AN ASSESSMENT OF AN ALTERNATIVE RELIGIOUS APPROACH THAT USE BIBLICAL VALUES AND RELIGIOUS LEADERS IN HIV PREVENTION PROCESS

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Acronyms

BCC- Behavioral Change and Communications

BSE - Bible Society of Ethiopia

HBM- The Health Behavior Model

UBS- United Bible Societies

IEC - Information, Education, and Communication

VCT- Voluntary Counseling and Testing

PLWHA- people living with HIV/AIDS

NAC- National AIDS Council

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Abstract

This paper looked at the experience of religious leaders who participated in HIV intervention program using religious values and principles to tackle the problem of HIV AIDS in the community and their beneficiaries who benefited from this intervention. This study was developed by using an in depth interview as a primary tool and ten participants were purposively selected to be interviewed. This study was developed in terms of qualitative inquiry with a descriptive purpose. Thematic categorization and content analysis is used for analyzing data.

The key findings of this research point out that the conventional methods of addressing the issue of HIV is inadequate to solve the problem of HIV/AIDS, the use of religious leaders in the fight against HIV/AIDS can bring tremendous change in the situation of HIV in the country and the integration of spiritual intervention into the conventional method of intervention will result a transformation of individual and behavioral change. Interventions should also be aimed at empowering and enabling individuals and communities towards risk consciousness, risk prevention and promotion of healthy life style.

Key Words: spiritual intervention, religious values, alternative religious approaches, HIV message, conventional approach

CHAPTER ONE: INTRODUCTION

1.1. Background of Study

Despite efforts aimed at controlling HIV/AIDS, HIV continues to spread in an exponential manner particularly in Sub-Saharan Africa. Even though problems associated with people's sexual behavior are social threats that challenged the whole world; its gravity is much higher to the third world poor countries, such as ours where the majority of the population is below the poverty line (WHO, 2010). AIDS is one of the most serious public health and development challenges in sub-Saharan Africa. According to the 2011 EDHS, 1.5 percent of adults age 15-49 are infected with HIV. Heterosexual contact accounts for the great majority of HIV transmission in the country. AIDS is now affecting all sectors of Ethiopian society (EDHS, 2011). The ravages of AIDS have thus negated several years of efforts by African countries aimed at real socio-economic development. For long now it becomes well known that risky sexual behavior related global disease burdens and associated complex socioeconomic problems are among the gravest problems of human kind (WHO, 2010)

Africa has faced number of challenges that need to overcome and defeat with the efforts of holistic leadership with a political will (UNDP, 2006).Therefore, Africa has to mobilize with all its power to stop the spread of HIV by creating awareness among youth, teaching the methods of prevention, and using all the possible means that may help reduction of HIV (Parry, 2003). Various attempts have been made to bring the desired behavioral change that enable people to live responsible life and to protect themselves from being infected. The information about HIV reached into the ears of many people through various media outlets and concerned bodies. However, the message that conveyed to the society didn't bring much impact in brining the

desire behavioral change that prevents people from new infection. For this reason, HIV remains socio economic problem of many Sub-Saharan African countries.

Religious leaders have tremendous influence over members of their congregations. In African setting religion play pivotal roles in shaping social morality and leading a community into a better life situation (UNDP, 2006). Religious leaders have crucial role and responsibility in fighting HIV and stigma & discrimination. Religious leaders are the most respected and heard part of the societies (Parry, 2003).

Understanding the potential roles that religious leaders can play in fighting against HIV, United Bible Societies (UBS) has initiated an alternative approach that can be used parallel with the conventional approach. This alternative approach use biblical values to tackle HIV /AIDS related problems through religious leaders (www.ubs-goodsamaritan.org).

United Bible Societies join together for consultation, mutual support and action in their common task of achieving the widest possible, effective and meaningful distribution of the Holy Scriptures. There are 146 Bible Societies globally. Through its World Assembly in 2000, all Bible societies were encouraged to develop new products to address specific situations like HIV. In response to this, an outreach package entitled "Where is the Good Samaritan today?" was developed. Today the Good Samaritan Program is being implemented in 21 Bible Societies in Africa at different level of activities where HIV prevalence rate is very high in sub Saharan countries (www.ubs-goodsamaritan.org).

Bible Society of Ethiopia (BSE) is a member of The United Bible Societies; the strategy of BSE is to partner with others to make the Biblical values more relevant to daily living and current issues e.g. literacy and HIV. BSE has involved in HIV / AIDS work

through "where is the Good Samaritan today" project which was launched in Addis Ababa in May 2005. The BSE contribution to fight against AIDS is in the sector of IEC. (www.ubs-goodsamaritan.org).

The methodology is based on behaviour change communication. This is a process which consists of working with individuals and communities through communication and sharing, and through providing supportive environments which will enable people to adopt and sustain healthy behaviours and lifestyles. The Good Samaritan Package which has been translated into several Ethiopian languages consists of a Resource booklet, Flipchart, three films and a Manual. These resource packages are used for training of facilitators that disseminate the message through multiplication (www.ubs-goodsamaritan.org).

This research paper attempted to show the role of religious leaders in fighting against HIV through religious values in case of "Where is the Good Samaritan Today" project. The research studied how religious organizations contributed in the fight against the HIV/AIDS, the communication strategies that are used by religious leaders to convey the message of HIV and how do religious leaders differ from other Health communication approaches, challenges faced by religious leaders in their attempt to address HIV/AIDS-related issues, how strong message could be conveyed using biblical values and religious leaders, how scripture text can address better about stigma and discrimination than any other approach, etc.

Social work practices are based on strength- base approach where usually assess the potential of the community to brining remedial solution for the existing community challenges. This research has identified the community potential to deal with the problem. Therefore, indentifying the potential of religious leaders and communities in fighting

against HIV/AIDS and stigma & discrimination was the primary objective of this research paper. The result of this research will help policy makers to consider the potential that religious leaders can contribute in the fight against HIV and to give recommendations for the national HIV prevention and control office to give recognition to this alternative approach. Selection of qualitative research to study this area of intervention was based on the justification that the underlying questions of the study are best understood using this approach.

1.2 Statement of the Problem

HIV/AIDS has created severe socio-economic impact in Ethiopia; it is different from most other diseases because it strikes people in most productive age groups (UNAIDS, 2004). AIDS also has social impact in the societies; many people who were self-helping became dependent on society as the result of HIV/ AIDS (UNAIDS, 2002). Government and non-governmental organization used different approaches to make awareness on HIV/AIDS and to protect the society from being infected. According to the report of 2011 EDHS, those who reported having heard of AIDS were then asked a number of questions such as whether and how HIV/AIDS can be avoided, shows that knowledge of AIDS is almost universal; 97 percent of women and 99 percent of men age 15-49 have heard of AIDS (EDHS,2011). However, the awareness created seems didn't bring a desired behavioral change in the society, people are still being infected. Researches need to be conducted to study why this desired behavioral change is not achieved.

Despite the absence of a context specific data, all indications are that the significant risk factors for HIV transmission in Ethiopia, like the case elsewhere in Africa, is unsafe heterosexual contact of different forms(HAPCO & GAMET, 2008). The sexual intercourse is related with morality. Issues of morality are properly dealt with religious principles and through religious leaders. Religious leaders are esteemed, frequently exchange with the public and maintain an

influential role in the community's (Parry, 2003) .They may use their position to promote HIV/AIDS awareness, fight stigma and discrimination in communities, and exercise compassion to facilitate comfort for people living with HIV. Moreover, there has been a growing interest to study the role of religious leaders and religious principles on the fighting against HIV/AIDS .This research tries to assess the role religious leaders played in fighting against HIV/AIDS and brining the desired behavioral change in the society.

Objectives

General Objective

- The research's main objective is to assess alternative religious approach in fighting HIV using religious values through religious leaders, and the impact of spiritual intervention.

Specific objectives

The specific objectives of this research are listed down as follows:

- To assess how religious leaders perceive the conventional approach that used to address the issue of HIV/AIDS.
- To explore the role of religious leaders in fighting against HIV/AIDS epidemic in Ethiopia.
- To identify the communication strategies religious leaders use to address the issue of HIV/AIDS.
- Assess how message could be conveyed about awareness creation on HIV/AIDS using Christian values
- To understand how Holy Scriptures are used for addressing the issue of HIV/AIDS

1.3 Research questions

- How do religious leaders perceive the conventional approaches used in fighting against HIV AIDS?
- How do religious leaders contributed in the fight against the HIV/AIDS epidemic in Ethiopia?
- What communication strategies do religious leaders use?
- How it differs from other Health communication approaches in addressing the issue of HIV/AIDS epidemic?
- How Scriptures help to address the issue of stigma and discrimination?
- Why Spiritual is intervention needed in fight against HIV/AIDS?

1.4 The Purpose Statement

The purpose of this descriptive study was to assess an alternative religious approach that uses religious values through religious leaders. Studies on the role of religious leaders in HIV intervention were not abundant. Hence, literature about the role of religious leaders in fighting HIV in Ethiopia has been hard to find. Therefore, this research tried to explore the role of religious leaders in fighting HIV and the impact of spiritual intervention.

1.5 Delimitation of the Study

By restricting the research design into interview, the study focused on assessing the role of religious leader in fighting HIV through religious values. The research mainly focused on religious leaders who are working with "where the Good Samaritan Today" project and the beneficiaries who has been trained by religious leaders. In 2012, I learned about this alternative religious approach which developed by "where the Good Samaritan Today" project. In the same

year, I attended the training that is given to religious leaders. Since then I developed the interest to study this alternative religious approach.

1.6 Conceptual Definition of Term

A religious leader- is one who is recognized by a religious body as having some authority within that body. The religious leaders who involve in this research are merigeta, evangelist, priest, monk, and a parish priest. They hold different authorities related to their specialty and title.

Religious values are ethical principles founded in religious traditions, texts and beliefs. In contrast to personal values, religious-based values are based on scriptures and a religion's established norms. Such us abstinence, faithfulness for matrimonial partner, etc

Behavior change can refer to any transformation or modification of human behavior.

Conventional approach means in his study all usual methods that used by professional health worker, government and non governments organizations to create awareness on HIV, it also included all awareness creation activities that include broadcasted HIV messages, distributed pamphlet, etc

Alternative approach is the approach uses religious values in HIV creation awareness activities; this approach uses religious leaders in the awareness creation activities.

Spirituality is an individual practice and has to do with having a sense of peace and purpose. It also relates to the process of developing beliefs around the meaning of life and connection with others.

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Spiritual intervention is act or fact or a method of interfering with spirituality to prevent harm or improve functioning of individual.

1.7 Organization of the Thesis

The thesis proceeds as follows. The first chapter gives an introduction about the development of this alternative religious approach and convinces the rationale of the current study. It incorporated also the research question. The research objectives are also described here in this chapter. The next section, chapter two, reviews literatures on different models used for HIV interventions, response of religious leaders on HIV/AIDS. In chapter three the research method and the research processes of the study are explained as well. Ethical issues are also part of this section. The fourth chapter argues about the key findings of the research. Finally, chapter five, the result of this research finding also discussed in relation other research findings in the section of discussion and the social work implications.

1.8 Conceptual framework

Model guided this research was spirituality model; this model uses methods of transformation. It doesn't necessarily replace any interventions that conventionally used by professional, but it only add the spiritual dimension to all practice situations (David, 2006). A spiritual perspective can be used with all existing intervention methods, to generate more comprehensive methods of transformation. Inventions help people develop a functional personality; whereas, transformations help people welcome Spiritual Power to change their lives (David, 2006). This research model will be applied so that it can help as a lens through which the researcher want to show the role of religious leaders in fight against HIV pandemic by adding spiritual values into the intervention work they carried out.

