

**Anti Retro Viral Treatment- its Social and
Religious Challenges**
**(The Experiences of 32 Members from two associations -Tesfa
Setechign Mariam and Mekdim Ethiopia)**

**Addis Ababa University
Graduate School of Social Work**

**By
Ermias Bezabih**

Addis Ababa

August 2007

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By

Ermias Bezabih

**A Thesis Submitted to Graduate School of Social Work of Addis Ababa
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Advisor: Melese Getu (Ph.D)

Co-advisor: Zena Berhanu (Ato)

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Approved by examining board

----- Advisor	----- Signature	----- Date
----- Examiner	----- Signature	----- Date
----- Examiner	----- Signature	----- Date

Anti Retroviral Treatment: its Social and Religious Challenges

*For the memory of my late father
Likehiruyan Rev. Bezabih Weldeyohannes*

DECLARATION

I Ermias Bezabih, the undersigned, declare that, this thesis is my original work and has not been presented for a degree in any other university, and that all sources of material used for the thesis have been duly acknowledged.

Name: _____

Signature _____

Place: Addis Ababa University, Ethiopia

Date of Submission: _____

This thesis has been submitted for examination with my approval as a University advisor.

Name: _____

Signature _____

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Amen!

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARC	AIDS Resource Center
ART	Antiretroviral Treatment
ARVD	Antiretroviral Drug
CBOs	Community Based Organizations
EOTC	Ethiopian Orthodox Tewahido Church
EOC-DICAC	Ethiopian Orthodox Church Development and Inter-Church Aid Commission
FMOH	Federal Ministry of Health
HAPCO	HIV/AIDS Prevention and Control Office
HIV	Human Immuno Deficiency Virus
OVC	Orphan and Vulnerable Children
PLWHAs	Persons Living with HIV/AIDS
UNAIDS	United Nations Joint Program on HIV/AIDS
WHO	World Health Organization

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Abstract

There are anecdotal evidences suggesting that the rollout of ART in Ethiopia facing challenges from social and religious directions. These social and religious challenges have attracted the interest of the writer of this thesis. And the project has been conceived with the objective of identifying the social and religious challenges of ART program at the selected two PLWHA associations.

For the study, cross-sectional qualitative research method was applied. In-depth interview with selected twenty individuals and focus group discussion with two groups (each had six participants) were conducted. More over, four key informant interviews were also carried out.

The study suggested that there are different knowledge and attitudes towards HIV/AIDS and ART that affect the uptake of ART. We can categorize the participants' attitude towards using ART in to three. The first group strongly disagrees with the idea of using ART considering it as a weapon of Satan. This group of participants believes that HIV/AIDS is a punishment sent from God or it is caused by evil spirit. For them, it can be cured and has to be treated only by holy water.

The second group regards ART as a supporter of the holy water. So, they believe in taking ARV with the holy water concomitantly. The other attitude supported with few informants was using only ART to treat HIV/AIDS. Respondents with this stand expressed their fear saying that the spiritual practices like fasting and going to the holy water sites in cold weather may hamper the therapy of ARV drugs.

In addition to religion related factors, social factors are also noted to play significant role in affecting the ARV uptake. Most of the respondents ART are taking the drugs secretly in fear of the stigma and discrimination they may encounter. Especially, members of Mekdim Ethiopia National Association were subjected to this situation because they are living in the inner part of the city. In spite of some problems in using the drug and holy water simultaneously at the holy water site, the social relation at Entoto locality is encouraging for the users. Most of the respondents who were living at Entoto have no interest to leave the place because they are socially free there.

In conclusion, the issue is waiting for large scale study in order to measure the magnitude of the problem and for implementation of possible measures at a wide range to abate the problems.

Chapter One

Introduction

It is a universal truth that currently our planet is being critically challenged by the economic, health, and social adverse burdens brought by HIV/AIDS. Now a days AIDS has been appeared to be a very big sanction against development and especially in the Third World countries through time it updates its severity and burden on the poor people (Population Council, 2001).

