Curtailing HIV/AIDS Spread: Impact of Religious Leaders

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ABSTRACT
The emergence of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) has posed a global threat to human health, economy, and longevity of life. Corollary, the search for treatment has been an extensive one and several breakthroughs have been made. However, prevention of HIV/AIDS is more economical than treatment and hence has been intensely advocated. Several measures have been championed by different groups. Worthy of note is the role of religious leaders in the dissemination of management and preventive measures for HIV/AIDS due to their exalted societal status and access to a large audience. Despite the gigantic strides made by religious leaders in curbing this menace, there are still some drawbacks. In this paper, we shall succinctly highlight the impacts made by religious leaders toward the annihilation of HIV/AIDS, the barriers to complete adherence to this advocacy, and steps to mitigate these setbacks.

Keywords: HIV/AIDS, Religious leaders, Stigmatization, Youths, Condoms, HIV, prevention and measures.

INTRODUCTION
About 38 million individuals are infected with HIV in the world with an annual infection rate of 1.5 million and about 3.4 million deaths related to HIV infection since the emergence of HIV [1]. Globally, young people especially females are more susceptible to HIV infection due to their unguarded behavioral attributes towards sexual activities [2, 3]. Africa, especially the Sub-Saharan (SSA) region has an awful weight of the HIV/AIDS epidemic [4-7]. The reason for this escalated scourge in SSA may not be far-fetched as there is low uptake of HIV/AIDS prevention protocols and also poorly accepted by young Africans [8-10]. Regardless of the decline in morbidity and mortality rates due to antiretroviral medications, there are other health-related complications emanating from the use of antiretroviral [11, 12]. Thus, some patients especially those residing in rural communities resort to the use of herbs. Herbs have been posited to have medicinal properties and these facts have been proven scientifically [13-19]. In light of the drawbacks of antiretroviral drugs, preventing HIV/AIDS spread is highly advocated. Recently, religious organizations have been reported to be of utmost importance in the dissemination of HIV/AIDS prevention protocols [20]. The role of religious organizations in the campaign against the HIV/AIDS scourge in SSA cannot be undermined due to their dignified societal status. Regrettably, some religious bodies have been reported to rant at the use of condoms, a reputable HIV preventive measure [21]. Meanwhile, numerous pieces of evidence suggest the concerted efforts made by most religious leaders at curbing the spread of this health and economic menace by utilizing their exalted societal positions as a media to proper education on living with and/or prevention of HIV/AIDS [22, 23]. Thus, there is a dire need for strengthening the HIV/AIDS prevention advocacy of religious leaders considering the proximity to community dwellers, especially the youth.

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Living with HIV/AIDS and Preventive Measures Advocacy by Religious Leaders

HIV/AIDS preventive measures include the use of condoms, safe male circumcision, use of pre-exposure prophylaxis, eradication of mother-to-child transmission, pre-marital testing and counseling, abstinence, and sticking to one un-infected sexual partner. In a study conducted in the Lira district, Uganda by Murungi et al. [20], 70% of the study population agreed to use HIV prevention measures communicated by their various religious leaders due to the high regard imposed on these religious leaders. In a related study by Francis and Liverpool [24], faith-based HIV/AIDS prevention measures advocacy contributes enormously to the fight against this pandemic especially in Africa. In Senegal, religious leaders’ involvement in the fight against the stigmatization of persons living with HIV/AIDS has been fingered to contribute to the relatively reduced prevalence, unlike in other African countries [22]. In a study conducted in Nigeria by Asekun-Olarinmoye and colleagues [29], adequate training of religious leaders on HIV/AIDS management and prevention measures would enhance the utilization of their esteemed position in disseminating HIV prevention and control mechanisms culminating in the enhancement of the fight against this societal menace. This proper training of the religious leaders will dissuade the ignorant ones who perceive HIV as punishment for immorality. Interestingly, equipping various religious leaders with scientific knowledge of HIV/AIDS management and prevention strategies has great potential for the annihilation of HIV/AIDS in Wakiso district Uganda [25].

Factors hindering adequate utilization of HIV/AIDS Prevention Measures by Religious Leaders

Despite the concerted efforts by religious leaders geared towards the annihilation of HIV via the dissemination of preventive measures to their congregations, some factors antagonize the realization of this goal. Top of this is the stigmatization of individuals living with HIV/AIDS [26]. More so, the perception of some congregants that sexual behavior-related topics such as HIV as displeasure in religious gatherings is a drawback to the dissemination of HIV preventive measures [27]. All these barriers can be abated by improving support for individuals with HIV/AIDS by religious leaders and congregations [28]. Inadequate resources in the likes of manpower, HIV testing kits, and antiretroviral medications are some stumbling blocks militating the effective transmission of HIV management and prevention education by religious leaders [27]. However, this challenge can be resolved by proper training of Religious leaders and other volunteers and also funding the advocacy [29]. Again, proper training of a few religious leaders who still opine that HIV/AIDS is a punishment from God for sexual immorality is imminent [30]. Those that need scientific jettisoned are those clerics that misinform their followers especially those that discourage HIV-positive individuals from taking their antiretroviral on the guise that they have been healed by prayers. This is paramount as a study in Uganda reported that about 1.2% of HIV-infected patients claimed to have been healed by their clergys’ prayer leading to the cessation of their antiretroviral curtailing in more fatalities [31].

CONCLUSION

HIV/AIDS prevalence in Sub-Saharan African countries is still at the apex of global HIV/AIDS statistics. Prevention of HIV/AIDS is relatively cheaper than its treatment with the use of antiretroviral medications coupled with the adverse reactions emanating from the use of ant-HIV medications. Religious leaders have played pivotal roles in the dissemination of HIV/AIDS management and prevention protocols. Therefore, encouraging religious leaders in this fight against this plague will aid in the curbing of HIV/AIDS prevalence considering the large audience and massive warm acceptance accrued to religious leaders.

REFERENCES


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