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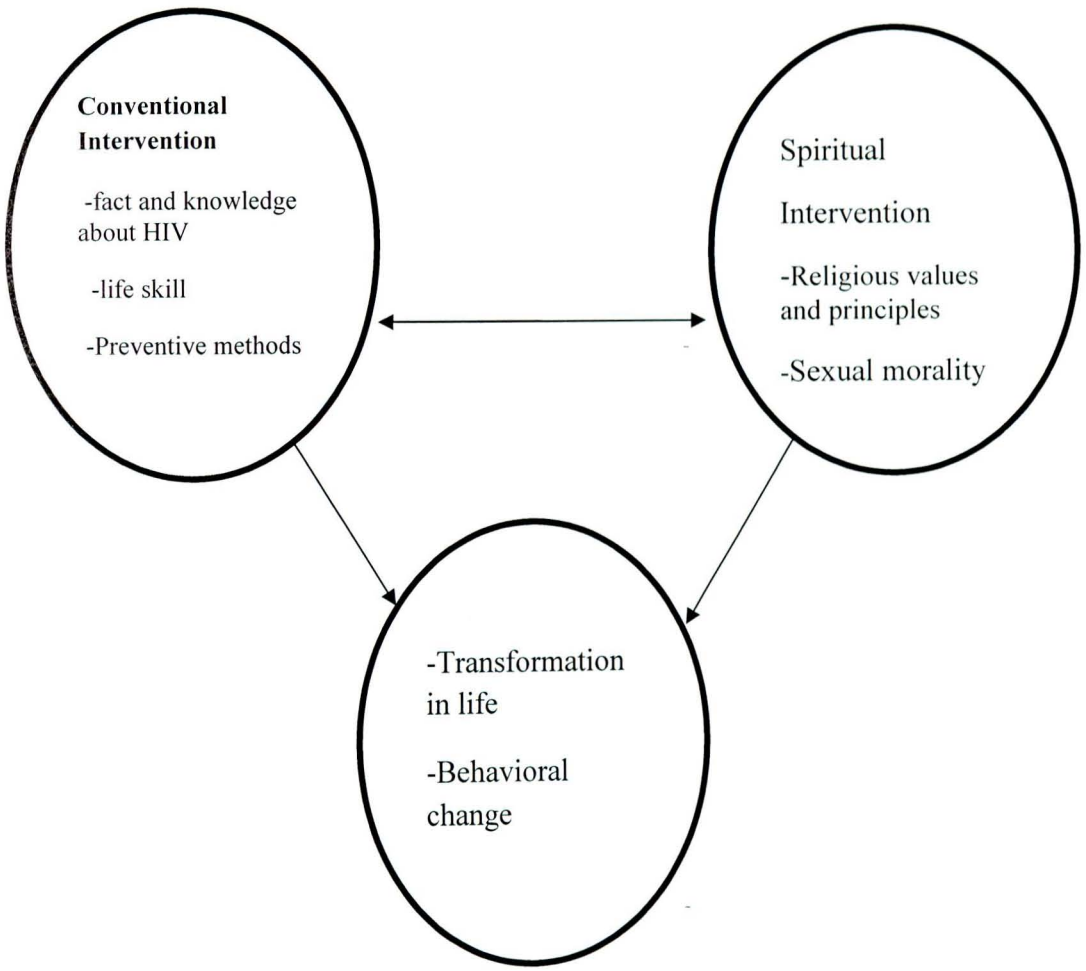
Spiritual model is selected among other model because the model doesn't change anything, but it only adds spiritual intervention. This research studies an alternative religious approach which adds religious values on existing conventional approach. Spiritual model can guide this study better than other models. The similarity of the model and the study helped in formulating research questions, data collections and the analysis process.

The conceptual framework of the study is summarized in the following diagram. The both side arrows in this diagram show the combination of spiritual intervention and conventional intervention, one side arrows show the result of the combination of the two approaches.



Source: adapted from Religion as a control guide (2010)

Figure 1: A spiritual model of behavioral change

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CHAPTER TWO: REVIEW OF LITERATURE

2.1 Religion within a Social-Cognitive Model of Health Behavior

One of psychosocial determinants of health is religion. It may affect health by promoting healthy practices, improving social support and providing comfort in stress situations (Koenig 1999). It is interwoven in individual life and as a result it is appropriate to consider religion in our courses and practice arenas. It is very helpful to use and include religion within social work practice and, thus, also relevant to see the advantage of religion in social work instruction (Garner, 2011). Many researchers didn't often see the potential impact of religion within psychosocial model of health behaviors. Current studies have indicated that religion has positive effect on both physical and mental health (Koenig, McCoullough, & Larson, 2001). Those studies have ignited an increased interest in the role of religion on health issue (Miller & Thoresen, 2003).

Moreover, many researches show that the study on relationship between religion and health emerge to be worthwhile, since most people are vigorously participating in their religion. (Barna, 2005). The introduction of the Health Behavior Model (HBM) is generally seen as the commencement of systematic, theory-based research in health behavior. HBM has developed and additional variables have been considered important to the model suitability to predict behavior (Streecher, Champion, & Rosenstock, 1997).

The Health Behavior Model (HBM) has been checked in several researches and it proofs that one of the models which moderately related with behavior (Ogden, 2003). Though, most research have shown a there are many unexplained variance when using the model, the HBM continues to be extended and serve as a basis for measuring the effectiveness of interventions (Abood, Black & Feral, 2003; Wdowik, Kendall, Harris & Auld, 2001).

2.2 Theories and Models Used in Behavior Change for HIV Prevention

According to Hanan, (2009) these theories and models have been developed and used to promote behavioral change for HIV prevention:

- **health belief model** which based on assumption that when individuals susceptible to a disease and admit the consequences as severe will take preventive actions, considering that their actions help them in reducing the threat of acquiring the disease;
- **Theory of reasoned action** which believe that behavior is based on intention, and intention is always under impact of our positive and negative feelings that determine whether to carry out or not carry out a certain act;
- **Social cognitive theory** which is based on belief that individual behavior is the consequence of interaction among cognition, behavior and environment;
- **Theory of emotional responses** which assumes that highly emotional messages are more likely to influence behavior than low emotional ones;
- **Cultivation theory of mass media** which believes that repetitive intense publicity of ideas in media outlet results in social legitimization of the issue, which can influence behavior;
- **Diffusion of innovation theory** which suggests that when a new idea involved opinion leaders in its invention, to diffusion or communication using various networks may influence audience behavior;
- **Hierarchy of effects model** which believes that individual behavior happens in a linear trend starting with experience to information and believes that trial, attitudes, knowledge , and adoption of the preferred behavior will follow;

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- **Entertainment–education behavior change model** which believes that messages should include an educative and entertainment values to meet people's needs for new entertainment, news, information, and relaxation;
- **AIDS risk reduction and management model** which introduce three steps of behavior change with step one consisting of determining high-risk behavior as problematic, step two making a dedication to alter the high-risk behavior, and step three a commitment to lead responsible life and adhere to new low-risk behavior

2.3 Religion for self control and regulation in the community

Religions is always plays a major role in individual life, because individuals are involved in religious practices or human being are living in a cultural context that is strongly influenced by religious traditions. (Bernhard & Lorenza,2010). The affiliation of individuals to religion has raises many questions, from a psychological perspective, such as why people are interested in having particular religious opinions, beliefs, and assumptions, and how they affect one's outlook and decision making (Bernhard & Lorenza,2010).

Religion can serve as social force for betterment of the community life. It has the capacity to focus and coordinate human effort, to unify social groups, and to stimulate them toward change. Religion is a psychological force that can be a driving force that influences the outcomes of individual human lives. Religion can be used to control undesired negative behaviors which associated with many health-risk behaviors, suicide attempts, unsafe sex, unhealthy eating, substance use, and violence (Bogg &Roberts, 2004). Religions have important role to provide guidance in relation to general perspectives on life and also regarding choices that individuals to do. (Bernhard & Lorenza, 2010)

Religious belief, behavior, and institutional involvement are important factors to promote self-control. Self-control is a process in which people engage in behaviors designed to avoid

undesired behavior which affect the life of individual. Self-control is not simply a process: It can also be conceptualized as a property of systems that possess effective self-control capabilities. Whereas, self-regulation is any response or chain of responses by the individual to change the probability of the individual's subsequent response to an event, it helps to change the probability of a later consequence related to that event (Barkley, 1997). Self-regulate means guiding or adjusting their behavior in pursuit of some desired end state or goal (Carver & Scheier, 1998).

2.4 Trends of HIV/AIDS in Ethiopia

HIV/AIDS is beyond the epidemiological aspects of the disease to the social and economic dimension. HIV/AIDS is not simply a problem of health institutions or social problem of the societies. It is a development issue, and so incorporates economic wellbeing and human growth. The pandemic is the biggest obstacle to the achievement of the development goals agreed to at the UN Millennium Summit in 2000 (UNDP, 2001). HIV/AIDS is a number one Killer disease that has taken many lives and still continues to claim the life of many. Among 34 million people who lived with the virus found under sub Saharan African country, about 4 million people already dead and about 8 million children became orphans (Ainsworth & Semali, 1995). Since early 1980s HIV/ AIDS has been identified the leading threat to humanity (WHO, 2005). HIV/AIDS continued to be challenges to humankind and hindrance to socioeconomic development in sub-Saharan Africa. The problems related with HIV/AIDS are always associated with complex socioeconomic problems that are usually among the major problems of human kind (WHO, 2005). Although the well to do nations has achieved a certain level of control over the problem through awareness creation and preventive measures, the large proportion of the world's population especially third world countries still remains with the

problem at large(Gerald, 2010). The devastative effect of HIV/AIDS in Africa is very unbearable when it compare with rest of the continent. (Ainsworth & Semali, 1995)

Ethiopia is one of the Sub Saharan African countries where there is high rate of HIV/AIDS infection (Dereje Kebede etal,2005). The HIV/AIDS pandemic in Ethiopia has badly impacted the country's development. Families and communities have been also adversely affected by the HIV pandemic. HIV/AIDS is affecting the agriculture, education, business & industry, and health sectors. Globally, a great deal of resource has being devoted by governments and non governmental agencies to tackle the problem of HIV/AIDS, program planners have been developing prevention interventions to bring behavioral change to prevent people from being infected (Gerald, 2010). At the national level, the first draft national HIV /AIDS policy was approved in 1998, preventive measures have been given precedence (EFDRE, 1998). Under the supervision of different ministerial offices the country has been implementing HIV/AIDS control, prevention and treatment programs (HAPCO &GAMET, 2008).

Most researches has shown that all transmission mode of HIV virus in Ethiopia are almost same as other countries in the Africa, unsafe heterosexual practices of different forms are the most important one (HAPCO & GAMET,2008). People's sexual behaviors are social threats that challenged the whole world; its severity is much bigger to the developing poor countries, such as Ethiopia where the greater portion of the population is below the poverty line (WHO, 2005). Research clearly showed that behavioral factors associated with a high vulnerability of HIV infection comprise a high turnover of sexual partners, sex outside and before marriage, casual sexual relationships and sex with commercial sex workers (HAPCO & GAMET, 2008).

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It is frequently said that sexual intercourse is one the entertainments that gives poor people pleasures because it is for free (Steinith, 2007). Risky sexual behaviors are all unsafe human sexual activities which expose individuals to all sexually transmitted diseases including HIV/AIDS (Malhotra, 2008).

Considering its severity, Ethiopia has found every important to set up intervention with means of dealing with this crisis and as a result many interventions have been introduced at countrywide level (HAPCO & GAMET, 2008). Varity of preventive interventions were put into operation, the most well-known are Information, Education and Communication (IEC), Behavioral Change Communications (BCC), Condom Promotion and Distribution, and Voluntary Counseling and Testing (VCT). These all responses has been a collective effort of the government, non-governmental organizations , community based organizations, and faith based organizations, the private sector, associations of PLHIV and individuals(World Bank, 2008).