As witnessed by many researches the severely hit segment of the population is between the ages of 15-49 (AIDS Resource Center (ARC), 2005). This reality has a very significant negative implication on the development line of the severely affected Sub-Saharan poor countries. If we take, for instance, the case of Ethiopia, in 2005 there were 1,320,000 persons living with HIV/AIDS. There were 353 new infections and 338 deaths per day at the national level. In addition it is estimated that AIDS is accountable for 34% of all young adult deaths in the country. In this regard the urban part of Ethiopia has been severely knocked by the pandemic. Out of the total young adult (15-49) deaths in the urban part 66.3% is due to AIDS (FMoH-HAPCO, 2006).

Since the detection of the virus great deals of efforts have been exerted to produce a medicine that can kill HIV and cure AIDS. However, the efforts could not bear regimens of tablets more than that of medicines, which can prolong the life span of the people living with HIV/AIDS (PLWHA) and not cure (Ephrem, 2006). The regimen

demands a very serious (almost 100%) adherence. In addition, it has so many side effects of which stomach problems like nausea, vomiting, diarrhea; secretion of lactic acid which causes stomach problems; and lipodystrophy are the major ones (Bartlets, 2001). In addition to its complexity, the economic status, awareness of Anti Retro Viral Treatment (ART) and traditional and cultural background of a certain people have consequences on the acceptance and adherence of the medication.

Therefore in this thesis project the researcher identified and showed the social and religious related beliefs and teachings that affect negatively the ART program among the people that are selected for the research. This might serve as a basis for undertaking for another large scale survey on the issue at hand.

Statement of the Problem

The government of Ethiopia has a program to provide free ART for 150000 PLWHA during 2004-2008 (HAPCO-MOH, 2004). By 2005, the total number of the PLWHA who needed to be on ART was 277, 757, including 43, 055 children. Nevertheless, according to the 6th edition of AIDS in Ethiopia, only 13% of PLHA got access to ART among the total people who by then were in need of the treatment (MOH-HAPCO, 2006). Different economic, social and medical problems were accountable for the disservice (ARC, 2005). This figure only involves the proportion of the people served out of those PLWHA who are in need of ART. We are not sure about those who were medically in need of ART but failed to seek the service from health institutions because of social and religious beliefs orienting them otherwise.

Even though this assertion has not yet been supported by large-scale empirical data, the available data indicate that there are PLWHA who do not wish to be on ART

due to social influences and religious beliefs. Some small-scale assessment reports have indicated the situations of the development of negative attitude towards ART.

There are people who believe that the only way to treat AIDS is holy water. For them, there is no need to take ART (Mahibere Kidusan, 2006). They oppose ART and take holy water as the only way to treat HIV/AIDS. Such behaviors are underpinned by reasons drawn from religious beliefs. It is also observable that most of the people at holy water sites are convinced that taking ART contradicts with the divine treatment process. For this reason, there are people who are confused to decide whether it is better to continue or stop taking ART (Zena, 2006). In addition, there are PLWHA who claim that taking ART while on holy water treatment can be considered as lack of faith in God or having little faith in the miraculous, curative power of holy water (Zena, 2006).

This kind of perception and behavior may call for another social problem in that the PLWHA, who reject ART, may stigmatize the ones who are taking ART as having unfirmed faith and shaky believe in the Divinity. The existence of paradoxical or inconsistent teachings on ART among religious leaders at different levels also provides some basis for such stigmatization. For instance, some members of the scholars' council of the Ethiopian Orthodox Church believe that ART could be taken like any other medicines. According to them, one can take both the holy water and ART simultaneously (Zena, 2006).

