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UNIFYING SOCIAL WORK AND FAITH-BASED COMMUNITIES IN COMBATING STIGMA

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Abstract

Stigma is widely experienced and recognized as a major factor that facilitates the spread of HIV/AIDS epidemic. Unifying social-work skills and knowledge base with faith-based organizations or communities can contribute to combating HIV/AIDS and its stigma. Political actions, religious influence, societal engagement and openness are major modalities that combat stigma and assist prevention efforts. The issue of HIV/AIDS is both problematic and dangerous to affected individuals along social, economic, political and spiritual arenas. The problem is spreading rapidly among the younger generations around the world. It is a societal challenge to overcome HIV/AIDS and stigma. There is a great need of courage, commitment and leadership at all levels, mainly among religious leaders, to make a difference in the course of the epidemic. They are in a position of authority and able to use the trust in their respective communities to make change in the course of the scourge. They have the authoritative means for effectively fighting the HIV/AIDS stigma. This presentation will offer examples and modalities for combating HIV/AIDS related to stigma in society by using church leaders. They and their respective institutions possess strengths, credibility and are well-grounded in communities. Leaders of the church have opportunities to make a practical and real difference in battling the stigma related to HIV/AIDS. The challenges of stigma experienced by individuals affected by HIV/AIDS calls for faith communities to act as a strong force for transformation that results in healing, hope and change to all affected by HIV/AIDS and its stigma. In understanding issues of this phenomenon of HIV/AIDS stigma, engaging community members, church leaders can contribute to effective program planning and development resources that will address stigma. This presentation will encourage social workers to examine how religious leadership structures are positioned to take responsibilities for reducing the effects of HIV/AIDS stigma utilizing religious, familial, individual, and community strengths. Finally, this presentation will

encourage social workers to focus on the formation of support groups, faith- based peer education, counseling and support services to ensure that people living with HIV/AIDS and its stigma, especially young people, women, orphans and other vulnerable children, have social, emotional, and spiritual comfort.

KEY WORDS

Transformation, interconnection, stand shoulder to shoulder, heart to heart in the fight against HIV/AIDS - related stigma.

Learning Objectives:

As a result of this workshop, participants will be able to:

• Explore modalities and roles of social work and faith- based communities in HIV/AIDS work, including actions to dissuade stigma and identify the political, spiritual and social environment of changing attitudes of faith-based communities towards those with HIV/AIDS and its stigma.

• Identify ways of accepting HIV/AIDS 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 services where faith-based groups can connect.

• Empower religious leaders of all faiths to spread messages of love and care without discrimination, collaboration, inclusion and mobilization through sermons, group talks, home visits and lectures.

Background

Stigma is an influence of HIV/AIDS that inflicts personal, social and economic costs on individuals, families and friends, communities and nations. It is widely recognized as the major factor that fuels the spread of HIV/AIDS. HIV/AIDS-related stigma is one of the main challenges in the prevention and control the epidemic. In Uganda and Zambia and other countries in South of the Sahara, stigma against HIV/AIDS remains very strong and plays a major role in spreading HIV infection. In our communities HIV-related stigma tends to be firmly linked in peoples' minds with regard to sexual behavior which again is perceived as promiscuous behavior. This kind of attitude puts people living with HIV/AIDS into unnecessary hostile and embarrassing situations; they face many forms of discrimination and neglect. To make matters worse, stigma leads to secrecy and denial that often hinders openness about the HIV and prevents people from seeking counseling and testing for HIV (Tanga, et al, 2007). This leaves hundreds of thousands of apparently healthy-looking individuals who are infected with HIV transmitting the infection to countless numbers of uninfected people. Therefore, in combating stigma and fighting the epidemic, every effort shall be put in place to break the deadly silence on HIV/AIDS by all sectors at all levels. This must involve social workers, health workers, religious leaders, community-based organizations, NGO's, political and government leaders, people living with HIV/AIDS, community leaders and families (National policy on HIV/AIDS, Dar es Salaam, 2001).