The situation of the HIV epidemic in country cannot be fully described due to lack of data, and the data on hand provides ambivalent findings (HAPCO & GAMET, 2008). However, as the result of integrated effort made by various actors, the situation of HIV /AIDS has been shown a decline in the rate of infection (HAPCO & GAMET, 2008). However, there has been a new development recently regarding to the prevalent rate of HIV/AIDS in the country. Currently, evidence shows that the prevalence of HIV rate in urban areas is probably stabilizing or even declining but in contrary prevalence rate of HIV in the smaller towns increasing (HAPCO & GAMET, 2008).

2.5 Religious leaders and response to HIV/AIDS

Stigma and discrimination have been as primary barriers to HIV prevention, provision of treatment, care and support. Such position is likely to use stigma and discrimination as a pool for the collection of negative beliefs, attitudes and actions related to the disease (Bond, 2002).

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Stigma and discrimination has been seen to be aggravated by religious leaders to equate HIV/AIDS with sinful act in the beginning. Stigma and discrimination within religious institutions are the result of lack of a structure and policy to deal with people who live with HIV virus. The root causes of stigma and discrimination is mainly related with fear of contagion through everyday contact, a concern with unlikely modes of transmission, and relation of the disease with sexual immorality. Most research shows that knowledge of ways HIV could be transmitted was high; however, there was a lack of knowledge about how HIV could not be transmitted (Ogden and Nyblade ,2005)

Religious leaders have a special role to play in addressing the issue of HIV/AIDS especially stigma and discrimination within communities. They can influence a public's response. Unluckily, most religious leaders had an attitude of judgment against HIV/AIDS associating it to sinners those who have fallen short in their morals. Paradoxically, religion gives full of hope for people who suffer and this can be changed into deed to help those infected and affected by HIV/AIDS (Link & Phelan, 2001).

Religious leaders faced challenges to revolve around the development of successful religious values and strategies to tackle stigma and discrimination in the religious spheres and in the public at large. Religious leaders need to build up values of love, compassion, and care. They need to be open about HIV/AIDS and to help those who are infected by HIV. They need to address systematically, continuously and persistently and at every occasion about HIV/AIDS.

Religious leaders are respected, often exchange ideas with the community and hold an important role in policy-making. Their positions in a community help them to promote HIV/AIDS awareness, fight for the reduction of stigma and discrimination in communities, and exercise compassion to comfort for people living with HIV virus. They are in better condition to be strong campaigners in the fight against HIV/AIDS, successfully supporting and addressing the

issue of HIV/AIDS and behavioral risks associated with the spread of HIV (Blumenfield & Alexander,2001)

They are integrating HIV/AIDS-related messages in their preaching, homilies and written materials for worshippers and communities. They established networks to enable them to better plan and enhances inter-religious dialogue on HIV/AIDS control. They have wonderful influence over their followers. This influence extends throughout the nation from local communities to national institutions. They have the potential to open and keep up channels of mutual listening and to build up intimate, trusting relationships with their followers allows them to aware, teach, and promote change on sensitive issues associated to sexuality (Blumenfield & Alexander,2001)

Religious leaders have a very good experience of providing health care, spiritual and emotional help and awareness to the congregations that they serve. The problem of HIV/AIDS will increase the needs for these supports among the public. All the systems needed for the interventions are already existed for their provision, what is needed are co-ordination, networking, sharing of resources and involvement. They understood the need to plan oordination structures to combine the institutional and leadership capacities of religious organizations involved in HIV/AIDS control efforts (Hasnain, 2006).

The purpose of involving religious leaders in fighting HIV/AIDS is twofold: eradicate stigma and discrimination toward PLWHA by discouraging the labeling of PLWHA as immoral, encouraging people to avoid their risky behaviors that could expose them to HIV infection by providing information that serves to acknowledge the existence of HIV and deepen understanding of HIV/AIDS (Blumenfield & Alexander,2001)

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2.6 Potentials of religious leaders in HIV/AIDS prevention care and support

Due to the respect and acceptance that religious leaders hold in the community helped them to play a great role in HIV/AIDS prevention care and support, they have very strong impacts on the community they lead. Their role modeling and involvement are highly visible in the community. They have been seen as a reliable source of information; they have a great potential that can increase the degree of understanding and knowledge about HIV/AIDS. Problem related to reproductive health like HIV/AIDS mostly a result of knowledge-behavior gap, so knowledge alone is not enough to effect behavior change (UNDP, 2006)

Religious leaders can help in narrowing the gap of knowledge-behavior and bringing behavioral change in the community. However, they need to equip with necessary tools, such as information, skill of addressing the issue properly and training in order to perform their role properly. Moreover, they need provisions of material and organizational support from the government and non-governmental organizations. One of the most the important areas in which the involvement of religious leaders needed is in reducing stigma and discrimination (Hasnain, 2006)

Religious leaders can be used to avoid the negative attitudes held by society toward people living with HIV virus. Stigma and discrimination is very complex issues that need the help of religious leaders to eliminate it. In order to achieve this, religious leaders takes a personal stand to care and support for PLWHAs, then public will learn that such behavior as good deeds and noble in the eyes of religion. In addition, inviting religious leaders who have been successful in this area to share their experience may be motivational (Lom ,2001)

2.7 Ethiopian Response to HIV/AIDS

In 1985 confirmed the first case of HIV/AIDS in Ethiopia. Ethiopian had responded by establishing a taskforce in 1985. National taskforce was placed as a department under FMOH in

1987. It has a mandate to coordinate the national prevention and control program. It has set short-and medium-term plans. National AIDS Policy was issued in 1998. Additional, in 1999, the Strategic Framework for the National Response against HIV was prepared (FMOH, 2007).

The National AIDS Council (NAC) was established with secretariat offices at different level of administration in April 2000. This leads into the establishment of an office which works independently in 2002. The office is known as the HIV/AIDS Prevention and Control Office (HAPCO). Both the Strategic Framework (2004-2008) and the National HIV/AIDS Policy (in 2007) have been revised and clearly articulated after the establishment of HAPCO (HAPCO,2009). Both documents have guiding principles including ownership and involvement of the community, leadership commitment , multi-sectoralism, public health approach, shared sense of urgency, partnership, gender sensitivity, protection of human rights, involvement of PLHIV, best use of resources, sustainability, equitable and universal access, and coordination(HAPCO,2009).

Primary focus was on prevention like any other country, Ethiopia's initial response was to the epidemic with little attention to treatment. Ethiopia was one of the nations which introduce antiretroviral therapy (ART) in 2000. In 2002 the National antiretroviral drugs (ARVs) supply and use Policy was issued. In 2005 free ART scheme was launched that give chance to every citizen benefited from the program (FMOH, 2007).

2.8 Prevention Interventions Addressing HIV AIDS

The campaign against HIV/AIDS cannot be triumphant unless spread of HIV virus halted. To bring social transformation needs to decrease social, cultural & economic factors that make the society vulnerable to HIV infection and creating awareness on HIV and encourage behavioral change in the community with a particular focus on population groups at risk (HAPCO, 2009).

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HIV prevention services should be implemented to protect the community form HIV infection that is transmitted sexual as well as vertical transmission. Combination of prevention approaches must be used to prevent new HIV infection among various parts of the society using structural, behavioral, and bio-medical issues in HIV prevention (HAPCO, 2009).

Prevention is thought to maintain the health of individual before getting ill and it has health gains, mainly avoiding from the situations that cause infection. Working on prevention many African countries has achieved significant success in reduction of high mortality rate and less new HIV infections in the region (Canning, 2006). Considering this, main concern is given to preventive efforts allocating big amount of money and effort to the same efforts (Canning, 2006).

Different kinds of prevention approach have been proposed to prevent the transmission of HIV/AIDS. One set of approaches focuses on reducing the rate of HIV transmission through implementing preventing the transmission from mothers to children, and through blood transfusions. The other planed prevention measure to focus on encouraging changes in sexual behavior. Behavioral change on sexual activity will reduce the probability of new infection and the transmission of the HIV virus that occurs through sexual activity (HAPCO, 2009).

Both developing and developed nations provide prevention interventions with HIV treatment services (Canning, 2006). Most developing nations have very scarce resources, as the result, the intervention and treatment carried out is very poor, so cost effectiveness analysis is needed before setting priorities. Priority setting would not be required if there were no resources constraint at all. The money available for HIV/AIDS intervention is insufficient to meet all needs of developing countries (Canning, 2006).

Some successful national campaigns were made to bring behavior change using the ABC approaches, which means Abstain, Be Faithful, Condom use. In some African countries

successful HIV prevention was made with commitment of political leaders, and able to reduce HIV prevalence rate (Singh, Darroch, & Bankole,2004). Voluntary counseling and testing (VCT) is available in several countries and has played a very important role in prevention strategies. Most spouse prefer to go for couple Voluntary counseling and testing before start living together, this played a great role in prevention by avoiding risky sexual activity and encouraging safe sexual life style(Chippindale & French, 2001).

Sexually transmitted diseases contribute for higher HIV transmission. Untreated sores of sexually transmitted diseases are common in Sub Saharan Africa. The cost of treatment for sexually transmitted diseases is cheap and the treatment can significantly reduce risks for HIV infection (canning, 2006). Infections caused by sexually transmitted disease can be treated in primary care facilities by drug treatment, counseling, and advice on protection. Condom distribution and use is other strategy to reduce HIV infection (Hogan, Baltussen, Hayashi, Lauer,& Salomon,2005).

CHAPTER THREE: RESEARCH DESIGN

3.1 Research Design

The study was developed in terms of qualitative inquiry with a descriptive purpose and seeks to provide an in-depth understanding of cases. A case study is a good approach when the inquirer has clearly identifiable cases with boundaries and seeks to provide an in depth understanding of the cases. These inquiries may involve an individual, several individuals, a program (Creswell, 2007). Thus adopting a qualitative inquiry in this study was based on the justification that the underlying questions of the study are best understood using this approach.

Research questions in this research helped to understand the issue in depth. Moreover, the research questions in this study mainly assessed the role of religious leaders in altering the situation of HIV/AIDS. The nature of this study was focused on description of facts, communication strategies of religious leaders, the achievement of religious leaders in addressing the issue of HIV/AIDS and the response of the beneficiaries.

Qualitative research method is used in order to explore and gather information related to the experiences of religious leaders who are participating in HIV awareness activities. This enabled religious leaders to state their own experiences on their own words. Qualitative research approach would be used if it is sought to identify recurrent themes (Cherry, 2000). Moreover this qualitative case study was selected because it helps to understand complex social phenomena and allows the researcher to retain holistic and meaningful characteristics of real life (Yin, 2003). A qualitative research approach was selected to be used in this study to clearly answer the research question of the inquiry by going directly to the social phenomenon under the study and observing it as completely as possible.

The participants consisted of ten individuals. The number of participants who participated was abundant enough to generate ample information that gave insightful ideas. The interviewees were religious leaders who are involved in awareness creating process on HIV and their beneficiaries. "Where is Good Samaritan today?" is a project mainly focused in equipping religious leaders with necessary knowledge and skills how to address the issue of HIV/AIDS using religious principles. I made contact with project coordinator and got lists of religious leaders who have been working with the project. I selected five religious leaders based on their long years of service. They are involved in HIV awareness creation activities in their respective parish, and they hold different authority and title in the church hierarchy. In the first contact with religious leaders I explained them the need for involving beneficiaries in the study to assess the impact of the intervention. I got list of five names from each parish, I choose one from each parish randomly.

Certain procedure was followed to insure the validity and credibility of the study findings such as sharing the final finding with the participants and checking the feeling of the participants whether the reports are accurate (Creswell, 2003). I met each individual participant after the transcriptions of the tap into Amharic language to share their feeling whether the reports are accurate.

3.2 Inclusion Criteria

Participants of this particular study were selected on the following criteria. The study focused on an assessment of an alternative religious approach on the issue of HIV that uses religious values through religious leaders. Therefore, religious leaders who are involved in awareness creation process on HIV /AIDS for more than six years were selected. This group of participant included mergetas, priest, parish priest, evangelist and monk. They hold different authorities in their respective parish according to church hierarchy. Beneficiaries are members of

the congregation who benefited from this alternative religious approach. They are selected randomly from the list of people which provided by religious leaders. The age groups who participated in this study were from 18 up to 65.