Conversely, it is not uncommon to hear many hermits, some of whom are staff of the formal structure of the Ethiopian Orthodox Church, preaching against ART inside and outside monasteries and churches. A hermit, who coordinates the service at Entoto holy water site, advises PLWHA not to seek ART while attending holy water treatment (Zena,

2006). Another assessment conducted on 25 zonal and regional towns of Ethiopia with a sample size of 625 ministers providing different levels of spiritual services in the Ethiopian Orthodox Tewahido Church shows that 33.8 % of the church ministers responded that Christians have to use only holy water and Holy Communion to treat HIV/AIDS. According to them, there is no need of using ART (Mahibere Kidusan, 2006).

The church has not issued an explicit policy on HIV/AIDS. It seems evident that this policy gap is one of the driving reasons for the above differences in the spiritual teachings and instructions among the clergy in the same Church. We have learnt that a draft policy has been submitted to the Holy Synod of the church; so far though, it has not been adopted and proclaimed (Mahibere Kidusan, 2006; Zena, 2006).

On the other hand, the social setting also has a considerable role in activating the challenges of ART. According to UNAIDS (2006, p. 19), "Ending the AIDS pandemic will depend largely [on] changing the social norms, attitudes and haricots that contribute to its expansion."

AIDS related social stigma and discrimination cause the PLWHA to take ART in secret. If they are not free to take the medicine every time and every where, the likelihood of interrupting the treatment is very high (ARC, 2005).

A very small study conducted to asses the welfare of persons with disabilities living with HIV/AIDS (in which the writer of this paper participated) shows that PLWHA, who are on ART, were suffering from stigma and discrimination which forced them not to take the drug openly (Belayneh Dgnew, Ermias Bezabih, Tekalign Gunjefo Weldesenbet BrhaneMesqel, 2006). Therefore stigma and discrimination pushes PLWHA

to be hidden while taking ART. It may be a push factor to stop ART any time and not to be confident to start the treatment.

Though all the previously cited works in this part have identified some of the religious and social challenges of ART, no one of them dared to see the problem deeply. Rather they took it as one component of their studies with limited pages or paragraphs. However, the issue is very broad and complex which calls for independent research by itself. Therefore, to understand the social and religious challenges of ART in a detailed manner more focused study on the area is needed. To plan and practice social work intervention which combats the problem, it demands to listen more the experience and knowledge of the PLWHA on the issue.

It is supposed that the more we understand the social and religious attitudes and practices of the PLWHA on using of ART, the more important solution could be generated. Therefore, this thesis would identify and explore the social and religious factors which affect the using of ARV drugs among the respondents of the study.

Based on this need, the outcome of this Research was designed to answer the following research questions:

1. What are the social factors that are affecting the respondents to take ARVs?
2. What are the effects of religious factors on the implementation of ART?
3. What are the attitudes of the respondents towards ART?
4. What are the experiences of the respondents in using ART?

Objective

The general objective of the research is to identify and explore the effects of social and religious factors on the implementation of the ART program.

Research Methods

The method, which has been applied in this project, is a qualitative cross sectional research. The qualitative method has been chosen to get in-depth understanding of the issue and to allow research participants to express their views broadly. Different qualitative data collection techniques were employed. The qualitative data collection techniques include in-depth interview, key informant interview, focus group discussions and non-participatory observation. In addition, accessible books, magazines, and other relevant documents were used as a secondary source of data.

Research Participants Selection criteria

Purposive sampling was employed to select the research participants. In order to make sure that research subjects are drawn from different social strata gender, age, ethnic background, marital status, educational status, and association membership were taken in to consideration as the inclusion criteria. Regarding experiences related with ART, both users and non users of ART are incorporated evenly in the study (see appendix III for detail). As to their religion all of the research participants are followers of the Ethiopian Orthodox Church.

In-depth Interview

Ten PLWHA were selected from each of the two Associations and in-depth interviews were conducted with a total of 20 PLWHA. The selection process was facilitated by the officers of the respective Associations under the keen supervision of the researcher.

