Emphasizing Reproductive Health Issues and HIV/AIDS Prevention to Youths from a Religious Perspective in Abia State of Nigeria

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Abstract: *Background*: It is assumed that religion shapes everyday beliefs and activities of individuals including that of youths. The problem is that most times, some religious groups out of ignorance exclude their members from associating themselves with HIV preventive programmes. The need to use religious beliefs to enhance prevention of HIV and other sexually transmitted infections among youths in the Church cannot be overemphasized. Here the roles of religious leaders in discouraging HIV-related issues like stigma, discrimination and others among members including youths will be emphasized. In this study, awareness will be created on how youths could integrate religious beliefs with HIV prevention to ensure compliance to HIV/AIDS interventions.

Methods: An interactive seminar was held with a sample of 538 youths between 18-51 years who attended the 2010 camp meeting was studied. In effect, all the 538 youth members of Seventh-day Adventist church youth volunteer movement were studied. Researchers used combinations of methods to collect data. Story-telling and pictures of various STIs were used to explain mode of transmission and show how youths could be at risk of HIV infection. Certain strategies to enhance HIV prevention among youths like 'say no to sex' and others were highlighted. Thereafter, a 23 self administered questions which centered on knowledge of HIV risk factors, effective methods of preventing HIV infections and others was used for the study. Descriptive statistics including simple percentages on frequency tables were used for analysis.

Results: Before the training, a good number of the respondents 404 (75%) had poor knowledge of sexually transmitted infections as a risk factor for HIV infection. HIV and other sexually transmitted infections (STIs) were seen as punishment from God on those who committed adultery and fornication. A total of 377(70%) respondents were of the opinion that people living positively with HIV/AIDS (PLWHA) and other STIs committed ominous sins and should be isolated. About 280(52%) of the participants were of the view that they would not disclose their HIV status if infected.. Although 119(22%) of the respondents believed that prayer could cure HIV, as high as 102(19%) of respondents are of the view that HIV has no cure and that youths should avoid being infected.

Conclusion: The fact that youths in the church regarded fellow 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 usually frame the daily behaviors and attitudes of many people including those of youths. Christians in most developing countries including Nigeria make up 30% to 40% of the population and there is need to address HIV prevention among them. However, despite the interest shown by some researchers to address HIV prevention and related issues such as stigma, discrimination, rejection and isolation among this population, little or nothing 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 called 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 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 countries with high rates of HIV, faith based organizations (FBOs) are the major providers of HIV/AIDS care services and education [10]. These services as

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provided by FBOs 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]. Findings from these studies show that many of the stigmatizing attitudes church members exhibit towards PLWHA crop up from the poor knowledge of HIV infection. Some church members believe that PLWHA are immoral and that constant contact with them will result to HIV infection. This attitude of such church members is responsible for the feeling of guilt and shame PLWHA show in the churches [18-21].

It has been found that allowing PLWHA to participate in social activities, including church activities slows disease progression and fortifies them to cope with HIV/AIDS related issues. These studies emphasized that increase in spirituality/religiousness is correlated with slower disease progression and the reduction in the belief that HIV infection is the end-of-life decisions and activities [22-25].

This finding is necessary because religious beliefs about HIV contribute to fatalistic attitudes that hinder health seeking behavior of PLWHA. 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, a good number of the infected patients were discouraged from continuing HIV treatment and this worsened their disease condition. They were forced to depend only on their pastors' prayers for HIV cure [26-29].

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 explain to youths using some Bible verses, the role of STIs in HIV infection. The central question is, to what extent has religion contributed to HIV prevention among Seven-day Adventist youths?

Why Use Faith-Based Curriculum for Youths 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, Koran 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 youths 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 so as 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 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 Church leaders to adopt 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. A total of 538 youths made up of 530 youths and 8 youth leaders between 18-51 years, who attended the July 2010 youth camp meeting in Abia State were studied. Youths for this study represent all persons who belong to the Seventh-day Adventist church youth

volunteer movement. These youths are incidentally, the sexually active group in the church. During the seminar, pre-test was given to the respondents to assess their knowledge base. After the seminar, post-test was also given to note the extent to which the youths benefited from the training.