3.3 Data Collection Technique and Procedure

In this study in-depth interview was used as a primary tool for data collection. In depth interview was believed to best suit the investigation of what individuals' experience is, how they experienced it in terms of the conditions, situations, or context, their attitudes and thoughts. In-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of that experience (Seidman, 2006).

Interview questions include about the experience of religious leaders and their beneficiaries, their contribution in fight against the HIV/AIDS epidemic, their perception about conventional approach in fighting against HIV/AIDS, their communication strategies to address the issue of HIV/AIDS, their strategies to fight stigma and discrimination and their achievement from the perception of their followers. The interview took an average of three hours with each participants, I encouraged the participants to respond to the open-ended questions with clarification. Whole interview duration took about twenty five days. The entire interviews were recorded. Convenient date for interview was arranged right away after I made sure that the participants' meet the inclusion criteria listed and participants made decision to be part of the interview.

3.4 Analysis Process

The audio tape was used to record whole detail of interview. The recorded interview was transcribed into Amharic text and then translated into English. Six note pads used to write all transcription. Then to understand important main points I repeatedly studied the whole transcribed interview. Different colors of highlight markers used to highlight very important

ideas of the transcribed interview. The highlight statements helped to avoid confusion and repeated work. This was to preserve the possibility of reference whenever needed. This process was followed by coding, the function of coding is to get the unstructured data in to a pattern of meaningful data (Morse & Richards,2002). It allowed focusing only on specific characteristics of data of interest.

Data were coded as well to categorize and sort what is obtained after a thorough sensitizing of it. Coding is a key step in the process of analyzing. The purpose of coding is "to get from unstructured and messy data to ideas about what is going on in the data" (Morse & Richards, 2002). And, which provides the researcher the link between data and the conceptualization. Then, after coding, concepts has been developed which was grouped on different theme. Form the collected data, the researcher did able to develop around four major themes and other fourteen subthemes.

The transcribed data were reduce into different categories of thematic areas based on the communalities of the content of the reposes and irrelevant data for this research also sorted out and destroyed.

3.5 Ethical Issues

The research focused on assessment of an alternative religious approach on the issue of HIV, using religious values through religious leaders. Therefore, it doesn't have highly sensitive and personal issue to maintain confidentiality and anonymity. However, I took maximum care to keep privacy, confidentiality and anonymity of participants. Separate interview settings were organized to provide privacy for the participants. It was organized in areas where they felt free to express their thoughts and idea. Codes were used to understand and to identify participants instead of their names. All the information achieved from interviewee was kept confidential and they will be destroyed after the study finalizes.

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Participants of the interview were informed about the purpose of the research to obtain their consent. Participants were informed their rights to decide to participate or not, and they were given a detail information about the purpose of the research before signing a consent forms. This was to assure participants are taking part in the research based on their free will. Later on they signed the consent form. Refreshment for the participants was provided during breaks.

CHAPTER FOUR: FINDINGS

4.2 Socio Demographic Profile

S.N	sex	age	Education	Occupation Status
Participant 1	female	22	College student	Student
Participant 2	male	35	TVET graduate	Mechanic
Participant 3	female	27	University graduate	accountant
Participant 4	female	47	Reached grade four	housewife
Participant 5	male	27	University graduate	Economist
Participant 6	male	41	Traditional church school	Merigeta
Participant 7	male	52	Traditional church school	Priest
Participant 8	male	50	Theology graduate	Evangelist
Participant 9	male	57	Theology graduate	Parish priest
Participant 10	male	50	Traditional church school	Monk

Table. 1 list of participants

Seven of the participants were males and the rest three were females, their age group was between 22 and 57 years. The youngest participant was 22 years old whereas the oldest participants were 57 years old. There were two participants aged 27 years old and other two aged 50. The rest of the participants were 35, 41, 47 and 52. Therefore, the age distribution of the participants relatively includes adult participants.

The participants have different levels of status range from college student to a parish priest. The status of the participants was student, mechanic, accountant, house wife, economist, merigeta, priest, evangelist, parish priest and monk. All of the participants were found to be members of the Ethiopian Orthodox Tewahido church. This because the project manly working with Ethiopian Orthodox Tewahido church. Five of the participants were religious leaders and have different authority and responsibility in the Churches whereas the rest five were devoted followers of Ethiopian Orthodox Tewahido church.

Educational preparation of the participants also varies from church traditional school to modern college level. Participant 4 only attended grade four, she reached grade four through literacy campaign. Participant 1 was third year college student; she is studying at kotebe teacher's college. Participant 2 was college graduate from TVET with auto mechanic profession. Participants 3 and 5 were university graduate with accounting and economic respectively. Participants 6, 7 and 10 only attended tradition Orthodox Church school for their preparation to priesthood. Participants 8 and 9 had a theology degree from holy trinity theological college.

Participants have different family status that varies from single to celibate life for purpose of religion. Participants 1 and 2 are singles. Participants 3, 4,5,6,7 and 8 are married and have children. Participants 9 and 10 are not married; they chose celibate life for the sake of religion.

4.2 The perception of religious leaders members about conventional approach

4.2.1 Limited only to knowledge and scientific facts

All religious leaders perceived that the conventional approach used for addressing the issue of HIV is limited only to knowledge and scientific facts. It mainly provides information regarding the nature of the virus, how it attacks the body, how it infect people and the methods of prevention.

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Participants 7 and 9 said that conventional approach used for addressing the issue of HIV is focusing only in the area of prevention. Participant 8 also said that the conventional approach is limited on awareness creation and it doesn't go beyond that. Participants 7 and 8 also see conventional approach as one of approaches mainly focus in giving information on how HIV is virus transmitted and not transmitted. Participants 6 and 10 also mentioned that this approach is only focusing on condom use as means of preventing HIV infection in the community. Participant 10 also said that the conventional approach may only boost the knowledge of individual about HIV but did not bring behavioral change that is needed to alter the situation of HIV in the country. Participant 6 believed that the message of HIV reached into ears of the general public and the message and information that disseminated, its didn't bring the desired behavioral change in the community as a result he perceived the conventional approach is inadequate addressing the issue of HIV.

4.2.2 Fear creating

According to all religious leaders the conventional approach used strategies to alter sexual behavior by creating fear in the minds of people about HIV/AIDS. These strategies have contributed in escalating stigma and discrimination in the past. As the result of this strategy, people develop negative attitude and bias toward HIV positive. According to participant 6 this approach is still creating fear by disposing how the virus attacks the body, the symptoms of disease, how it expose to other opportunistic disease. Theses information creates fear in the minds of audiences.

Participant 8 said that the conventional approach is mainly focusing in creating fear on the participants to alter their behaviors and it doesn't last long.; Participant 9 also says that conventional approach is not persuasive and convincing to change their risky behavior.

4.2.3 The message is boring

Participant 7 said that the message of HIV has been the same since it started. Participant 6 also said that people are bored with repeated message of similar content of HIV/AIDS for the past three decades.

Participants 9 and 10 said that the method that used by conventional approach in addressing the issue of HIV/AIDS is boring. Participants 8 also explained that the method used by conventional approach is monotonous and tedious. Participants 7 also mentioned that in conventional approach the informer is only the active participant, it does not allow the participants to contribute. It uses only one way of communication channel that resulted from his expertise. According participant 6 the conventional approach is not persuading.

4.2.4 Insufficient to tackle stigma and discrimination

All religious leaders perceived that the conventional intervention as insufficient in changing the attitude of people towards stigma and discrimination in community. According to participant 7 it is mainly focus on prevention before infection, it doesn't work for those who are affected and infected. Participant 8 said that the conventional intervention is not working in reintegration of PLWHA into the community form where the excluded because of their HIV positive status. Participant 6 said that stigma and discrimination better tackled with religious principles such us love your brother as you love yourself. Participant 8 said that conventional approach didn't work to fix the life of people who are affected. Participant 6 said that it lack rehabilitation intervention for those how are affected and infected. Participant 8 said that conventional approach is oriented only toward people who are not infected, it put aside people who are infected and affected by the virus, and it is prevention activity for those who are not infected by HIV.

Participants 7 and 9 said that Stigma and discrimination was aggravated by religious leaders in the beginning with mere association of the virus with punishment of God, in order to counterattack this mere association of the virus with punishment of God, religious leader can do better than anyone. According to participants 7 and 10, the battle of stigma and discrimination need more religious principle and values to eradicate it.

4.2.5 Spiritual dimension is missed out

Participants 8 and 9 having seen the relationship of HIV and sexual behaviors, they perceived that the conventional approach is missing an important component, since major ways of HIV transmission is through heterosexual behaviors. Participant 7 said that sexual immorality best dealt with religion values and ethics, since all sexual immoralities are considered sin in the realms of Christianity.

All religious leaders believed that the conventional approach can contribute in giving knowledge and facts about HIV to community. All religious leaders perceived that if the conventional approach adds values and principles of religion, it will impact in bringing the desired behavioral change in community. The involvement of religious leaders in awareness creation process can create better acceptance to the message of HIV. Religious values are still strong in the country. All religious leaders said that the use of spiritual intervention together with conventional approach is influential in bringing the desire behavioral change and to avoid risky behavior that related with HIV infection. .

4.3 The acceptance of religious leaders

Religious leaders for most participants are the most trusted and respected segment of the community, they hold important role in the community. Most participants see religious leaders as

authorities who mediate whenever there are conflicts among in the community, who displayed accepted norms and values in the community, who guide their followers into spiritual richness and who consider to be knowledgeable to bring remedial solution for problems that exist in the community. Participant 1 explained this respect, value and trust for religious leaders:

> I grew up in a very dedicated Christian family, our parents have spiritual father. In our family our spiritual father is the most respected man and considered as a member of the family. He consults the family when every great decision needed. Whatever he said is considered to be true. Therefore, I grew up in this context; I have great respect and acceptance for my spiritual leaders (informant 1, April 6, 2014).

According to participant 6 religious leaders have very close and regular contact with all age groups in society and their voice is highly respected and can exert a powerful influence on the society. Religious leaders have tremendous influence over members of their congregations. Participant 9 also confirmed the above mention idea.

> As spiritual father, we meet all segment of the society through various occasion in the community. Our voices are respected by our followers; we have un-eroded trust, love and acceptance in the community. We have a very powerful influence than any other figures in the community. We are very near to the ears of the community; we are very much heard by our followers (informant 9, April 10, 2014).

Participants 2 and 6 also supported the idea of other participants about the undeniable respect, trust and acceptance religious leaders hold in the community. They also saw untapped potential that religious leaders hold that may be used in the development work in the community as facilitators. Participant 4 always turn to his spiritual father when he faces problems and challenges in life, since he explains everything in realms of spirituality. He claimed that he got

every answer from his spiritual leaders about existing problem. He believes that every word that come from his spiritual leaders considered to be true, consoling and encouraging.

According participants 7 and 10 Religion leaders have been played both constructive and distractive role in the community. This is because of their acceptance in the community. Now a day, religious leaders are widely used in campaign to bring positive change in the community. Government and non-governmental organization use religious leader to create awareness and disseminate knowledge. Participants 3 and 8 has used as example of the involvement of religious leaders in health program to give awareness to general public, this also show the acceptance of religious leaders in various aspect of community interventions.

Religious leaders have a responsibility and obligations which accompanied by oath to keep people secret hidden. People tend to tell their top secret to their religious leaders in order to get release and comfort. Participant 4 said that religious leaders are very good in keeping personal secret; most followers share their top personal secret for their spiritual father. Participants 5 and 7 also agree that religious leaders are reliable and trustworthy people. In this respect participant 3 explained:

> I have a very good trust for my religious leaders, as a Christian we are supposed to respect our leaders; moreover it is true that religious leader has a very powerful role in the community they lead. I have spiritual father to whom usually I go for guidance and advice. I trust him more than my family members. I have the confidence to speak freely about any issue since I have a great trust on him. They are very reliable on issue of personal secret; they do not expose your secret to the public (informant 3, April 12, 2014).