The participants' knowledge, attitude and practice of ART have been assessed. Data on their understanding of ART from the perspective of religious life and their

experience of using ART in relation to AIDS related social stigma and discrimination were generated.

Key Informant Interview

Key informant interviews were conducted with four individuals. Two of the key informants were from the two Associations. In this regard the issues raised included about all the type of services they provide for PLWHA. More over, their views on the use of ART and holy water to treat AIDS, the social challenges they faced while serving AIDS patients were sought.

The third key informant was from the Ethiopian Orthodox Church HIV/AIDS prevention and control department. Finally an informant from Addis Ababa City Government HIV/AIDS Prevention and Control Office was contacted to get his views on policy issues, their intervention plan and approach on AIDS treatment.

Focus Group Discussion

In addition to the individual interviews, two focus group discussions, one group from non users of ART and the other consisted of users, with six members each were conducted. During the discussions the social relations among the PLWHA themselves, the attitude of their friends and others towards ART and their attitude towards ART in relation to their religious belief were assessed.

Non-Participatory Observation

Moreover non-participatory observation was used as a primary data collection method. In that the holy water site and the selected PLWHA Association Offices were visited to see as to how the atmosphere and ways and situation of treatment for

PLWAH affect positively or negatively the use of ART. In addition, the homes of some members of Tesfa Setechign were visited. This has given the researcher a chance to observe some aspects of their social life. However, because of time shortage it was not possible to observe some homes from the members of Mekdim Ethiopia.

Limitation

This research would not allow us to make generalizations about the study population. Rather it has explored personal experiences of the participants of the research. In the result it is assumed that depending on the factors identified the result of the research may initiate others to conduct a large scale study which can show the significance of the problem in numerical data. In addition, because of time and finance limitations this research could not address ART related issues in the context of religious settings other than EOTC.

Associations Studied

The study was conducted in two associations with different settings. The first one is Tesfa Setechign Marim at Entoto Mariam holy water site (for detail see appendix I). This holy water site is an area where many PLWHA are influxing towards it believing that the holy water therapy could cure from AIDS. The researcher has attachment with the place because of his frequent visits to one of his relatives who was being treated there. A mere observation of the place reveals that the PLWHA are coming from every direction of the country. Hence, this situation offered the researcher a good opportunity to come across different people with diverse geographical, social, and cultural backgrounds.

The other respondents have been selected from Mekidim Ethiopia National Association (for detail see appendix II). Most of the members of this Association live in the city which is different from the social setting of Tesfa Setechign of Entoto.

The logic behind selecting the two associations is not for comparison. Rather they have been selected to assess different ideas from different participants who live in different settings. The participants selected from the two associations have different social and religious experiences, since they are living in different settings. The members of Tesfa Setechign are living at Entoto where religious practices are more dominant. Where as the living areas of members of Mekdim Ethiopia National Association is in the inner parts of Addis Ababa city. The city life can expose the participants for diversified social and religious conducts which is different from Entoto. This helped the researcher to document the diversified experiences of the respondents.

Ethical consideration

All of the participants were interviewed with their full consent and in convenient places where their privacy is kept. Hence, before beginning the interview the purpose and content of the questions has been explained in brief to them and they have given their full consent orally. After they have completed the interview, they have been paid twenty five Ethiopian Birr for the time that they spent.

Data Processing and Analysis

The entire interviews have been conducted solely by the researcher. Time duration for the 20 in-depth interviews varies from a maximum of two hours (with four participants) and a minimum of fifty minutes (with eight participants) with each

interviewee. The interviews with the members of Tesfa Setechign were undertaken in the house of the finance officer of the association. The first and the third days of the interview were rainy. However, the participants came on time inspite of the rain. In the case of respondents from Mekdim Ethiopia, the interviews have been conducted in a hall and compound of the head office of the association. However, the two focus group discussions were undertaken at Entoto locality with the interest of the participants.