Combinations of data collection methods were adopted. The researchers adopted an interactive seminar where they used story- telling and pictures of various STIs to explain the mode of transmission of each type of STI, show how youths could be at risk of infections and also highlight the role of STI in HIV infection. Also some Bible passages like Galatians 5: 22-23, Proverbs 17:17, 1 John 3:18, 1 Corinthians 3:16-17 and 1Thessalonians 4:3 were used to explain sexuality from the Christian point of view and stress the need for youths to care and support those who are living positively with HIV/AIDS. In addition, the researchers utilized questionnaire, semi-structured Interviews, and systematic observation using check-list to note the extent to which the intervention has effect. There was also review of documents as well as informal conversation with the church stakeholders.

Questions and answers were further used to elicit from the youths needed responses on knowledge of HIV/AIDS prevention, attitudes of church members on youths living positively with HIV/AIDS and others. Researchers were also available to answer participants' questions during the interactive session. Thereafter, a 23 self-administered questions which centered on knowledge of HIV prevention, HIV risk factors, religious beliefs on HIV infection, and others was used for the study. 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. Descriptive statistics including simple percentages on frequency tables were used for the analysis.

Quality Control

To minimize errors, the researchers used both English and local language to explain issues during the interactive seminar. Each STI picture shown to the respondents was explained both in English and local language. Also the researchers were available to explain the purpose of the study and the instructions for completing the questions to the youths. In addition, all unclear and ambiguous questions were explained during the training session. The purposes of these were to minimize errors during data collection.

Ethical Consideration

Prior to data collection at the camp meeting, the researchers carried out advocacy visit with the church pastor and other Church Stakeholders to explained the purpose of the research and sought their 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, stakeholders and that of the youth leaders. Youth members 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 245(45.6%) in both secondary and tertiary education.

KNOWLEDGE ABOUT HIV/AIDS

During the pre-test, the respondents were asked the causes of HIV infection. Results indicate that a good number of the respondents had poor knowledge of sexually transmitted infections including HIV and 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. Only 21(3.9%) of the respondents associated gonorrhea with HIV infection. Table **2** contains the respondents' responses on the causes of HIV.

The result of the post-test after the training showed significant increase in the knowledge of the youths on HIV. The result showed that as high as 359(66.7%) were aware that HIV infection is a virus infection transmitted by humans and not otherwise. Table **3** contains the result.

The perception of the respondents on people living positively with HIV/AIDS was explored. The result of

Table 1: Socio-Demographic Parameters of Respondents

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 attained	Primary school	58(10.8)
	Secondary school	196(36.4)
	Tertiary school	284(52.8)
Occupation	Student	245(45.6%)
	Civil/public service	142(26.4%)
	Artisans	151(28%)

Table 2: Respondents Knowledge on Causes of HIV Before Training

Causes of STI	Response category
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 %)
PLWHA are people with gonorrhea infection	21(3.9%)
Do not know	17(3.2%)

