

Learning guide

Beliefs, Spirituality and HIV:
Harnessing benefits and overcoming barriers

This learning guide has been prepared in conjunction with the Women for Positive Action slide presentation and speaker notes resource concerning the impact of spirituality, faith and religion on women living with HIV.

The guide identifies the key learning objectives for this module and suggests topics for discussion and self-learning. The modules are intended for use by both health professionals and community representatives who want to create or participate in learning opportunities relating to improving the care of women with HIV.

Learning objectives

After completing this module, participants will be able to discuss the following issues and appreciate their implications for both patients and providers of health care.

Spirituality, faith and religion are important for women living with HIV

- From the point of diagnosis, throughout their journey, women living with HIV face many emotional stress-related burdens and uncertainties which can lead them to seek spiritual or religious support
- Living with HIV leads many women to question the meaning of their lives, to seek guidance and a new life purpose
- The majority of women living with HIV in Europe and North America are from communities with a strong form of spirituality, faith or religion
- The importance of beliefs in supporting people with HIV has been shown in surveys that demonstrate a marked increase in spirituality among people living with HIV following their diagnosis. Although this applies to both men and women spirituality as a coping strategy in HIV is more commonly reported in women than in men People living with HIV often describe their HIV diagnosis as a 'catalyst' or positive turning point in their lives – spirituality can be a positive component of the journey for a woman with HIV

Beliefs, faith, spirituality and religion can be barriers in the management of HIV

- Some religious organisations, practices and ideas can claim religion or tradition as a justification for their teachings (e.g. abstinence-only advice compared with

- 'comprehensive' safer sex education)
- Some religious laws bestow rights on men (e.g. polygamy), which may make women more vulnerable to HIV
 - Beliefs such as 'God will protect me' and 'God intended this for me' may encourage risk-taking behavior, feelings of helplessness, resignation and denial
 - There may be a negative impact on women living with HIV if faith-based institutions, religious teachings, traditions, and faith communities claim religion or tradition as a justification for having HIV as 'a punishment', offer solutions, but with 'strings attached', or influence people to form negative opinions about their medication
 - For some people there may be fears of rejection from a supportive spiritual community if the diagnosis of HIV is disclosed.

HIV stigma exists in some faith communities

- Stigma can be both perceived and directly experienced. It is associated with poor medication adherence, depression and a fear of disclosure of one's HIV status to others
- Stigma can be associated with religious beliefs and can instill or reinforce the attitude that people with HIV have been punished by God or have not followed 'the Word of God', and therefore deserve their fate
- Feelings of guilt can stem from some religious teachings
- Religion may play a role in both causing HIV stigma and in non-discrimination and acceptance of women living with HIV

Prayer can have positive effects in women with HIV

- Prayer can have positive effects on wellbeing in a number of medical conditions. Mechanisms for this in HIV may include the use of prayer as a way of talking to an "absent counsellor", helping women construct a compassionate 'life scheme', interrupting negative rumination, promoting mindfulness and positive thinking, and helping women achieve results
- Prayer can be an important buffer against stress. Women often use prayer to overcome the initial shock, sadness and anger of hearing their HIV diagnosis
- Many find prayer an effective self-care strategy
- Women may use prayer in combination with their clinician's advice when making decisions related to their HIV management
- Women rely more on prayer and religion than men in dealing with health-related issues

Religion and spirituality can have a positive impact on the well-being of women living with HIV

- A comforting belief system may be related to improved physical well-being through positive psychological effects, including improved optimism and reduced depression
- Some women believe that the influence of belief in a god enhances their ability to cope with their HIV diagnosis
- The benefits of an active spiritual life may include peace, happiness and stress reduction
- Mindfulness, which relates to living in the present moment, is associated with greater calmness and clarity of thought, and is related to a variety of potential benefits for subjective and real-world experiences including: interruption of negative rumination, taking greater responsibility for one's own life decisions, doing things that are beneficial for the future, making choices to better look after one's self, and a greater enjoyment of life

Spiritual activities may be related to beneficial clinical outcomes

- One-third of people living with HIV/AIDS have mood disorders or clinically significant depressive symptoms which can cause physical changes that may contribute to disease progression and mortality, can affect behaviour and may delay treatment initiation and adherence
- A growing body of evidence suggests a range of beneficial effects of spirituality on physical and mental health, leading to lower emotional distress, lower depression, greater optimism, better psychological adaptation, greater preservation of CD4 cells, better control of viral load, and ultimately increased longevity

Spirituality and adherence

- Spiritual / mind-body beliefs are related to treatment decision-making and adherence in people living with HIV, acting as both barriers and motivators
- Mind-body beliefs may result in enhanced adherence, or they may encourage individuals to postpone ART until they are ready to take them, and enhance adherence once the individual is prepared to take treatment
- Although it is critical that initiation of treatment is not deferred beyond a critical immunological point, awaiting treatment readiness of the patient may be the appropriate approach, in order to prevent the development of treatment resistance due to non-adherence

- Those believing that health is controlled by a 'Higher Power' may be more likely to find it difficult to accept biomedical interventions such as ART. Such perspectives may lead to the belief that even in an advanced disease stage, medication is not needed.