The interviews and focus group discussions were recorded by a tape recorder and all the tape recorded data was transcribed. The transcribed data has been categorized according to the themes of the findings. After that according to the research questions the findings have been analyzed and discussed by triangulating the in-depth interview and focus group discussions results against the findings from key informant interview and literature review. Finally based on the implications of the findings conclusions and recommendations have been drawn.

Chapter Two

Literature Review

To enrich the findings of this study with prior works accessible published and unpublished materials were reviewed. However, the scarcity of reading materials on the issue of the thesis has to be mentioned as a limitation. Though there was difficulty in getting adequate literatures to see different views, the accessible scripts were assessed. The issues entertained in this chapter are divided in to five as:

- Impacts of HIV/AIDS (its socio-economic impact and its impact on the religious settings).
- Holy water treatment
- HIV/AIDS and ART
- ART and holy water treatment
- ART vs. social stigma and discrimination.

Impacts of HIV/AIDS

Socio-economic Impact

It is an open fact that HIV/AIDS has created a new situation in the social settings of our planet. Its impact indicators differ from society to society in accordance with the difference in the life style of a given society. HIV/AIDS has been fragmenting different social ties and networks through social stigma and discrimination. This in turn exposes

the subjects of the problem to different types of psychosocial crises. Though governmental and non governmental organizations are working their best to avert the effects of AIDS related stigma and discrimination, the extent of its existence still remains boldly noticeable. For instance, according to the 2005 Demographic and Health Survey of Ethiopia it was "only 59 percent of women and 72 percent of men say they would be willing to care for a family member with AIDS virus in their home." (Central Statistical Agency (Ethiopia) and ORC Macro, 2006, p. 13). This figure is in keeping with the proposition that there still is a good deal of discrimination.

The pandemic has also emerged as a leading cause of death in Africa (Global Fund, 2006). This fact increases the social burden of the people since it has such consequences as celebrating funeral ceremonies and their extension like the commemoration of *Arba* and *Semania* (according to the tradition of EOTC there are commemorations at different time intervals. *Arba* means the 40th; and *Semania* is 80th date after the death of a person). This situation is resulting in diminishing of interest of people in helping others on problems demanding public gathering (ARC, 2005). Consequently this situation leads to weak spirit of cooperation between people (ARC, 2005).

Ethiopians have a tradition of helping each other in the occasions of social and economical crisis through informal social networks and connections. However, the agonies of AIDS are resulting in socio-economic disaster. Even the existence of many CBOs like *Idrs* is becoming under the threat of financial loss because of the increment of deaths as a result of AIDS (CRC, 2006).

Furthermore, the high rate of death caused by AIDS is contributing for the increment of the number of orphans. It has been reported that Africa has 12 million AIDS orphan in 2005 (UNAIDS, 2006) of which Ethiopia shared 744,100. Out of this total figure, 250,200 is reported to be double orphans (FMOH and HAPCO, 2006).

The issue of orphans has a big implication on the social setting. If we see, for instance, the education aspect, studies show that the negative impact of HIV/AIDS on the education system of highly affected countries is becoming worst. In some of such countries half of the AIDS orphaned students are forced to be school dropout. By 2010 the AIDS orphans are projected to reach 40 million globally (Population Council, 2001). If the trend continues, according to the above estimation, after three years our planet would be the land of 20 million school dropout children.

Orphans are forced to live depressive life within the society. They are exposed for many psychological, social and economical problems which include labor exploitation, and lack of education and livelihood opportunities (Population Council, 2001). And even if people have the will to assist their relatives or neighbors who are infected and affected by HIV/AIDS, the widespread poverty situation challenges the attempt. Available data shows that 31% of the population is getting less than one dollar a day (ARC, 2005).