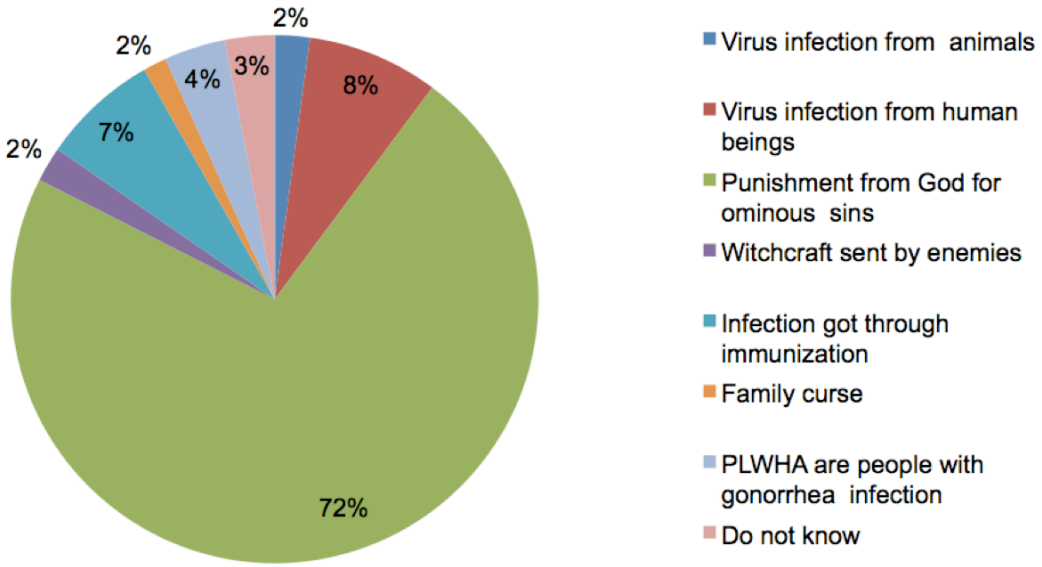
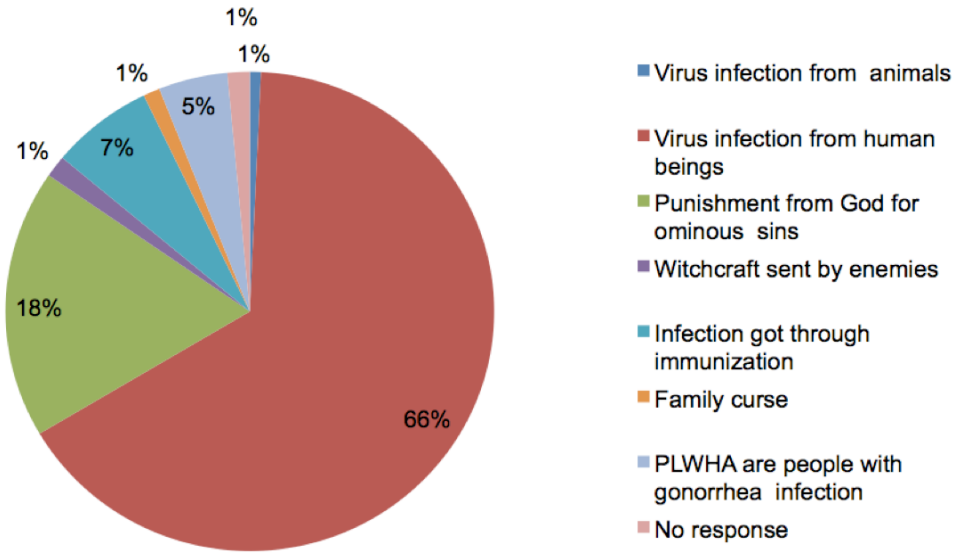


Table 3: Respondents Knowledge on Causes of HIV After Training

Causes of STI	Response category
Virus infection from animals	4(0.7%)
Virus infection from human beings	359(66.7%)
Punishment from God for ominous sins	99(18.4%)
Witchcraft sent by enemies	8(1.5%)
Infection got through immunization	37(6.9%)
Family curse	6(1.1 %)
PLWHA are people with gonorrhea infection	25(4.6%)
No response	8(1.5%)



the pre-test showed that a good number of the respondents 377(70%) were of the opinion that people living with HIV/AIDS (PLWHA) should be avoided so as not to share in their punishment from God. Table **4** shows the various views of the respondents on PLWHA.

After the training, the views of the youths on people living with HIV and AIDS significantly changed. As high as 72.1% realized that people living with HIV and AIDS need care and support. Table **5** contains the responses.

Table 4: Perception of Respondents about PLWHA Before Training

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 and should be cared for	49(9.1%)
PLWHA are people who spread gonorrhea infection and needs no sympathy	21(3.9%)
No response	37(6.9%)