4.4 The contribution of religious leaders in awareness creation program

Participant 4 said that religious leaders are actively participating in awareness creation program that are organized by the churches. Participant 2 said that religious leaders are providing knowledge about HIV/AIDS and the life skill how to live without being infected. According to participant 5 religious leaders paved the way for public awareness-raising on HIV and promote action from grassroots up to national level. Participant 3 said that they contributed their parts by mixing the message of HIV/ AIDS with Christian teaching.

According to participants 2 and 5 religious leaders are creating influence on social and moral values on the community. Participant 5 said that social and moral values play a very vital role in controlling the behavior of the community. Participant 1 said that the cause of HIV infection mainly related with sexual behavior of the community. Participant 4 said that Social and moral values are means of maintaining desirable sexual behavior of the community. Participants 1 and 3 mentioned about contribution of religious leaders in providing knowledge about HIV/AIDS.

According to participant 3 religious leaders have cooperated with government and shown moral courage by being model in life and active participation in combating and preventing HIV. Participant 5 said that religious leaders are playing a major role in the prevention of HIV and in reduction of stigma and discrimination using Christian love and care for those infected.

Almost all participants witnessed the role of religious leader in combating against HIV. Participant 4 mentioned that religious leaders paved the way for congregation awareness-raising on HIV. According to participant 1 spiritual father played a major role in awareness creation on HIV /AIDS. In this respect he explained:

> I am a witness for the major contribution of religious leaders in HIV prevention. I myself attended awareness creation session organized by my spiritual father and in collaboration

> with non-governmental organization. The awareness creation program was conducted by our religious leaders. The awareness created helped me to live a responsible life, avoid risky behavior that could expose me to HIV infection, abandoned all negative attitudes toward people who live with HIV (informant 1, April 6, 2014).

According to participants who are religious leaders the massage of HIV/AIDS reached every ear, however, the desired behavioral change is not achieved, still person gets infected. According participant 3 people are bored with similar message of HIV from different media outlets. People are showing no interest of for HIV message and give deaf ears. Participant 6 said that religious leaders understood the situation of the community toward to the message of HIV/AIDS; they contributed their parts by mixing the message of HIV/ AIDS with Christian teaching.

Participants 9 and 10 are religious leaders who are actively participating in awareness creation programs that are organized by the churches. Both of them accepted the new approach which uses religious approach as alternative solution in addressing the issue of HIV. They convinced that conventional approach in addressing the issue of HIV is boring, repetitive and monotonous. They believe that religious leaders are contributing in the fight against HIV by adding Christian values and principle into the core massage of HIV. Their contribution made the HIV message interesting and acceptable.

Participant 7 mentioned the contribution of religious leaders in convincing people to live according to the holy Bible, and principle of Christianity and thus protect themselves from risky behaviors that could expose them to HIV infection. Participant 4 said that AIDS-related activities of religious leaders extend far beyond preaching about sexual mortality. Participant 4 said that preaching about AIDS is the most common prevention activity; sizable proportions of clergy promote testing and engage in pragmatic interventions. Participant 3 said that Religious leaders

are an important resource of information about HIV for many lay people, and their messages about sex and morality carry a great deal of weight. Participant 2 also explained the contribution of religious leaders.

Participants 2 said that religious leaders are using Christian principles to educate members of their congregation about the disease, such as abstinence and faithfulness to matrimonial partner. Participant 3 said that they promote values such as abstinence and fidelity with a view to HIV prevention. Participant 4 said that religious leaders are usually well-placed to provide followers with guidance about this preventable disease through Christian ethics. In this respect participant 3 explained:

> Religious leaders also contributing in identified areas of focus for HIV prevention. I am a bit reluctant with the use of condom for HIV prevention. I agree with religious leader's strategy of teaching abstinence and fidelity for HIV prevention purpose. They use Christian value and ethics to control the behavior of their followers. I found it very interesting approach that could protect the life of many form HIV infection. I believe that the society adherence and dedication to the principle of religion is still strong. I also do agree that abstinence and fidelity need to be the areas focus (informant 3, April 12, 2014).

According participant 3 religious leaders have formidable task of speaking out truthfully and taking the necessary action to control the spread of HIV. Participant 4 said that their personal leadership and commitment was vital to make a real difference to HIV prevention.

Participants 5 mentioned the contributions of religious leaders are working to end the silence that exists about the disease in many areas. In this respect participant 4 also explained the contribution of religious leaders speaking the truth about HIV/ AIDS in their sermon and homily.

> Various holiday and religious celebrations are used for addressing the issue of HIV/ AIDS to the participants of the ceremony. Religious leaders were boldly talking the truth about HIV/AIDS. They were creating awareness for their followers about this deadly disease. I have seen them emphasizing on fidelity and abstinence than the use of condom (informant 4, March 30, 2014).

According participants 7 religious leaders are also seen in involving in reduction of stigma and discrimination. They were blamed for being reason for associating HIV virus with sinful acts. They are working hard to change the attitude of the congregation towards PLWHA (people living with HIV/AIDS). Participant 5 explained their contribution in reduction of stigma and discrimination.

> In my parish spiritual fathers are working to better the life of PLWHA, the give them support and care with the love of Christ. They already avoided condemning attitude toward PLWHA and the association of HIV virus with sin full act and the disease with punishment of God. As the result, PLWHAs are well integrated in the community and participating in churches affairs (informant 5, March 29, 2014).

Participants 6 mentioned about the use of existing charitable resources for betterment of PLWHA life by religious leaders. Fund raising is also made by religious leaders for care and support programs for PLWHA in their respective churches.

4.5 Contribution of religious leaders in response to Stigma and discrimination

All participants did not deny the negative role religious leaders played in past to escalate stigma and discrimination in the community. They were responsible in association between HIV/AIDS and immoral sexual behaviors.

Participants 6, 7, 8, 9 and 10 are religious leaders who admitted all the blame in the past in escalating of stigma and discrimination in the community. PLWHA were denied all the service of the churches because of merely they are living with the virus.

Participant 8 explained that the negative role of religious leaders in the past was because of ignorance and lack of knowledge. Participant 7 said that there were common misunderstandings of the clergy about HIV/AIDS as a punishment of God for sexual immorality. Participant 9 explained the reason behind stigma and discrimination was misconception and lack of clear knowledge about the disease.

According participant 2 the situation is changed at the moment; religious leaders are working in counter attack to reduce stigma and discrimination from the community. Participants 7, 8 and10 said that they are working with zeal to compensate the community for what they have done wrong in escalating stigma and discrimination in the community. Participants 6 and 10 said that they are embracing PLWHA in respective denominations with love of Christ and Christian affection.

Participants 8 and 9 said that because of their continuous effort stigma and discrimination is decreasing at significant level, as the result they are witnessing increasing involvement of PHLWA in churches and community affairs, which is the sign of change in the attitude of the community toward PLWHA. Participant 10 said that because of the contribution of religious leaders in eradicating stigma and discrimination the interaction of PLWHA is increasing within the community.

Participant 2 explained the contribution of religious leaders in reduction of stigma and discrimination in the community as follows; they are working hard to reintegrate PLWHA in the community life which they were excluded as result of stigma and discrimination. They are very important segment of the community in the fight for reduction of stigma and discrimination,

because of the roles they play in the communities they serve. Their roles are unique and touch on all spheres of life. In this respect participant 1 also explained their contribution:

> I have attended various seminars that organized by religious leaders in relation to stigma and discrimination. I have seen them instruct, guide, encourage, correct, mediate and care for members of their faith communities through all aspects of life. They have been playing major role in reduction of stigma and discrimination. I have seen them as a model for love, care and support for people who are affected by HIV/AIDS. They are demonstrating an exemplary approach toward PLWHA and their acts are taken as good deeds in the eyes of their followers. As the result many followers abandoned their negative attitudes toward PLWHA (informant 1, April, 2014).

Participant 2 explained the contribution of religious leaders in reduction of stigma and discrimination, they use different occasion to convey message of love, care and support for PLWHA. They organized prayer group which main responsibility is to visit and pray for PLWHA who remain at home. Participant 3 also explained that religious leaders committed to better the life PLWHA. Participants 1 and 5 said that religious leaders are working to avoid their attitude that regarded PLWHA as sinners; this leads them to hide their HIV status, failure to seek help and further spread the disease.

Participant 4 saw the role of religious leaders as true representatives of God's love on earth; they are helping people with HIV/AIDS to live longer, more meaningful and dignified lives as opposed to stigmatizing them as sinners. This approach may help to change people's attitudes towards PLWHA and offer a ray of hope to sufferers that they can lead a normal life.

All participants noticed that religious leaders hold moral authority in the community. They are playing a major role in determining the direction taken by the community. They are considered to be role models and their actions and deeds are regarded highly. They have a unique

catalytic role that is used in addressing stigma 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 translated into action by religious leaders to support those infected and affected by HIV/AIDS. In this respect participant 5 said:

> PLWHA are seen turning to their religious intuition when everything seems dark around them. Their last consolation place is their religious institution. Religion always gives hope and aspiration in life. Religious leaders are playing a major role in comforting people who are infected and affected by HIV/AIDS (informant 5, March 29, 2014).

4.6 The impact of religious leaders in addressing the issue of HIV

All participants saw religious leaders are effectives in addressing the issue of HIV/AIDS to the people they lead. Religious leaders are the most influential in impacting and changing the life of their followers. They are dedicated in alleviating the problem faced by community related to HIV/AIDS.

Participant 9 said that they are committed to change the situation of HIV/AIDS at least in their congregation. They are working with nongovernmental organization which provides them with resources for intervention. The approach which they used to conveyed the message of HIV is very effective which bring tremendous change in the life of the congregation. The effect of the intervention reflect on the life of the followers, most of the follower are well informed about HIV/AIDS, as the result they are able to protect themselves and people around them from this deadly virus.

Participant 5 also gave their testimony about the effectiveness of religious leaders in addressing the issue to the community. They already informed their spiritual children about all possible ways of HIV transmission.

4.7 Biblical values use to bring the desired behavioral changes

All participants believed that there are a lot of biblical verses, chapters and contexts that can be used in delivering the message of HIV to the community, to alter their sexual behaviors, to bring desirable behavior that help in the prevention efforts and in reducing stigma and discrimination. Moreover, all participants explained that biblical values are used to help Christian to stand up and fight against HIV, to bring desirable behavioral change and help people who have been infected by the HIV virus to accept their situation and to live positively with the HIV virus.

However, all participants also explained that there is no directly stated biblical versus or chapter that speak or touch about HIV/AIDS since HIV is recent phenomena in the history of human being, but there are context that can be used to deliver a message about HIV and similar contextual stories of people who have suffered .

All participants who are religious leaders have a greater trust in biblical values and principles to alter sexual behaviors of their follower since HIV transmissions mainly related with sexual activities. Sexual morality also better dealt with biblical values and principles. Participant 2 said that there are biblical verses that emphasis the importance this sexual morality which pleased God;

> God wants us to be holy and completely free from sexual immorality. Each of you men should know how to live with his wife in a holy and honorable ways, not with a lustful desire, like the heathen who do not know God (1 Thessalonians 4.3-5) and even God give us his ten commandment as principle of life to follow it. One of the commandments is not to commit adultery (Exodus 20.6) and not to desire another man's wife (Exodus 20.9-10).

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Participant 3 said that these are very important principles of the bible values, laws and principles that boost the sexual morality of Christian, if we emphasis on them to be observed, Christians will bring desirable behavioral change.

