for sins such as promiscuity and disobedience also tends to fall in line with the notion that people are infected with HIV and AIDS because they have deviated from the divinely ordained concept of purity and are therefore being punished for their sinful behaviour, which has led many of those affected to deny their HIV status.² The Biblical notion (Deuteronomy 28:22) of God striking people with afflictions such as boils and wasting diseases (emaciated disease conditions) because of sin and disobedience are also seen as testimonies that those living with HIV and AIDS are being punished for their sins, as the symptoms of AIDS bear a resemblance to wasting disease as recorded in the bible.³ Similarly, the Islamic faith posits a belief system in which multiple sexual partners outside of marriage and prostitution are seen by the community as core factors for getting infected with HIV and AIDS, justifying abandonment of those infected with the virus.⁴

Against this backdrop, religion is nonetheless also seen as offering a platform whereby these erroneous beliefs can be corrected and whereby children living with HIV and AIDS would be accepted. Religious leaders can use this opportunity to educate their followers and encourage them to openly share their thoughts about HIV and the care needed for those infected with the virus.⁵ Open discussions about HIV infectivity and adequate education among the people would enhance acceptance, with appropriate provision of holistic care.⁶ This can be achieved by sharing valuable information that would help improve the living conditions of children with HIV and AIDS.⁷

A good partnership is needed between Muslim and Christian religious leaders to encourage teachings on their religious practices to enhance acceptance and cooperation that would curb the scourge of HIV infections.⁸ A 2002 news item on the Nigerian HIV and AIDS situation commented that good education among Muslims and Christians in the North would help to enhance teachings on acceptance of HIV-affected

children and beef up cooperation in their care, citing an example where children aged between twelve and sixteen years were given adequate education on HIV transmissibility and their erroneous beliefs were corrected.⁹ A similar news report described inter-religious organizations partnering to support teachings on best practices for promoting acceptance and cooperation among community members in the care of children living with HIV.¹⁰

Against this backdrop, the study was conducted to explore the religious beliefs and practices impinging on the care of children living with HIV and AIDS.

MATERIALS AND METHODS

Study design and setting

A qualitative research design was adopted for this study with a grounded theory approach. The antiretroviral (ARV) units of two hospitals were used as the setting for this study (one faith-based organization and one government health institution) as well as two agencies for the control of AIDS (one non-governmental organization and one government agency), all based in Kogi State, North Central Nigeria. The hospitals are Grimard Hospital Anyigba (tagged as Hospital A) and General hospital Ankpa (tagged as Hospital B) while the agencies are Diocesan Action for the Control of AIDS and Kogi State Agency for the Control of AIDS.

Participants and recruitment

The population for the study included children aged 11-14 years living with HIV, their caregivers, nurse practitioners working in the HIV clinic, and stakeholders from agencies for the control of AIDS.

A theoretical sampling frame was adopted with an initial sampling of four participants among the children, caregivers and nurse practitioners which was built to theoretical saturation. A total of eight members respectively participated among the children and their caregivers (16 members in each setting) and ten nurse practitioners (20 members in the two settings); who

were engaged in focus group discussions, whilst the stakeholders were engaged through individual interviews. The discussions were based on emerging theoretical concepts. The sample inclusion criteria for participation in this study were as follows:

- A child must be ten to fourteen years of age.
- The child must be accessing antiretroviral care in the HIV clinic
- A caregiver must be taking direct care of the child and may be either biological or foster parents.
- A nurse practitioner must be working on the ARV unit and be involved in the care of the children.
- A stakeholder must be involved in the care of children with HIV and AIDS and may be a volunteer or a government worker.