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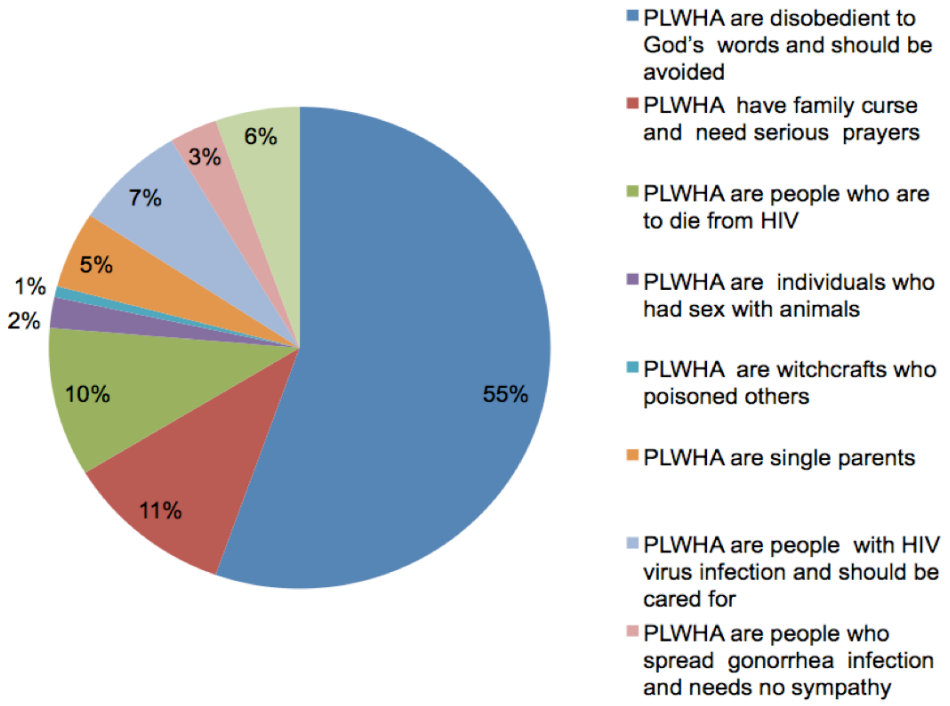


Table 5: Perception of Respondents about PLWHA After Training

Perception	Response category
PLWHA are disobedient to God's words and should be avoided	96(17.4%)
PLWHA have family curse and need serious prayers	58(10.8%)
PLWHA are people who are to die from HIV	32(5.9%)
PLWHA are individuals who had sex with animals	4(0.7%)
PLWHA are witchcrafts who poisoned others	1(0.2%)
PLWHA are single parents	28(5.2%)
PLWHA are people with HIV virus infection and should be cared for	388(72.1%)
PLWHA are people who spread gonorrhea infection and needs no sympathy	7(1.3%)
No response	17(3.2%)

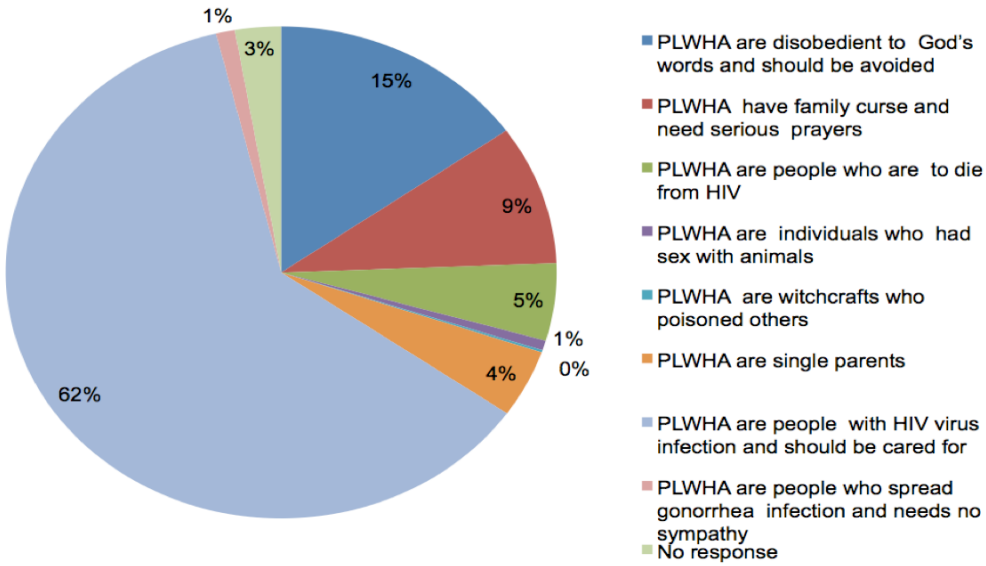
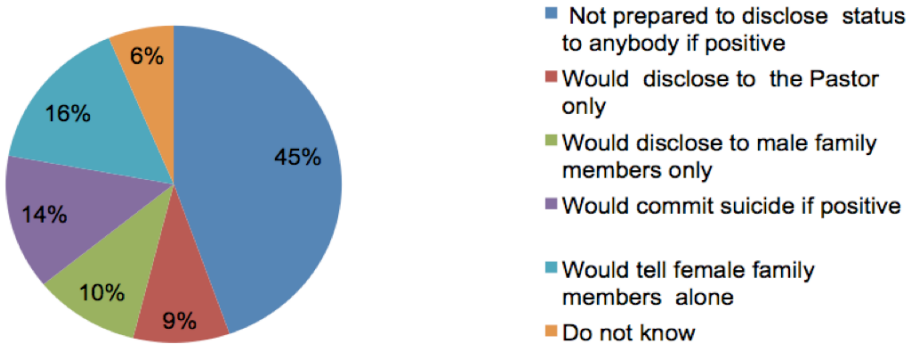


