

Research to Practice Notice

HIV/AIDS Stigma and Discrimination among Religious Leaders

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Background/Context

- A pilot research study in Uganda aimed to understand HIV/AIDS stigma among clergy.
- Stigma (being judged for a particular trait) and discrimination (being treated unfairly) are key reasons people with HIV/AIDS don't get tested or follow-up with treatment, which can threaten the overall health of a community.¹
- Religious doctrines and moral positions by religious leaders can create and reinforce perceptions that people with HIV/AIDS have sinned and deserve their punishment.²
- However, church leaders have also played an important role in using their trusted voices to reduce stigma and promote dignity for individuals living with HIV/AIDS.³

1. Parker, R., & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. *Social Science and Medicine*, 57(1), 13-24.
2. Pingel, E. S., & Bauermeister, J. A. (2018). 'Church hurt can be the worst hurt': community stakeholder perceptions of the role of Black churches in HIV prevention among young Black gay and bisexual men. *Culture, Health & Sexuality*, 20(2), 218-231.
3. Alum, E. U., Ugwu, O. P., Obeagu, E. I., & Okon, M. B. (2023). Curtailing HIV/AIDS spread: impact of religious leaders. *Newport International Journal of Research in Medical Sciences*, 3(2). 28-31.

Methodology

- This pilot research study in Africa interviewed church leaders to hear about their personal experiences regarding stigma or discrimination toward HIV positive clergy in the church.
- Their comments were summarized to identify ways churches could address stigma and discrimination to support a healthy approach to HIV/AIDS.

Recommendation

- Share accurate information on how HIV/AIDS is transmitted and treated with church leaders and congregation members.
- Consider how HIV positive church leaders can serve as role models in HIV/AIDS couple testing and counseling.
- Encourage church leaders to actively address HIV/AIDS stigma:
 - o Don't condemn those affected/infected with HIV/AIDS
 - o Speak out against stigma and discrimination
 - o Use scriptures to encourage, correct and build communities that trust and care for each other (see Psalm 113; Luke 10:25-37; 2 Corinthians 5:16-21)
 - o Promote pastoral visits to members of their congregation dealing with HIV/stigma

Stigma makes people afraid to share they have HIV, so they don't get the help they need.

Key Findings

- Disclosure of an HIV positive diagnosis made a church leader vulnerable, isolated and looked down upon not only by fellow clerics but also by the senior leadership within the church who associate HIV positive status to sexual immorality in the church.
- Key drivers of stigma included hyper spirituality or spiritual immaturity, ignorance about HIV/AIDS transmission, and social-cultural barriers that avoid discussing sexual health and HIV related topics in the open.
- Stigma can lead individuals to hide their HIV status out of fear of judgment, leading to a lack of open communication and support within the church community.
- HIV positive participants understood the difference between stigma and discrimination; other respondents did not clarify any difference between stigma and discrimination suggesting that beliefs about HIV status were always linked with unfair treatment.
- This was a pilot study within one church denomination, the Anglican Church of Uganda. Although this reflects about 35-40% of Christians in Uganda, the findings may not be the same for all church congregations.

“... some [HIV-positive] clergy fear to mix with other congregants because of the thinking that they are sick and can spread the virus if touched”.

Conclusion

- HIV stigma and discrimination among church leaders in Africa is an ongoing, complex issue that continues to require involvement from many different sectors.
- Strong collaboration between churches and community health organizations can help to address the spread of HIV/AIDS.
- Multiple faith-based resources are available to start conversations and initiatives, including: <https://www.oikoumene.org/resources/documents/the-impact-of-hiv/aids-and-the-churches-response>

This practice recommendation is provided by the Meros Center, which supports Christian Health Ministries around the world. Additional information and resources can be found at www.meroscenter.org. This summary is intended to share emerging evidence relevant to community health practices, but individual clinical decisions should be made by qualified clinicians using the appropriate standard of practice for their setting.