Ethics approval and consent to participate

Ethical approval was given by the institutions and the hospitals where the study was conducted. Informed consent was also obtained from the participants in the conduct of this study and the parents/guardians supported the informed consent of their children to participate in this study. They participated voluntarily and they were asked to withdraw if they so wish at a point there were dissatisfied with the study, so none of the participants was coerced to participate in this study. Conducting research with children and other vulnerable populations was given support under the provisions of the Child Rights Act which allows children above ten years to give consent for adoption and also for research endeavours insofar as their participation in research gives them a hearing.¹¹ The researcher observed all confidentiality issues as regards research dealing with vulnerable groups, especially confidentiality issues dealing with children infected with HIV and AIDS.

Data Collection

Data collection and analysis were done concurrently

within the antiretroviral units of the two hospitals and the agencies for the control of AIDS in Kogi State, Nigeria. The researcher was personally involved in the process of data collection with other trained research assistants. The focus group discussion lasted for about one and half hours per session while the interview session lasted for about one hour per visit. The participants were engaged on a monthly basis at the various research settings until theoretical saturation and data collection was brought to an end. Theoretical relevant concepts guided the selection of this research setting. Data collection process took a period of nine months, between December, 2019 to September, 2020.

Data analysis

Strauss and Corbin's method of grounded theory analytical sequence of open, axial and selective coding was used after the verbatim transcription of data to see the emerging themes, codes, concepts with their sub-categories in order to attach labels for the process of analysis.¹² The core concepts of religious beliefs and practices of the various faiths were ascertained to see how these affect the care being rendered to the children, and their core-categories and sub-categories were linked in a sequential manner to see how they relate to the conceptualization of the caring phenomenon.

RESULTS

The main themes extracted under the core category of religious beliefs and practices were acceptance of care, facilitation, and commitment to care, while the other themes that emerged as affecting the care parameters were fasting and polygamy of the faithful as well as teachings on healing for AIDS cure. These are represented in the analysis.

Theme 1: Acceptance of care by religious beliefs and practices

The children participants in this study submitted that in general, the various religious beliefs and practices

accepted them and the care being rendered, and further asserted that the religious belief system in the Nigerian situation did not negatively impact on the care they were accessing, but rather helped in mutual acceptance. Both Christianity and Islamic religious faiths viewed caring for HIV-infected children as good and promoted acceptance of care for children at all levels.

Our religion accepts us in Nigeria, because it helps them to accept one another, the Muslims and the Christians, once they are in need, they help themselves in case of sickness; they can take us to the doctor and nurses for treatment (Child Participant 7; Hospital B)

As for me, I am a Muslim and I believe in the care I am receiving, so I do not have problem in coming to get my drugs from the clinic and also taking them at home...eeem, my religion also encourages me to go for care anytime people come to help us in our place (Child Participant 2; Hospital B)

What I have seen in the nature of this care I am receiving is that my Christian faith does not see anything wrong with the care I am receiving for this sickness ... Christianity also said that we should be obedient to our parents, so I do take my drugs anytime they ask me to take it (Child Participant 1; Hospital B)

Theme 2: Facilitation of care by religious belief system

The caregivers corroborating this fact asserted that, whatever is your belief system, once you have faith in God, you must accept the care rendered to these children in order to facilitate their care and help them cope with the HIV conditions. Participants indicated that they were even counselled by the religious leaders

to go and access care at the clinic sites; in this regard the counselling was helpful in the care being rendered to the children.

Our religious beliefs here do not affect us the way we give care to these children, because we see Christians and Muslims coming to the clinic to see what they can receive for their children ... me, I am a Christian and my religious beliefs accepts this type of care as long as it will make my child to be alive (Caregiver Participant 4; Hospital A)

Our Christian faith teaches that we should believe in God, and that he has the power to heal, and that does not stop us from taking our drugs, so my belief does not affect the care I am giving to this child; we are even encouraged to go to the clinic to get this care from the church (Caregiver Participant 1; Hospital B)

Theme 3: Effect on care of Muslim fasting and polygamy

Although most of the participants asserted that the religious belief system enhanced the care being rendered to the affected children, some participants indicated that care was hampered by refusal to take drugs during the fasting periods in terms of Muslim religious teachings and practices, and also the teachings on polygamy and Purdah (forbidding women to go out). These were the points that emerged in the statements by some nurse practitioners.