Table 6: Respondents and Preparedness to Disclose their Sero-Status to Others Before Training

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%)



The respondents' preparedness to disclose their sero-status to relations and others if infected was examined. From the finding, 240(44.6%) of the respondents during the pre-test said they will not disclose their sero-status to anybody if infected. Table **6** contains the responses.

After the training, a good number of the youths 80.8% were prepared to disclose their sero-status to significant persons. Table **7** contains the result.

The respondents were requested during the pre-test to state known methods of treating HIV and other STIs.

Table 7: Respondents and Preparedness to Disclose their Sero-Status to Others After Training

Preparedness to disclose HIV status	Response category N=538
Not prepared to disclose status to anybody if positive	34(6.3%)
Would disclose to the Pastor only	110(20.4%)
Would disclose to male family members only	185(34.4%)
Would commit suicide if positive	55(10.2%)
Would tell female family members alone	140(26%)
No response	14(2.6%)

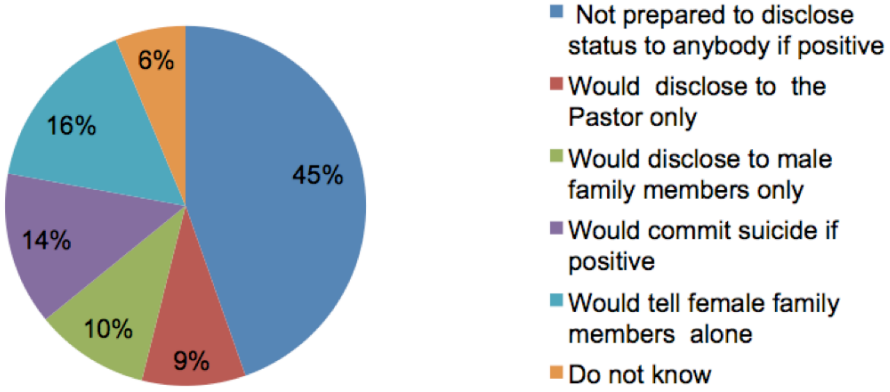


Table 8: Respondents and Views on Methods of Treating HIV and Other STIs Before Training

Methods of treating HIV and other STIs	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%)