HIV/AIDS as a Global Issue

HIV/AIDS stigma is a global problem requiring social work and faith-based communities to embrace a coordinated global solution to tackle its root causes and enable individuals to seek

care, prevention and treatment services without the fear of being stigmatized. Stigma is a global problem which is duly associated with HIV/AIDS; it has also played a major role in the worldwide spread of the pandemic. HIV/AIDS, globally, has affected the marginalized populations e.g. youth, women, persons who inject drugs, gay and bisexuals and commercial sex workers (Tanga, et al, 2007). While the governments have tried to put up programs to access appropriate treatment and care for individuals with HIV/AIDS, it is clearly recognized that stigma prevents individuals from getting health services(for example: getting tested, seeking and adhering to medication or treatment due to stigma which is associated to HIV/AIDS positive). Generally, stigma is experienced by people living with HIV/AIDS and affected individuals. HIV infection is increasing in poor countries, rural communities, people of color, and people who are already subject to prejudice and bias. Stigma is obviously a major limiting factor in the process of HIV/AIDS care and prevention and it has sabotaged the access to care and treatment, and voluntary counseling and testing. Stigma is a major problem in peoples' lives who are already faced with social and economical problems. Combating stigma requires a combined effort for social workers and faith-based communities around the world.

There is a belief that social work as skilled personnel who get involved in investigating social issues at all levels of macro, mezzo and micro 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 paradigms. Social workers can do the assessment work from grassroots in communities, while religious leaders can encourage and mobilize individuals in communities to testify their experiences to social workers, who then can design the action plan to combat the epidemic.

Social work in Action

At the heart of social work is the opportunity to respond to the awareness of HIV/AIDS related to stigma in all issues in society. As social workers we are thrust into the field of seeing social justice, peace and happiness, the pain and sorrow in the eyes of our clients daily (Dorothea, 2011). The joys and pains experienced each day by girls and women at risk for using sex for survival, commercial sex workers, discordant couples, youth ages 10-25, young married couples, people living with HIV/AIDS, for positive prevention, men from fishing and farming communities, mobile male populations (long-distance truck drivers, motorcycle drivers), Lesbians, Gays, Bisexual and Transgender, minorities etc.., offer a great challenge in our practice. The great opportunity of being cognizant of our client's struggles of HIV/AIDS stigma help us to trust the process of suffering as a passage to a new change of life, and become aware of all areas of concern and develop appropriate interventions. Understanding the community situations help us to pay attention to what we must do to combat the disease (Dorothea, 2011).

It is important for social workers to reflect on experiences of communities in the fight against HIV/AIDS stigma and to link these experiences to research on health issues. It is our responsibility to communicate 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 and the importance of emphasizing men's responsibility to protect their partners. Encourage men's participation in HIV prevention programs and to promote and disseminate documents written by religious, theologians and others that address gender equality and male equality and male responsibility (Dorothea, 2011).

It is also important to train faith-based communities that work with people living with HIV on effective approaches and perspectives i.e. empowerment and defense of rights in addition to

compassion. Lastly, conduct training and sensitization activities with leaders, workers and volunteers about human rights and the social and personal costs of stigma and discrimination, and disseminate to religious leaders and voluntary groups the laws and norms existing within each community/country on AIDS and the treatment of people living with HIV (UNFPA 2005).

Religious values in the fight of stigma

Cairn, 2008 explores the religious values and the power of religious leaders of various sects to mobilize communities that can be used to design effective and sustainable community programs to address stigma which is associated with HIV. This implies how to involve the religious leaders in programs to eliminate the stigma and other forms of discrimination which are often directed to persons living with HIV and how to encourage community support and other health services. It is believed that the religious leaders have a task to promote a vibrant skillful collaboration to effectively deliver the services needed by the society (UNFPA, 2004). Their roles are unique and touch on 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 of the people in their individual lives, families, local communities, nations and the global community. Religious 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 communities. They can influence a community's response. Religion is full of hope for humanity, especially for the ones 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 aim to develop an idea for encouraging participation to bring religious leaders together, but it is another thing to get them involved and participating fully in the training and learning process in seminars, workshops, and conferences at the micro, mezzo and macro levels.

Faith-Based communities/Organizations (FBOs)

Communities and organizations involved in the fight against HIV/AIDS 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 (UNAIDS, 1997). In each country, this sector needs to be defined according to the characteristics related with the epidemic and the conditions that make certain communities more affected by HIV/AIDS. In these, the community sector refers to: people living with HIV, their groups and networks, community networks and community based organizations, including those that involve or support key populations, local national and international nonprofit organizations, AIDS service organizations faith-based, NGOs networks and NGOs support organizations (ICASO, 2007).