... there are other negative aspects of religious beliefs like eeem ... as in the case of Muslims, you know during fasting, they do not want to take their drugs when it is time for them to take it, they deviate from the time telling us that they are fasting, so it is really

affecting the care we are giving them (Nurse Practitioner Participant 5; Hospital B)

It affects the care, about 80% of them may not welcome you, let's take Muslims for instance, if the husband who is the head of the household is not available, you don't dare approach any of the family members and the family members look at it as a taboo for another person to enter the house where married women are kept, that is Ba-Shiga (no entry) and if you use force, the outcome may be disastrous; because of this fear, they don't come out to access care if the instruction is not given to them by their husbands or the head of the household (Nurse Practitioner Participant 2; Hospital A)

... eeh, under religious beliefs, I want to add something, some religion promotes polygamy and polygamy has a lot of problems attached to it, let's say a man has four wives and each of the wives has seven children each and the care of these children are left in the hands of the women, if one happens to be positive and the woman does not earn any income ... it will go a long way to affect the care of that child (Nurse Practitioner Participant 1; Hospital A)

Theme 4: Christian religious sect teachings about prayer for healing of HIV and AIDS

Teachings or claims of some Christian religious sects on prayer for healing of those infected with HIV also tend to affect the care that is being given to these children, as some clients tend to align with these religious teachings and reject orthodox medicine which

some participants attested could give rise to complications for those infected or increase the likelihood of deaths among them.

Most of them, their faith affects them, because whatever Pastors or Prophets tell them, their faith tends to rely on that, compared to the real practical teaching we are giving them ... until at a certain period, when they start seeing the pastor coming to access his drugs before they will believe, if not, some of them will remain there until they die (Nurse Practitioner Participant 2; Hospital A)

... some will initially start taking the drugs, but some will start attending prayers and when they tell them that it is only God that can heal them, some will dumb their drugs and they will no longer take it; when they come for admission next time, it will become worse than before, and when you ask them, they will say that when they attended prayers, that Mama or Papa asked them not to take their drugs again (Nurse Practitioner Participant 8; Hospital B)

Theme 5: Commitment to care by religious leaders

Despite the aforementioned participants' responses about the teachings and practices of Muslim and Christian religious sects hampering the care being rendered to HIV-affected children, most of the participants nonetheless indicated that acceptance of this care by Christian and Islamic faiths in Nigeria helped in the treatment and care of these children, as both groups of religious leaders showed commitment to their care by visiting them from time to time to see to their welfare and also by praying for them and giving other assistance to aid in the care.