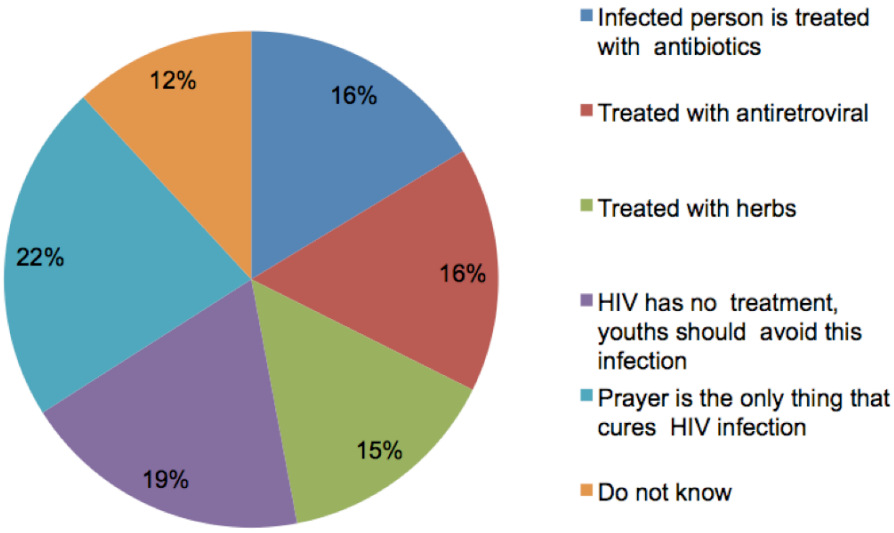
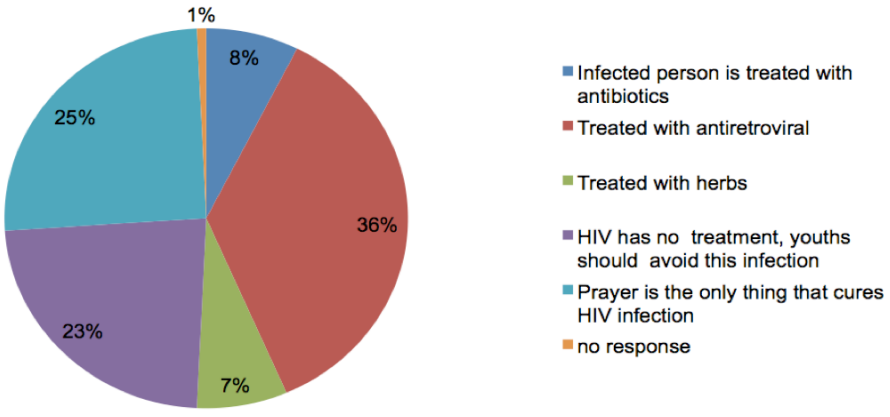


Table 9: Respondents and Views on Methods of Treating HIV and Other STIs After Training

Methods of treating HIV and other STIs	Response category N=538
Infected person is treated with antibiotics	40(7.4%)
Treated with antiretroviral	194(36.1%)
Treated with herbs	39(7.2%)
HIV has no treatment, youths should avoid this infection	125(23.2%)
Prayer is the only thing that cures HIV infection	136(25.3%)
no response	4(0.7%)



The respondents had diverse views on how HIV and other STIs are treated. Table **8** contains their views.

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.

The respondents' knowledge of how HIV and AIDS could be treated increased after the training. Table **9** shows their knowledge

The interactive section held with the Church Stakeholders revealed that the church beliefs do not associate with HIV protective behaviors like condom use. The church policy is that youths should be chaste before and after marriage. It was explained that any youth who behaves contrary to this will be excommunicated from the church. It was further explained that the church does not indulge in teaching sexuality to the youths. Teaching such it was emphasized will make the youths promiscuous and in so doing, they could deviate from their religious fate.

DISCUSSION

During the interactive session, participants were taught different strategies of preventing STIs including HIV using quotations from the Bible. These strategies which were used to stress the importance of moral discipline among youths in the church include:

Building More Virtues

This strategy of building more virtues was emphasized to encourage the respondents to show love and belongingness to PLWHA so as to reduce discrimination and rejection 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". This Bible quotation was used to explain the negative impacts of discrimination, rejection and isolation on the health of PLWHA. By this, the researchers encouraged the youths to accept all church members irrespective of their social and health conditions.

Building Healthy Relationship

Another strategy emphasized in the study was the need to establish good relationship 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", and 1 John 3:18, "let us not love with words or tongue but with actions in truth". These Bible verses helped the researchers to establish the fact that healthy relationships with PLWHA will create positive effects on their health conditions.