According to participants 1,2 and 7 the ten commandments are given to us(human beings) to protect and to guide our lives, some of the commandments are helpful in guiding our sexual behaviors such us do not commit adultery and do not wish another man wife, there are also other commandment which are indirectly related with HIV, such us do not commit murder also can be a good guidance to people who are infected with the virus not to revenge others(infecting other result in killing others in long run) and participant 3 and 8 also mentioned other commandment also can be used not to accuse anybody falsely(not to judge HIV positive as sinner) and to avoid negative attitude toward HIV positive, it could be used for counterattack stigma and discrimination. Participants 8 and 9 also explained that Bible is very strict in sexual morality, sexual immorality are not only involving sexual act, but also lustful act. In this respect participant 8 quoted that what Jesus said in Matthew 5.27-28:

> You have heard that it was said: do not commit adultery. But now I tell you: anyone who looks at a woman and wants to posses her is guilty of committing adultery with her in his heart (Matthew 5.27-28).

Participant 9 explained that the bible values are perfect tools to alter sexual immoralities of Christians. Participant 3 also explained that sexual immoralities of human beings are considered as disgusting behavior of human beings by God. Participants 3, 5 and 8 also emphasis that bible teaches that to be faithful to one's matrimonial partners. It is not acceptable to go out have so many sex partners, which is considered adulterous act that displease God. Participants 2 and 10 also explained that biblical values and principles are excellent to alter our behaviors

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since that all biblical teaching are designed to encourage morally accepted behavior that please God and the same time helping us to lead responsible life.

All participants are agreed that biblical values and principle are very important to encourage responsible life that Christian must lead and they are best tools to alter the behavior of those adulterous people, and to make them faithful to their sexual or life partners. According to all participants, to encourage faithfulness in marriage and among within sexual partners biblical values and principle are very effective in altering the behavior of people since people are fond of their religious commandments. Moreover, they believed that the message "be faithful" can be best deliver with biblical values and principle that the conventional approach.

Participant 6 explained the need of abstinence in the fight against HIV, Christian values and principle always encourage abstinence from sexual activities before marriage. In this respect participant 6 quoted from the bible from the book of 1 Thessalonians 4.3-5:

> For this is the will of God, even your sanctification, which ye should abstain from fornication (1 Thessalonians 4.3-5).

Participants 6 an10 also explaining that the bible has principle and values that could impose on the Christian to abstain from sexual activities before marriage. According to participants 6 and 9 values in the bible clearly indicated that any sexual activities before marriage consider as sin in the eyes of God. According participants 3 that any sexual activities before marriage is not accepted in churches settings and considered as sinful acts sometime resulted condemnation of the faithful from the congregation. Participant 10 said that any one if temped to involve in sexual activity before marriage, the bible advice him to get married. In this respect participant 8 quoted from the book of 1 Corinthians 7:3-9

> But if they cannot contain, let them marry: for it is better to marry than to burn (1 Corinthians 7:3-9).

All participants explained that using biblical value and principles to encourage abstinence in the community before marriage is more fruitful than that of conventional approach since celibacy now a day only managed through religious commitment and dedication. All participants explained that any sexual activities before marriage and outside of marriage are considered sin by God. They encouraged people to wait till marriage than involving in sexual activity and impose the importance of marriage. In this respect participant 4 quoted the book Hebrew 13:4

> Marriage is honorable in all, and the bed undefiled: but whoremongers and adulterers God will judge (Hebrew 13:4).

According to all participants the bible has many answers related to HIV/AIDS, in communities there is a wide assumptions of thinking the virus created by God for the purpose of punishing human being for sinful act related with sexual immorality. This assumption has a great impact on the efforts made on altering the situation of HIV/ AIDS since who can challenges God's punishment.

According to participants 4, 8, and 10 there are many verses and chapters that explain that God created everything perfect to be under the use and service of human being. In this respect participant 5 quoted from the book of genesis 1:

> God created heaven and earth and all in it and he saw that it was good (genesis 1)

Thus using this biblical teaching we can answers all misconception of HIV virus. Participant 3 said that God is not responsible for every bad thing happen on human being, since God love the world so mush and he gave his only son to rescue us. Participant 7 said that HIV is

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like any other disease that affecting human health; it is not a punishment of God since he loves and care of every creature.

All participants mentioned that bible can be used to answer question regarding suffering people, are they the worse sinners than others? Participants 1, 3and 5 said that people who are suffering from HIV has many question related with association between being suffering and the status of the worse sinners. Participants 2,4 and 7 explained that bible has answer for these questions, when accidents happen or sufferings occurs, people often wonder: does this happen to these people because they are worse sinners than others. In this respect participants 8, 9 and 10 quoted form the gospel of Luke 13.1-5.

> At that time some people were there who told Jesus about the Galileans whom Pilate had killed while they were offering sacrifices to God. Jesus answered them. "Because those Galileans were killed in that way, do you think it proves that they were sinners than all other? No indeed! (Luke 13.1-5)

Participants 1,3and 10 said that the bible has stories of individual who had suffered such as Job; this book of the bible can be used to consol and to comfort people who are suffering in life. Participants 2, 7and 9 also mentioned that the book of Job is very important to encourage people who are infected and affected by HIV to hope the deliverance of God.

Participant 2 and 5 believed that stigma and discriminating better tackle with biblical teaching since biblical values oppose all stigma and discrimination. Participants 3 and 4 quoted the gospel of Matthew 22.37-39.

> … The second most important commandment is like it: love your neighbor as you love yourself (22.37-39)

According to them this biblical teaching compel us to love all human being as we love our self, it is a golden rule that we could use to tackle stigma and discrimination. Participants 8 and 10 also added to the above mentioned point if we love other people as we do love our self that means we love our self in whatever HIV status we are in, the same thing is that the principle teach us to love people without any condition. According to participants 1, 2 and 9 their other golden rule that can be used to tackle stigma and discrimination in community is what is written in the bible do not do anything which you don't like to be done onto you, there is no one like to be discriminated by the community, it teach that nobody did not like to be discriminate then do not discriminate.

All participants convinced that the bible can be used as a tool to change risk behavior that cause HIV infection, biblical values and principle can be used to alter the behavior of individual and lead them toward desirable behavior, spiritual intervention is very good to HIV positive to reconcile with themselves, to encourage themselves and to aspire a bright future and to live happy and responsible life and even it help them or encourage them to adhere to the ARV since death resulted from negligible to medication can be consider as a suicide.

4.8 Communication strategies used to address the issue of HIV /AIDS in the community.

All participants explained that the communication strategy used to address the issue of HIV/AIDS is the message of HIV using biblical principles and values to discourage undesirable behaviors that expose to HIV infection and in contrary encourage the desirable behavior that protect the community from risk of HIV infection, and Christian care, love and support for those who are infected and affected by HIV /AIDS with the motive of eradicating stigma and discrimination from the community.

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Participant 1 said that the communication strategies used to address the issue of HIV /AIDS in the community mainly focused on informing the community how HIV /AIDS is affecting all segment of the society and how to protect the community from HIV infection by adhering on Christian values toward sexual morality. Participant 3 also added that communication strategies used to address the issue of HIV /AIDS in the community based on the principle of the bible that teaches us to live responsible.

Participant 5 also explained that Communication strategies used to address the issue of HIV /AIDS in the community is manly altering the behavior of individuals through the word of God. Participant 2 also explained that the communication strategy this spiritual intervention focus on encouraging the community to adhere on the principle of the bible that teaches on sexual morality. Participant 4 explained spiritual intervention communication strategy encouraged trust and faithfulness among married couples.

Participants 7 and 8 mentioned that the communication strategies of spiritual leaders mainly focus on abstinence and faithfulness among married couple. Spiritual leaders use various biblical principle and values to encourage these strategies in order to boost Christian sexual morality that please God among their followers. Participants 6 and 9 also explained that the communication strategies mainly use spiritual intervention to alter the behavior of individuals and support them to lead a responsible life by encouraging adhering on Christian style of life. Participant 10 said that the communication of spiritual strategies mainly focus on the great commandment of God which says love your neighbor as you love yourself, that enable very individual to be responsible in love and in the sometime to care for other.

According all participants the above mentioned message of HIV /AIDS is communicated by spiritual leaders who have the trust of their followers. The strategy of communication of the

message of HIV/AIDS is through spiritual father to their spiritual children. Participants 6 and 9 also explained that the communication strategies use the churches structure where spiritual fathers address the message of HIV for their followers using various occasion, religious celebration and in occasion when spiritual father visit their spiritual children.

Regarding stigma and discrimination all participant explained that the communication strategies of the spiritual intervention based on love, care and support for human being. It based on the principle of the bible that based on love, care and support for human being. It based on the principle of the bible love your bother as you love yourself. Participant 2 and 5 said that the bible never discriminate all human being as creature of his hand why we need to discriminate if God doesn't discriminate. Participants 4 and 5 also added that we do not need to fear the sinner but we need to fear to sin, the same time must be applied that we should not fear or discriminate HIV positive instead we have to fear HIV virus. In this respect Participants 5 also quoted from the Gospel of mark 2:17 to show who need care, treatment and support:

> When Jesus heard it, he saith unto them, they that are whole have no need of the physician, but they that are sick: I came not to call the righteous, but sinners to repentance (mark 2:17).

According all participants the conventional intervention together with spiritual intervention is resulted excellent communication strategy to eradicate sigma and discrimination. Spiritual intervention add biblical value that teach the golden rule that say do not do anything on your brother that you do not wish to be done on you. All Participates explained that the bible has a principle that protect HIV positive form being discriminate or stigmatized, since no body want to discriminate or stigmatized. According all participants emphasizing on the principle of the

bible to alter the situation of stigma and discrimination will result greater success in reduction stigma and discrimination in a community.

4.9 How religious approach differ from the conventional communication approaches

All participants explained the religious approach for addressing the message of HIV follows a different communication strategy than the usual conventional approach. Participants 2 and 5 have explained that the main difference between these two approaches is on the focus of the rule of ABC. The conventional approach accepts the entire ABC rule that could serve in prevention of HIV infection, and give more emphasis on the condom use. While the religious approaches accepts in principle that ABC rules could prevent the HIV infection, and the emphasis on the AB rules and say nothing about Condom.

Participants 1 and 7 explained the other major difference in the communication strategies of the two approaches is the methods used to aware the problem of HIV/ AIDS. Participant 8 said that the conventional approach use information about HIV virus and AIDS to create fear in the mind of the people to alter the behavior of individual. Whereas, the religious approach use biblical values and principle to control sexual morality of the individual to alter their risky behavior that can expose the individual to HIV infection. Participants 3 and 8 also added that conventional approach mainly see to skill up individual ability how to involve in safe sexual activity and avoiding the risk of infection, whereas, the religious approach is working in encouraging individual to adhere on sexual morality that please God and people, that mainly focusing in altering the behavior of the community into desirable sexual behaviors.

Participant 10 also explained the difference of the communication strategies of both approaches, the conventional approaches communicate the message of HIV using prevention oriented, whereas, the religious approach communicate the massage of HIV using spiritual

intervention, form the motive of maintaining the sexual morality of the community, and with intervention for those who are affected and infected by HIV virus. Participant 6 also added the difference of these two approaches, the conventional approach mainly focus on saving or preventing the earthly body form deadly virus called HIV, whereas the religious approach focus on preventing of both death of the body and the soul (because of the sin).

Participants 4 and 9 explained the other difference of the two approaches, the conventional approached use professional health worker to disseminate the message of HIV /AIDS to the community, while religious approaches use esteemed, trusted and respected religious leaders and spiritual fathers. Participants 5 and 6 said that the religious approach use church setting and religious situation or events to convey the message of HIV to the community.

All participants mentioned that the religious approach is a comprehensive approach which covers all part of human being. The integrating of the spiritual approach into the convention approach makes the intervention more complete.