I know both Muslims and Christians

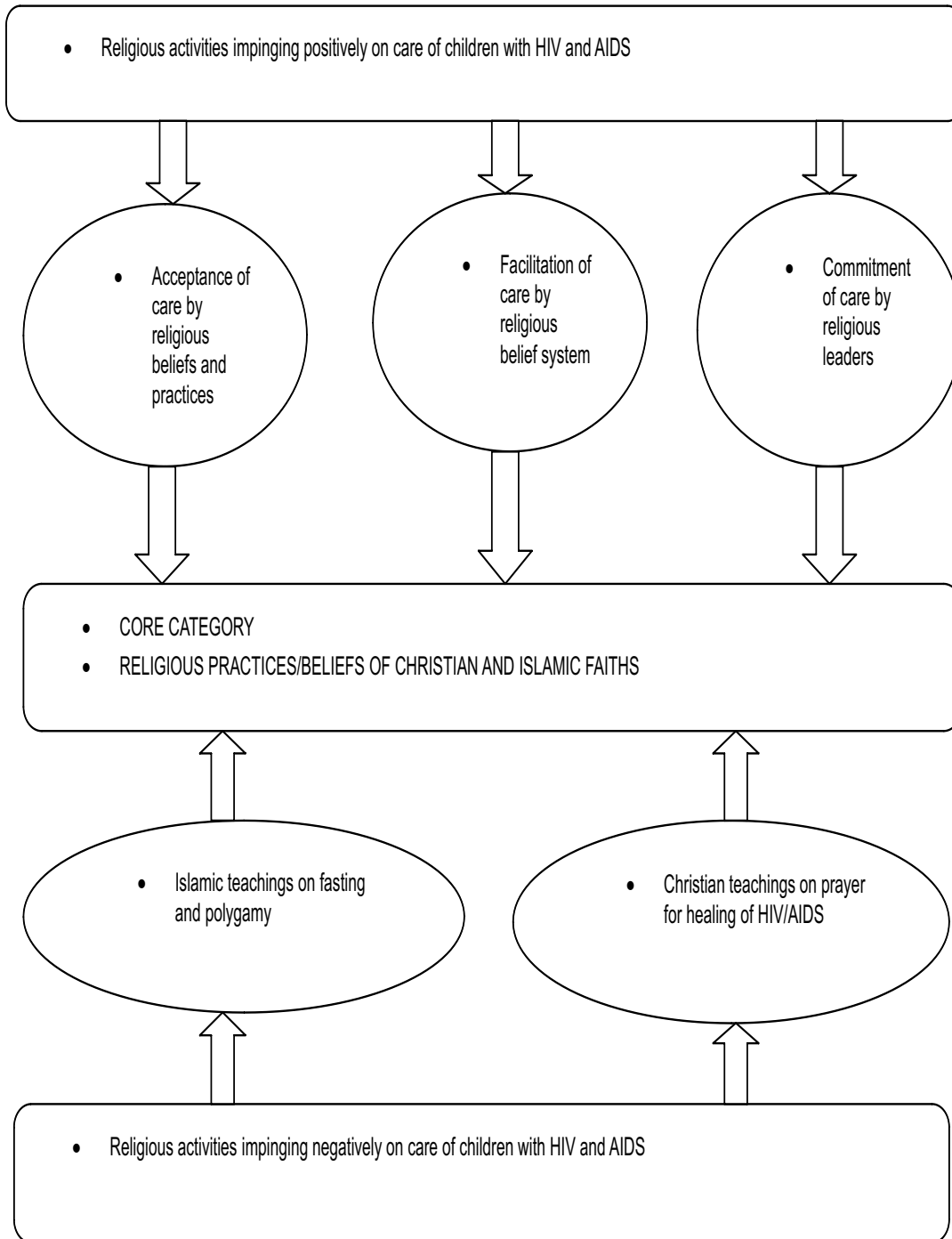


Figure 1: Religious Beliefs and Practices Impinging on HIV/AIDS Care

believe in God and in prayers and our faith do not affect us in taking our drugs; whether you are a Muslim or a Christian, if you have a child with this condition, you have to accept it and give care to that child so that the child will live well (Caregiver Participant 2; Hosp. B)

...sometimes, the religious leaders come from time to time to see and pray for these children; they also give them support in terms of clothing, food, educational support among others, at times, they offer them scholarships and pay their school fees. All religious groups in Nigeria accept the care (Individual interview - KOSACA).

DISCUSSION

The various religious beliefs and practices in the Nigerian context show acceptance of children living with HIV and AIDS and facilitate the care they are accessing, often encouraging the children to access care being given by nurses and other health workers. AIDS care and prevention is a growing phenomenon among Christian and Muslim communities in the new millennium as both faiths seek to embark on strategies that can create awareness on HIV prevention and promote the care of people living with HIV and AIDS (PLWHA). Both Christian and Muslim religious faiths are engaged in charitable works aimed at alleviating the sufferings of these children by visiting them and providing for their care needs.¹³ Reporting on partnership with religious communities, UNICEF⁷ noted shared values among various religious faiths (Christianity, Islam and Hinduism) on the care of children in providing physical and psychosocial support to those affected by HIV and AIDS. The report emphasised the value and dignity of children in families. Similarly, Christian faith, as taught by Jesus in

the Bible (Luke 18:16), advocates the care of vulnerable children in performing acts of love and caring for the sick, while the Islamic concept of Zakat urges care of the poor, the needy, and the sick. In both of these belief systems, the care of these children is a priority. The findings in this study corroborate UNICEF's report¹⁴ reflecting a dialogue among religious leaders within various communities in Nigeria to save the lives of children by providing care to the high-risk vulnerable population in some of the states.