Avoiding Risky Sexual Behaviour

For this strategy, 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 stress that "Don't you know that you yourself are 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". Also 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 again used to emphasize the need to delay sexual intercourse until marriage and also the need to be fateful after marriage. The respondents were reminded that having unprotected sex (vaginal, anal, or oral) could put them at risk of STIs especially HIV/AIDS. The researchers explained the relationship between STIs and HIV infection. STIs constitute risk factor for HIV infection. 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		

The researchers also provided according to gender, the general signs and symptoms of these STIs as follow:

Signs of STIs in Men

- The signs on men were given as: wound, sore, rash, ulcer or blisters 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

- The signs on women were given as:
- 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

The researchers re-emphasized the need for regular check-up especially when risk of unprotected sex with a partner had been taken or when multiple sex partner had been practiced. This emphasis is important because according to the findings of [3, 6], some individuals may not experience any or all of the above symptoms yet they could be infected with an STI. At this point, pictures of STIs were shown to enhance the respondents' knowledge and illustrate further the need for protection from such infections.

The researchers' use of Bible verses helped them to capture the attention of the respondents while addressing reproductive health issues and HIV/AIDS prevention. It also helped them to clarify the myths and/or taboos noted among the stakeholders in the church during discussions on sex and sexuality. The fact that most of the stakeholders and youths regarded those infected as people who are under God's curse for their sins, shows lack of knowledge on sexual health issues and HIV prevention.

In this study, 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. Also the fact that some of the respondents even after training, still had the view that they would not disclose their sero-status to others despite the long interactive session the researchers held with such respondents, could be correlated with their fatalistic religious background. Most respondents had fear of excommunication with its attendant social and spiritual implications in the church if they reveal their status. This fear probably influenced the extent of poor knowledge of HIV mode of infection and treatment as well as the unwillingness of some respondents to declare their status. The findings on the respondents' unwillingness to disclose HIV sero-status agree with that of [26, 28] and are relevant to social and clinical implications in HIV prevention. These findings provide greater understanding of how religious beliefs could negatively influence HIV prevention in some religious circles.

Furthermore, the finding that the respondents did not associate freely with those who are infected because of the perception that they were probably infected as a result of adultery and/or fornication confirms stigmatization and discrimination for those living positively with HIV/AIDS. This negative attitude of isolating those infected agrees with the findings of [14, 17, 29] and could further make those infected feel depressed and as a result, self-stigmatize themselves too. The findings clearly reveal the extent of rejection and discrimination those infected are exposed to among fellow church members.

The result of this study can initiate collaborations between church leaders and clinicians/HIV educators on possible ways of educating youths and others in this church on reproductive health issues, effective ways of preventing HIV infection, as well as the benefits of disclosing ones sero-status to contact persons.

The finding that HIV could be cured with prayers helped to strengthen the spiritual views of PLWHA and assured them that there is still hope of survival. This finding could also encourage other youths to live a pious life so as to avoid being infected. The respondents' response that HIV has no cure and that youths should be careful so as to avoid being infected is a panacea for HIV prevention. This finding could motivate the youths to avoid multiple sex partners. This justifies why the researchers emphasized certain Biblical verses during the seminar. It is likely that these Bible verses used could have reminded youths of the need to say no to sex before marriage, to avoid multiple sex partners and to remain faithful to ones sex partner.

CONCLUSION

From the findings in this study, there was increased knowledge of HIV mode of infection after the training as

evidenced by the fact that most of the respondents changed their initial negative perceptions on HIV infection. There is therefore, the need to organize regular HIV-education outreach for religious groups so as to continue to improve their knowledge about HIV prevention. Such training could minimize church members' negative view on people infected with HIV thereby guarantee care and support for the infected. The finding is necessary because some religious beliefs about HIV introduce fatalistic attitudes that hinder health seeking behavior of the infected in some churches including that of Seven-day Adventist. Poor health seeking behaviour could increase mortality and morbidity rates of those infected.

The findings of this study as discussed above provide sound starting point for understanding the role of religion in HIV prevention. Religion helps to shape the moral attitude of its members including that of youths. Discouraging some negative religious beliefs about HIV infection that affect the health conditions of PLWHA will increase care and support for those infected, protect the integrity of those affected, and motivate individuals to disclose their sero-status so as to protect contact persons when necessary. Findings of the study are capable of equipping the youths with information necessary to protect them against HIV infection.

This study carried out in Christian religious background, is also advocated for other religious groups. This type of study could motivate youths on effective ways of marrying their religious beliefs with prevention of STIs including HIV. Those who are already infected will be assisted to live a life devoid of stigmatization and rejection.

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