4.10 Spiritual intervention in fight against HIV

All participants explained that spiritual intervention through religious leaders in the process of HIV prevention make complete and comprehensive the intervention. Participants 3 and 7 explained that Spiritual intervention can be used to alter the behavior of individual toward his /her sexual morality. According to Participants 5 and 6 all sexual immoralities are related with sexual risky behavior of individuals and they are considered to be sinful act in realms of spirituality. Participant 10 said that Spiritual intervention discourages all this sexual immorality as a sin and teaches to abandon them if people seek to achieve transcendental life. Participants 7 and 9 explained that Spiritual intervention can be a very powerful weapon to alter the behavior of individual based of religious commitment. Participant 8 said that spiritual intervention help

individual to adhere in to the rules of AB, since it help individual to stick on principle of avoiding risky behavior based on religious commitments.

All participants believe that the integration of spiritual intervention into the conventional approach make whole, complete and comprehensive approach , make the message of HIV very strong and make the fight against HIV /AIDS very easy.

Moreover, Participants 3 and 7 said that spiritual intervention is also important to maintain and fix the life of those who are infected and affected by HIV virus. Participant 1 said that the conventional approach mainly focus on prevention of HIV virus that makes it incomplete since the intervention must encompasses those who are infected and affected. Participants 2 and 4 explained that people who infected and affected went through a lot as the result of the effect of HIV/AIDS. Participants 1 and 5 believe that spiritual intervention can help in fixing those who are infected and affected by HIV; it can boost their confidence, trust in the community, and help them to hope their bright future. Participants 6 and 8 the well-being of individual in the community encompasses the well being of all aspect of the individual dimension. Thus, Spirituality is one of dimension of that individual aspect that needs to be well.

According participant 10 there are four main areas of relations that confirms the well being of individual, these areas are his relation with self, God, community and environment that nurtures and celebrates wholeness. According to participant 9 these sets of relationships are very important to confirm the well being of individual in the community. Participant 7 said that usual these set of relationships are affected when individual face life threatening problem such as cancer and HIV/AIDS. According participants 4 and 5 when individual face life threatening problem, they inter into conflict with their self, people around them, their environment, and with God. Participants 1and 2 emphasized the need of spiritual intervention to maintain those relationship as they were before. Participants 3 and 10 explained that the need of spiritual

intervention parallel with other intervention to maintain the well being of individuals, it make whole and complete the intervention.

Participant 2 explained the need of spiritual intervention toward maintaining the well-being of the individual that help him to maintain harmony and peace with the self, it also true that maintaining and reconciled individual within himself is important to lead a responsible life, to protect himself form risky behaviors that could exposed him to HIV infection. Participant 3 also added that spiritual intervention is very important for those who infected and affected by HIV virus, since they need to reconcile with themselves. Most of the time there are guilts related with their status of HIV or being affected by HIV.

All participants admitted that Spiritual intervention is also very important to maintain a peaceful relation of individual within the community, it is very important in healing the broken relationship that exists in the community. Religious principle demand followers to leave in peace, mutual respect and understanding with everybody. It helps HIV positive to leave in the community as dignified human being, with due respect, love, care and support. Since the basic principle of religion doesn't discriminate anybody.

Participant 7 explained that spiritual intervention is a key weapon in fighting stigma and discrimination, since it teaches that to love our neighbor as we do love ourselves, that means if you love your neighbor as yourself there is no way that you discriminate your fellow brother. Participant 8 also added that spiritual interventions are key factor that could contribute in healing the broken relation of individual with other as a result of stigma and discrimination, since spiritual intervention always work toward maintaining the harmony and integrity among individuals. Participants 9 also explained the use of spiritual intervention is important to reconcile individual with the other community members.

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All participants believed that a positive relationship of individual with environment is very important for well being of the individual. The environments for the individual are the whole things where they depend for living. The relation of individual with his environment depends on the health of the individual. Participant 7 said that our relation with our environment needs to be at least normal to have a peaceful interaction with environment, spiritual intervention teaches to love, care and protect the environment.

According to all participants the other important relation of individual need to be excellent is their relation with God. The ultimate relationship of individual should be with his creator, people always wish to have excellent relation with God. People need to maintain their peaceful relation with their creator: because there is a concept of transcendental life. According to participant 9 to achieve this transcendental life people has to live the life that please God. It is habitual that People go astray from the ways of God that lead them in conflict with God. People need to avoid this conflict with God by pleasing God with the work that pleases him. Participant 8 also added that when individual in conflict with God, also they will be in conflict with other and with themselves. According to participant 7 spiritual interventions are very important for people who are HIV positive, they have grief on their life as the result they have conflict with God, they have so many whys. Participant 8 said that spiritual interventions are very important for HIV positive to avoid their grief and reconcile them with God.

CHAPTER FIVE: DISCUSSION AND CONCLUSION

5.1 Discussion

This study is limited on assessment of an alternative religious approach that use biblical values and religious leaders in HIV prevention activities, in the same time it attempted to understand the role of religious leaders in fighting against HIV.

Participants clearly identified inadequacy of conventional approach in addressing the issue of HIV/AIDS; it is limited to awareness creation activities and providing information about HIV/AIDS. As intervention, it must be complete and whole package to protect those who are not infected and embrace and work to better the life condition of those who are infected and affected by HIV/AIDS. This inadequacy may be result from area of focus; it gave much emphasis only on awareness creation, condom use, and life skills. There were several criticisms of inadequacy of the conventional approach, particularly concerning care and support.

According participants a goal oriented message has to be informing, convincing, participating, persuading to bring the desired goals, and entertaining to the audience to be a lasting memory. However, the finding of this study found that the message of HIV/AIDS were continually repeated and boring till becoming irritating to the ears of the audience. Moreover, they were fear creating in the mind of the audience with the motive of altering undesired behavior, which later negatively contributed in escalating stigma and discrimination.

The problem of HIV/AIDS is beyond the scope of medical realm. It is complicated problem which require an integrated action from various sectors to alleviate the problem properly form the societies. HIV prevention needs to integrate spiritual intervention in order to be more effective and bring the desired change in situation of HIV. Nowadays, spirituality in

social work is seen as important parts of the intervention. In past two decades there was a growing interest of spirituality and religion in social work, even though they remain largely on the periphery of the profession's mainstream practice (Coates, Gray, and Hetherington, 2007).

In last two decades integrated efforts made to bring the desired behavioral change in the situation of HIV/AIDS in Africa; however, it seems far way from its goal. The following figures of HIV prevalence indicated that the problem HIV/AIDS is still at large. The Sub-Saharan HIV prevalence rate was 2.5% in 1990, and in 2000 this rate reached at 5.95% (World Bank, 2013). Despite attempts to stop the virus' spread, the 2011 prevalence rate was still a alarmingly high 4.9% (World Bank, 2013).The finding of this study identified inadequacy of Conventional approach used in addressing the issue of HIV/AIDS at least where this research conducted, since the desire behavioral change is not achieved as expected and many people are still infected with HIV virus.

The credibility of the media outlet has it on impacts on the acceptability of the message; People give credibility to the message based on their passed experience associated with trust. It is undeniable that religious leaders are the most trusted and respected in the community, they hold very important role in the community, who demonstrate accepted norms and values in the community, who consider being knowledgeable to bring remedial solution for problems that exist in the community. The involvements of religious in addressing the issue of HIV made the message more acceptable. Religious leaders have close contact with all age groups in society, their voice is highly respected, and they can exert a powerful influence on the society. Moreover, they are listened to, their actions set an example, their credibility, and their closeness to the communities gave them the chance to make a real difference in stopping the spread of HIV/AIDS (Oluduro, 2010).

Messages can be effectively disseminated with influential people; influential people have better audience and followers who imitate their action as models. Religious leaders have tremendous influence over members of their congregations. Government and non-governmental organization use religious leader to create awareness and disseminate information into the community. It also supported by the finding of O Oluduro,(2010). They have played very important role of speaking out truthfully and taking the necessary measure to control the spread of HIV and improve the situation of people who are infected and affected by HIV/AIDS. Their involvement in HIV/AIDS prevention activity has brought major changes (Edward &Green, 2001)

To avoid the problem of HIV/AIDS form its root need behavioral changed. It is good to influence the sexual behavior of individual to bring the desired sexual behavior. I agree religious leaders can be used to influence the behavior of their followers. Religious leaders promote faithfulness to matrimonial partners and abstinence as preventive measure in HIV/AIDS awareness creation activities. They are creating influence on social and moral values of the general public to bring positive change. These social and moral values play a very vital role in controlling the behavior of the community. Social and moral values are means of maintaining desirable sexual behavior of the community. They have a tremendous influence over cultural norms that guide individual and community behavior and provide information about HIV/AIDS (UNAIDS, 2002).

Religious leaders in various countries were early on preparation and implementations of national AIDS strategies; they have witnessed dramatic changes in the course of the epidemic (Calderon, 1997). They discourage all negative attitudes toward people who live with HIV virus.

Their involvement in HIV prevention programs provide access of information that can change the community situation of vulnerability to HIV infection (USAID, 2007)

All possible means must be used to stop the spread of HIV by creating awareness among youth, teaching the methods of preventions, and using all the possible means that may help reduction of HIV (Parry, 2003). Their messages about sex and morality carry a great deal of weight that could bring desirable sexual behaviors. Sexual morality is the centre of their teaching and preaching since sexual immorality is the cause of many HIV infections. Sexual morality is properly dealt with principle of religion and through religious readers (Parry, 2003). Their acceptance and position in the community helped them to convey the message of HIV to their followers with added value of Christian morality (Parry, 2003).

In earlier days religious leaders have been part of the problem rather than being part of the solution and they have been judgmental, conservative and moralistic towards HIV/AIDS which have contributed to silence and secrecy (Liebowitz, 2002).In the past they played negative role in escalate of stigma and discrimination in the community. They escalated the problem of stigma and discrimination through taboos, sanctions, and silences about sexuality, much of it authorized by religious leaders (Cochrane, 2005). They were responsible for the association between HIV/ AIDS and immoral sexual behaviors. Mere association of HIV infection with immoral sexual behaviors , seeing HIV virus as the punishment of God, the failure to discuss openly the root causes of HIV transmission have contributed to stigmatization and discrimination of PLWHA within the church by religious leaders (Cochrane, 2005). However, the situation is changed at the moment, religious leaders are working in counter attract to reduce stigma and discrimination from the community. Many religious communities still have a logic that can encourage acceptance and care for people with AIDS (Liebowitz, 2002). They are working with zeal to compensate the community for what they have done wrong in escalating

stigma and discrimination in the community. They provide for people who are infected clinical care, home-based care, spiritual and pastoral support, psychological care, counseling and VCT, nutrition support, food and material support, income generation activities, support groups, medicine banks and collecting alms(Liebowitz, 2002).

People are affiliated to particular religious opinions, beliefs, and religion also affects one's outlook and decision making (Bernhard & Lorenza, 2010). Religion gives full of hope and aspiration for humanity, especially for the ones who are suffering in the community. This hope is put into action by religious leaders to support those infected and affected by HIV/AIDS. Religion is a complete way of life and offers a means of protection against HIV/AIDS. Religions have important role to provide guidance in relation to general perspectives on life and also regarding choices that individuals to do. (Bernhard & Lorenza, 2010)

Religious leaders encourage values such as abstinence and fidelity with a view to HIV prevention. Biblical values are used to enlighten all Christian brothers and sisters, to help Christian to stand up and fight against HIV, to bring desirable behavioral change and help people who have been infected by the HIV virus to accept their situation and to live positively with the HIV virus. Biblical values may be more able than any health approach, for example, to change sexual behavior and bring desirable behavior that promotes sexual morality (Carolyn Baylies et. al., 1999). Biblical values and principles also can be used to alter sexual behaviors of the congregation, since HIV transmissions mainly related with sexual immorality. Biblical values and principle are always encouraging abstinence from sexual activities before marriage and faithfulness for matrimonial partner. Religious values and principles can be used as a powerful tool to young people who wish to refrain from premarital sex. Religious leaders in recent years are working continually to encourage abstinence and fidelity as preventative tactics

(Byamugisha, 1998). Biblical values have brought significant behavior changes above and beyond those promoted by public health officials (Magid Kagimu et. al., 1995)

Communication strategies used to address the issue of HIV /AIDS was mainly focused on informing the community about HIV/AIDS and altering their sexual behavior through biblical values and principles. Other communication strategy is fighting stigma and discrimination with Christian love, care, and support for those who are infected and affected by HIV /AIDS. Communication strategies mainly use spiritual intervention to alter the behavior of individual followers to lead a responsible life by encouraging the community to adhere on Christian life style. Message of HIV /AIDS is communicated by spiritual leaders who have the trust of their followers.