Faith leaders and faith-based organizations can be powerful advocates, role models and educators

- Faith leaders can be powerful advocates, role models and educators. In general they have particularly good access to the 'ear' of their community
- Many faith leaders are willing to help people with HIV-related issues, but may need additional information and support in this role
- For some faith leaders it may be more comfortable to initially communicate messages about HIV prevention, rather than discussing issues concerning living with HIV and comprehensive sexual health advice, including contraception
- There are many organisations which take a faith-based approach to HIV, with projects and resources aimed to facilitate the HIV-related education of faith leaders. This in turn provides support for their work in supporting members of their congregation living with HIV, educating the community and as a consequence potentially reducing HIV-associated stigma provide meaningful discussions during services and encourage openness among their congregation

Engaging with beliefs, faith and religion should be part of medical and pastoral care

- Professionals involved in the care of women with HIV should understand and acknowledge that spiritual health is an integral aspect of effective treatment, care and prevention initiatives
- Provision of holistic care requires both healthcare professionals and faith leaders to be familiar with the association of spiritual issues with depression
- Discussion of spirituality and religion as they relate to a woman's HIV treatment and care need to be discussed as part of the standard consultation approach, providing they are happy to discuss it
- Women living with HIV may need 'permission' to start to talk about spirituality in the healthcare setting

Tools are available to help clinicians discuss faith and religion

- Clinicians, independently of their own religious affiliations, need to be aware of how to discuss faith/religion with women living with HIV. The FICA tool (Faith, Importance, Community, Address in care) is designed to facilitate physicians in encouraging discussion with his patients regarding their faiths and beliefs

Beliefs held by specific religions may have practical implications for HIV

- Many religions permit artificial contraception as long as it is not used to encourage or permit promiscuous behavior, if it prevents conception, and/or within the context of husband and wife
- The Roman Catholic Church generally does not approve of artificial contraception and Jewish law generally only allows the contraceptive pill and the IUD
- Fasting can be an integral part of some religions. Individuals observe different kinds of fasts based on personal beliefs and local customs. Taking essential medications may not be permitted, but it may help if the health care professional or faith leader reinforces this exception, particularly for more orthodox and observant individuals
- Religions differ greatly in their views of gender and sexual practices. In most religions, marriage between a man and a woman is the ideal state of existence. Within Christianity, the Anglican community generally remains divided on the issue of homosexuality. Polygamy is permitted for men in some Muslim societies

Discussion guide

Consider the following questions when completing this module – the questions can be used for both reflective self-learning purposes and as a guide to discussion as part of a group learning experience

Spirituality, religion and outcomes in HIV

- How does faith/spirituality lead to improved outcomes?
- How do different health belief systems and narratives affect a woman's views about causation and remedies for her HIV?
- How does stigma manifest itself in faith communities?
- How does stigma affect HIV outcomes and how can stigma be addressed by faith

organisations?

- How can the teachings of specific religions (e.g. fasting) affect treatment adherence and disclosure?

Effective communication about religion/spirituality within medical settings

Beliefs of many different types are a reality and have an impact on provision of clinical care. They are often fundamental to the way most people think and act in everyday life. Beliefs are important for many women with HIV, and wherever possible it is more effective for healthcare professionals to work 'with' beliefs, not 'against' them.

- How do you establish whether spirituality and religion are of relevance to the woman?
- How can the issue of religion/spirituality be introduced into the consultation?
- How could the conversation flow?
- How might a woman's negative beliefs as they relate to treatment be addressed through discussions about spirituality/religion?
- When is it appropriate to recommend intervention from a faith leader?
- How can healthcare professionals and faith leaders work together in the best interests of the patient?
- How can the use of personal stories/case studies be incorporated into discussions to help women look at how they can incorporate both their faith and medical management of their HIV?
- Where can further information and resources be obtained on this topic to facilitate effective communication?
- What further support and training is required by healthcare professionals?

Women and spiritual support

- Where can women with HIV seek spiritual support?
- How can women be encouraged to seek support from faith leaders in their community?
- How can women support others in a similar situation?