Worldwide programs addressing HIV/AIDS serve the same functions of support to local responses and support to the community sector. While the joint United Nations Program on HIV/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 for instance, include the place they live, the people they work or their religious groups (UNAIDS 1997).

Therefore, the issue of unifying social work and faith-based communities is a good practice for community based organizations responding to HIV/AIDS stigma, as we can use this partnership to encompass the wide range of organizations that can be characterized as non-governmental organizations. This may include: community-based organizations (CBOs) faith-based organizations (FBOs) and organizations of affected communities including, among others, people living with HIV/AIDS, sex workers, women's groups, youths all of which are responding to HIV/AIDS (Delion & Ninan, 2008).

Strengthening sustainable HIV/AIDS and related stigma programs by working together (Partnership)

Social work practitioners cannot build their capacities entirely on their own neither 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/AIDS service delivery. The scope of the partnership between the two can vary considerably (PEPFAR, 2012). In Uganda, a multi-sectoral approach was adopted in the fight against HIV/AIDS with an active participation among faith-based organizations as early as 1992. Nearly all its major religious institutions, both Islamic and Christian, have been actively engaged in the country's struggle with HIV/AIDS. While there is general agreement supporting the critical role of the faith community in the dramatic reductions in Uganda's HIV prevalence, a better understanding of what faith communities are doing with regard to addressing the epidemic is critical. In this presentation, our aim is to explore perceptions of society's key decision-makers about the past, present and optimal future roles of faith-based community organizations in HIV/AIDS work, including actions to promote or dissuade stigma and discrimination.

We need to analyze faith-based organizations' performance and contributions in relation to priorities established in the Global Strategy Framework on HIV/AIDS, an internationally recognized, consensus-based strategy developed by United Nations Member States. This strategy encourages simultaneous efforts to reduce risk of HIV transmission, lessen vulnerability to HIV/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 (Tanga, et al, 2007). The main issue of this presentation is to grasp key components of the overall strategy to combat 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 capitalize on perceived strengths and address perceived weaknesses of FBOs to improve the collective response to reducing stigma and improving the lives of those living with the virus (Tanga, et al, 2007).

Social workers working with faith-based communities can be one of the most strategic approaches to combat stigma and discrimination around the world. Faith-based communities are one of the most sustainable ways to reach out to people living with and affected by HIV/AIDS; but more often than not they are excluded by various interventions and community-based organizations (PEPFAR, 2012). Faith-based communities can use the methods of Hope to challenge the attitudes of religious leaders in an effort to transform stigma and discrimination to active involvement in care and support for the people living with and affected by HIV/AIDS. Following sensitivity training, religious leaders of different faiths can select several people in each congregation to create an HIV/AIDS task force to attend a well organized workshop by social workers (UNFPA, 2004). The social workers work 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 counseling and testing services and life skills for youths, for example. Another potential activity for ending stigma towards PLWHA is to encourage sensitization activities with religious leaders on how gender inequality fuels the spread of HIV and the importance of emphasizing men's responsibility to protect their partners (GHC, 2004).

Conclusion Considering the issues of stigma, faith-based communities have a big role to play; they possess a comparative advantage in their ability to address stigma through their existing channels of social mobilization. As trusted entities within communities, faith-based communities which are viewed for their significant ability to influence the cultural norms of their congregations. Secondly, so many people go to church on Sundays or Mosque on Fridays; it is always a powerful tool for social mobilization and developing and sustaining or changing social norms. Always potentially more powerful than political systems because, on one level, it seems people—although they listen to politicians—they do not really trust them (Tanga, et al, 2007). Faith-based communities together with social workers can address HIV/AIDS – related stigma and discrimination through their institutions that provide care and support to PLWHAs. The primary focus is care. Participating in several activities like care, offering medical and nursing care, home visits, and doing all types of counseling and support for orphans and preventive care also focusing on the youths is tremendous work. We need to envision ways of accepting HIV/AIDs as a problem without borders and share the message of love and care throughout communities. Therefore, if someone with HIV/AIDS in the community should be supported, we must help him/her, because he/she may not be necessarily a sinner. The ideal is for social workers to work as a team with faith-based communities to restore hope among these people,

among the infected, and the affected to help them rediscover their self-esteem, rebuild their self-confidence and promote positive living (Aggleton, 2000).

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