Spirituality is one of the psychosocial determinants of health that may affect health by promoting healthy practices and offering comfort in situations of stress (Koenig 1999). Spirituality is one of dimension of that individual aspect that needs to be well. There are four main areas of relations that confirms the well being of individual spirituality, these areas are his relation with self, God, community and environment that nurtures and celebrates wholeness. Spiritual intervention helps to fix individual relation with self, environment, community and God.

Spiritual interventions could be used to alter the behavior of individual toward his /her sexual morality. Sexual immoralities are related with sexual risky behavior of individuals and they are considered to be sinful act in realms of spirituality. Spiritual intervention discourages all this sexual immorality as a sin. Spiritual intervention can be a powerful weapon to alter the behavior of individual based of religious commitment, spiritual intervention help individual to

adhere to the rules of AB, since it help individual to stick on principle of avoiding risky behavior based on religious commitments.

5.2 Conclusion

This study on an assessment of an alternative religious approach on the issue of HIV with a descriptive purpose has produced rich amounts of information through in depth interview with religious leaders who are involved in HIV intervention.

The inquiry of this study is based on the experience of the participants of the study. Literatures of related issue to the subject of inquiry have been reviewed to ground basic findings. Several studies been made to the inquiry of HIV related issues, specific studies on an assessment of alternative religious approach on issue of HIV (a spiritual intervention), is very rare.
The study has tried to assess the role of religious leaders who involved in fight against HIV and in eradication of stigma and discrimination. It has been tried to gather as in depth information as possible on the experiences of this group of people through interviews.

Religious leaders admitted that conventional intervention is inadequate in addressing the issue of HIV/AID, and eradicating stigma and discrimination. The integration of Spiritual intervention into conventional intervention makes it whole, complete and adequate intervention which leads into transformation.

The finding of this study showed that religious leaders are the most trusted and respected, who displays accepted norms and values in the communities. They have tremendous influence over members of their congregations to bring positive change, influencing on social and moral values of the general public. These social and moral values play a very vital role in controlling the behavior of the community. Moral values are means of maintaining desirable sexual behavior of the community. They paved the way for public awareness-raising on HIV, leads their

followers into a responsible life, intervene in the community to avoid risky behavior that could expose to HIV infection, and to abandon all negative attitudes toward people who live with HIV virus.

Religious leaders promote values such as abstinence and fidelity with a view to HIV prevention. They are usually well-placed to provide followers with guidance about this preventable disease through Christian ethics. They are the most influential in impacting and changing the life of their followers. They are committed to change the situation of HIV/AIDS at least in their congregation

Biblical values are used to enlighten all Christian brothers and sisters, to help Christian to stand up and fight against HIV, to bring desirable behavioral change and help people who have been infected by the HIV virus to accept their situation and to live positively with the HIV virus. In the bible there are context that can be used to deliver a message about HIV and similar contextual stories of people who have suffered; this can be use to consol people who are suffering at present. Biblical values and principle are always encouraging abstinence from sexual activities before marriage and faithfulness for matrimonial partners.

Communication strategies used to address the issue of HIV /AIDS mainly focused on informing the community about HIV/AIDS using biblical values and principles. Other strategy is fighting stigma and discrimination with Christian care, love and support for those who are infected and affected by HIV /AIDS. Spiritual interventions are used to alter the behavior of individual toward sexual morality. Sexual immoralities are related with sexual risky behavior of individuals. Sexual immoralities are considered to be sinful act in realms of spirituality. Spiritual intervention discourages all this sexual immorality as a sin. Spiritual intervention is very powerful weapon to alter the behavior of individual based on religious commitment, spiritual

intervention help individual to adhere to the rules of AB, since it help individual to stick on principle of avoiding risky behavior based on religious commitments.

5.3 Social Work Implication

Social work is a profession with a particular interest in people who are at risk, vulnerable, discriminated and stigmatized. People are sexual in their nature, though it is a normal behavior; it has risk related behavior when it comes to sexual behavior related susceptibility to HIV. Several predictors from different discipline indicated that the problem of HIV /AIDS is beyond the medical profession. There are a lot to be done in these regard by social worker, with its abundant and relevant skills and values to the matter, can play a great role in it.

One of the objectives of social work profession is the empowerment and emancipation of people to improve their well being. This study show that the need of the integration of religious intervention into the conventional intervention to enhance and make complete the intervention. The social work also can play a major role by making link between their client and spiritual leaders to solve the problem related to moral, guilt and spiritual question.

Religious leaders are the most respected segment of the society who gain trust and acceptance of the community they lead. Social worker can use religious leaders like other professional in their social work practice, since people tends to open themselves toward religious leaders. Religious leaders can serve as a bridge between clients and social worker since they can build trust for the client to open up. Social workers can help by building knowledge, learning, behavioral modification, skills and techniques.

As mentioned in this study, the religion law, value and principle toward abstinence till marriage and faithfulness to marital partners will help to boost sexual morality in the community. This sexual morality is important value that fosters desirable sexual behaviors that protect the

community from risky situation. Social workers can contribute by supporting religious leaders who involved in HIV awareness creation. They can work with partnership with other social change agents in the community.

In conclusion, Social workers with their skills of research can carry out further studies in relation to spirituality impacts on social work intervention to understand well the vitality of spirituality in social work interventions. Social workers can be important part of the prevention and control efforts of HIV/AIDS in the community.

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Appendix A

Research guide questionnaires for religious leaders

1) How do you perceive the conventional approach that used to address the issue of HIV /AIDS?
2) As a religious leaders what is your role in fighting HIV/AIDS?
   a) Can you tell me the role of religious leaders in reduction of stigma and discrimination?
   b) Are you effective in addressing the issue of HIV/AIDS to the community?
3) What kind of communication strategies do you use to address the issue of HIV /AIDS in the community?
   a) How it differ from the conventional communication approaches?
   b) Which biblical values used to bring the desired behavioral changes?
   c) What make different your communication strategies from that health worker?
4. Which biblical values used to bring the desired behavioral changes ?
   A) How strong are biblical values to bring behavioral changes?
   B) How can be used to bring behavioral changes?
   C) How do you see biblical values in altering behavior
5. What make them different in addressing the issue of HIV/AIDS from the conventional health worker?
   A) What are the occasions that used to address the issue of HIV?
   B) What kind of strength religious leaders have to address the issue of HIV?
6. Why spiritual intervention needed to be intergraded with the conventional approach?
   A) Do you think that spiritual intervention will help in improving the situation of HIV?
   B) How do you think about spiritual intervention used in HIV intervention?

Appendix B

Research guide questionnaires for followers

1. Can you tell me the role of religious leaders played in fighting HIV/AIDS?

A) Can you tell me the role of religious leaders played in reduction of stigma and discrimination in the community?

B) Do you think that they effective in addressing the issue of HIV/AIDS to the community they lead?

C) How do you evaluate their effectiveness?

2. What kinds of communication strategies religious leaders use to address the issue of HIV /AIDS in the community?

A) How it differ from the conventional communication approaches?

B) How do they use the communication strategies used by religious leaders?

3. Which biblical values use to bring the desired behavioral changes (in prevention and in reduction of stigma and discrimination)?

D) How strong are biblical values to bring behavioral changes?

E) How can be used to bring behavioral changes?

F) How do you see biblical values in altering behavior

4. What make them different in addressing the issue of HIV/AIDS from the conventional health worker?

C) What are the occasions that used to address the issue of HIV?

D) What kind of strength religious leaders have to address the issue of HIV?

5. Why spiritual intervention needed to be intergraded with the conventional approach?

C) Do you think that spiritual intervention will help in improving the situation of HIV?

D) How do you think about spiritual intervention used in HIV intervention?

APPENDIX C

Informed Consent Form

My name is Fasil Techane and I am a student at Addis Ababa University. The reason I have contacted you today in order to carry out a personal interview for a study that aims to assess the role of religious leaders in fighting against HIV using religious values. I am doing this study for the requirement of the education that I am attending at Addis Ababa University. This study will not be made without your participation. Therefore, I kindly request your participation by providing genuine information, which is very imperative for the success of the study.

The study is focused on assessing the response of religious leaders to HIV/AIDS, their contribution in the fight against HIV, their acceptance in the community, spiritual intervention that used to alter risky behaviors and biblical values that used in altering the behavior of congregation.

One of things that you must be sure is that your participation in the interview is totally voluntary. I will take all then possible measures to maintain confidentiality. You also have the right to withdraw from the interview at any time without the need to explain why. If you decide to involve in this study, you should be aware of the following things. Tape recorders will be used to capture points of interest for later use, and the recordings will not be exposed to another party.

Tapes will be destroyed after transcribed into Amharic language and the notes I will take and the transcribed note will be destroyed after the study is completed and approved by the school. The final results of the study (which including your participation) may be used for further academic and publication purposes.

Your participation in this research will not affect your relationships with your community since all the information you are going to give will be kept confidential between you and the

researcher. The interview will take a maximum of three hours. If any question makes you feel uncomfortable, please indicate it and you do not have to answer any unpleasant questions if you do not wish to. If something is unclear, or if you have any doubts whatsoever, please tell me. I would like you to sign below if you agree to participate in the study.

I thank you in advance for your participation.

I agree to participate in the study

Participant's code_____

Date: _____

I certify that in my presence the participant has been informed about the possible benefits and risks of participation in the research and has been given the opportunity to ask any questions.

Fasil Techane , Researcher:

Date: _____

Contact number: _____

Appendix D

Time Table

S.N	ACTIVITY	MAJOR TASK	SCHEDULE	CONCERNED PERSONS	REMARKS
1	Secondary data Collection	Enriching the research with preexisting literature	It is a continues process until the end of the research	Student	
2	Selection of participant for the study	To identify those who involved	10th to 20th march	student	
3	Get ready for data collection	Making all the necessary arrangement and materials needed	20th to 24th of march	student	
4	Primary data collection	Gathering qualitative data	25th of march to April 26th	Student and participants	
5	Transcription of the interviews, coding and	Make ready the data for analysis	27th of April to 5th of may	student	

	developing concepts				
6	Data analysis	Interpreting the data	6th of May to 18th of May	student	
7	Finalizing the thesis	Compiling all component of the research.	19th of May to 28th of May		

Appendix E

Resource Allocation

S.N	ACTIVITY	ITEM	UNIT OF MEASUREMENT	PRICE PER UNIT	AMOUNT	TOTAL
1	Transportation and tea brake	Bus, Taxi, Coffee shops	Frequency of travel	50	10	500
2	Secretarial service	Printing, binding, and copying.	As per required	60	30	1800
		Purchasing of CD writer	piece	7	25	175
3	Purchase of stationary and other recording materials	Palin paper	packet	4	100	400
		Writing pads	piece	8	4	32
		Highlighters	packet	30	4	120
		Memory card (16GB)	piece	480	1	480
		Ear phones	piece	180	1	180
	Allowance	Per dime of participants	Hours spent	30 per hour	30 hours	900

4	Refreshment for respondent	Bottled water, tea, or beverage	piece	7	40	280
5	contingency					600
					Total	5467.00

Assessment of an alternative religious approach……

4 Declaration

I, the undersigned Fasil Techane , hereby confirm that this study in the title "An assessment of an alternative religious approach on the issue of HIV using religious values through religious leaders in the case of where is the good Samaritan today? Ethiopia project" is carried out by me, and any material used in this study is properly acknowledged.

Name Fasil Techane

Signature _____

Date: May 29, 2014