The pandemic is mainly hitting the segment of the population in the age range of 15-49. This makes the impact to be expanded to the extent of jeopardizing the gross economy in the hardest hit countries. According to the Population Council (2001, p. 6210)

In the worst-affected countries, the epidemic is putting a bleak on economic growth by at least 1 to 2 percentage points a year... [and]... in sub-Saharan

Africa, the size of the labor force will be 10 to 30 percent smaller by 2020 than it would have been without HIV/AIDS.

In line with this, AIDS is responsible for 35% of the adult death in Ethiopia (FMOH and HAPCO, 2006). One can imagine how this troubles the socioeconomic setting of the country having lost this big segment of the adult population.

For different socioeconomic and biological reasons the impact of HIV/AIDS is more profound on women. Their social responsibilities urge them to participate in many care and support activities for patients of AIDS and children orphaned by HIV/AIDS. Consequently, women are much more exposed for direct and indirect effects of the pandemic (Population Council, 2001). This reality has a very considerable negative effect particularly on family and generally on society in which they live in that they have multifaceted role. As a result, this gender specialized trouble is resulting in omission of many household and field tasks which are expected to be covered by women (Stover & Lori, 1999).

Impact of the Pandemic on the Religious Setting

This part of the literature review would be devoted to discussing issues related with Christianity in general and the Ethiopian Orthodox Church in particular in relation to the religious challenges of ART. The situation of PLWHA who are interested with religious or spiritual matters has been explained as one of the psychological reactions to HIV infection in National HIV/AIDS Counseling Training Manual of Ministry of Health. As the manual indicated, "The fear of death or other common reactions to incurable illness may create or increase an individual's interest in Spiritual matters. Expression of

belief, sin, guilt, forgiveness, reconciliation, and acceptance may begin to appear as a result of a search for religious support" (2003,P.15).

The World Council of Churches has, therefore, understood HIV/AIDS is not only as a health or and socioeconomic problem but also as a cause of spiritual disorder which calls for the active involvement of the church. Since AIDS is breaking the heart of human beings without discrimination, members of all denominations as well as, the council as an institution which claims to has concern for the well being of human beings, has decided to intervene on prevention and control of the pandemic (World Council of Churches,1990).

Being member of World Council of Churches the Ethiopian Orthodox Church has been working on anti HIV/AIDS activities. However, HIV/AIDS has created different thoughts among the followers of the Ethiopian Orthodox Church. Based on their experience and understanding different people have their own ways to define the pandemic. There is a belief that considers the pandemic as a wrath sent to the earth from Heaven to punish the sinners. For this reason the church had been reluctant to combat AIDS since its advent (Haile Mariam, 2004). Often there were times where such teaching was given at the stages of the church.

In addition, there are followers and leaders of the church at different levels who believe that AIDS is a demon or is caused by demon (Satan) (Zena, 2006). Such thoughts and teachings had brought stigma and discrimination against the PLWHA who were looking for religious or spiritual supports from the church.

This is not to mean that the church has done virtually nothing to fight the pandemic. In fact there were many activities undertaken by the church. For instance, to

contribute her share in the campaign against HIV/AIDS, in the year 2001-2003, the church opened 27 regional offices, conducted 80 rallies, trained 2500 clergies, rendered care and support for 1000 OVC and for 2000 PLWHA, provided counseling for 40,000 persons with and without the virus, and has expanded its activities to reach more people (EOC-DICAC, 2004). These and other unrecorded activities of the church are believed to contribute a lot in preventing and controlling the pandemic.

An assessment with a sample size of 625 was conducted by Mahibere Kidusan to measure the knowledge, attitude and practice of clergies, Sunday school youths and members of Mahibere Kidusan about HIV/AIDS and the result indicated that only 46 percent of the informants know all the three prevention methods (namely being abstinence, being faithful and using condom). The rest of the respondents reported that they know only one or two of the methods (Mahibere Kidusan, 2006). This fact can tell us that there is still a big gap to be addressed with regard to raising awareness about the pandemic.