Although it has been documented in the literature that various religious sects can engage in activities that affect the care and supportive programmes being advocated for these children by linking HIV and AIDS with an impure and immoral lifestyle, labelling those affected as sinners within the religious group and even denying them membership because of their HIV status,¹⁵ this study did not show such behaviour, and this might be due to variations in culture, participants' knowledge and different study settings.

On care facilitation, most of the caregiver participants indicated that whatever belief system you profess, you must accept these children and support the care being rendered to them; in this regard, they indicated that even their religious leaders encourage them to take these children to the various health care facilities. The finding corroborates Oluduro¹⁶ that faith-based organizations and religious leaders had opportunity to meet from time to time with PLWHA and give counselling and care support in a bid to curb the scourge of the disease; to this end, Muslim and Christian religious leaders collaborated with government and other philanthropists in Nigeria to devise programmes of action that could provide empathetic care to those affected. The cooperation between Islamic charitable organizations and Christian NGOs in most African countries in the fight against AIDS are also consistent with this finding.¹⁷ Among the organisations involved in projects to alleviate the sufferings of children living with HIV and AIDS are: Catholic Relief Services,

Saudi-based International Islamic Relief Agencies, the Red Cross Movement and the United Nations. Despite this care facilitation by various religious groups and their leaders, studies have shown that the unpreparedness of some of the religious leaders, due to their belief systems can hamper the acceptability and care of those children infected with HIV and AIDS.¹⁸

The claims of some Christian churches that prayers can heal AIDS were also seen as hampering the acceptance of care by caregivers, as they become preoccupied with these prayers and prophetic healings and abandon orthodox medical care for children living with HIV and AIDS, often leading to complications among the children when their caregivers refuse to bring them to health facilities during a health crisis.¹⁹

The findings in this study, however, indicated enhanced commitment to care among religious groups, with both Christianity and Islamic faiths supporting the care being given to children living with HIV and AIDS; this was clearly reported by caregivers and other stakeholders involved in the care, who asserted that religious leaders gives commitment to the care and encourage the caregivers to beef up their care; to this end, they visit them to give assistance via prayers and donations of relief materials that can be of help to the children. In regard to acceptance and care benefits accorded to children living with HIV and AIDS, this finding corroborates earlier findings of World Council of Churches on the continued care and assistance to the children living with HIV.²⁰ Adherence to religious values among the Islamic faithful could also enhance the care of PLWHA.²¹ Strengthened and leveraged partnerships among various organizations is key to helping children cope with the condition of HIV which can enhance their treatment supports.²² Further to this, better understanding among various faith-based organizations could strengthen the treatment support for the children living with HIV and enhance their care.²³

CONCLUSION

The study highlighted a good collaborative network among Christian and Muslim religious faiths with their beliefs and practices as it enhances the acceptance of children living with HIV and AIDS within Nigerian communities, thereby facilitating cooperation with the care. It is therefore recommended that various religious organizations within African communities should partner in intervention programmes that could give assistance to these children in the spirit of acceptance and cooperation.

Limitations

Non-inclusion of other religious faiths in the context of this study is a limitation and this is due to the fact that Nigerian communities are principally composed of Christian and Muslim religious faiths. Information about the perception of other faiths would have helped to contextualize the findings in this study. The paucity of current literature on the subject matter of discourse is also a limitation.

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Conflict of Interest

There is no potential conflict (s) of interest to declare in this research work

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