Holy water treatment

One of the religious methods by which the Ethiopian Orthodox Church cures people from diseases is by using the holy water. The church teaches that the practice of being treated by holy water has been mentioned in different stories of the holy bible. Hence, it is common for the followers of the church to go to and use holy waters for meditation and purification purpose (Aymro and Joachim, 1970).

According to the teachings of the church, the place of holy water is often discovered by a revelation to a holy or spiritual person (Chaillot, 2002). There are many

holy water sites with different characteristics of specialized healing power, taste and temperature, throughout Ethiopia.

It is believed and taught by the church, which represents above 40% of the population of the country, that the holy water has the miraculous power to cure physical, mental and spiritual diseases including HIV/AIDS. And it is used in two ways-by drinking and showering (Mahibere Kidusan, 2002, Zena, 2006).

Our mere observation tells us that the number of people living with HIV/AIDS who are going to holy water sites is increasing from time to time. The data released by Entoto Mariam holy water site verifies this assertion. For instance it has been reported that during 1998-1999 the PLWHA under treatment at the site were 192 and in 2003-2004 they reached 3680 (Zena, 2006). People other than Ethiopian Orthodox Tewahdo Church believers like Muslims are also coming to the holy water (Zena, 2006). Yet, the frequency among Ethiopian Orthodox Tewahido Church believers is the highest compared followers of other religious denominations (Efrem, 2006).

Administrators or facilitators of the holy water sites claim that many people have been cured from HIV/AIDS using holy water of their respective site. There are also people who are giving their witness as they have been cured of AIDS by using holy water (Zena, 2006).

This is attracting many people living with the virus to holy water sites. They may reside in the site for years believing that they would one day be cured from the virus (The Reporter, March 7, 2007). If they are ordered or advised by priests or someone else who knows another site, they may change their site hoping that the other may help them see a better progress within a shorter time (Zena, 2006).

HIV/AIDS and ART

Since the introduction of antiretroviral drugs, our world has developed a new hope. The antiretroviral drugs help the immune system to strengthen itself and undertake its normal function by defending opportunistic infections (Panos, 2006). Thus countries which have availed ART to PLWHA in their nation have reduced AIDS related deaths and illness considerably (ARC, 2005). “The experience of developed nations has proven that ART reduces disease burden and dependence, increases well-being and productivity and restores hope of individuals.” (ARC, 2005, p.5). However, due to many socio-economic constraints the drugs are not easily and sufficiently accessible for Africa, the continent that has the greatest demand of the drug with the biggest share of people living with HIV/AIDS. The continent has secured only two percent of its need while the two Americas have attained 84 percent of what they needed (World Health Organization, 2003), though different initiatives like the global fund are working to fill the gap.

Like other people of the poorest African countries, it has so far been very difficult to access antiretroviral treatment for Ethiopians. In addition to the scarcity of trained physicians on ART provision and service delivering centers, the cost of the drugs is very expensive. Before the government took action, the drug in black-market was costing 24000 birr to 72000 birr a year. To solve the problem the government has negotiated with a group of patent holders to import the drug with a lower price. However, the price still ranges from 3000 birr to 8400 birr a year which remains unattainable for the poor (Panos, 2006). Currently the free distribution launched by the government solved the economical

problem. However, since the fund of the program is shouldered by international organizations, the sustainability issue is still under question mark.

Though it has not been achieved, WHO and UNAIDS have taken initiative to treat three million PLWHA of developing countries by the end of 2005. However, the initiative has made possible to establish its treatment plan in 40 out of 49 targeted countries (Panos, 2006).

Ethiopia is one of the beneficiaries of the program. Therefore, making use of the fund assigned to the country, the government has launched a program to provide free ART service throughout the country. The program aspired to provide the service for 100,000 patients by the end of 2006 and to access all AIDS patients in 2008. To this end the sixth report of AIDS in Ethiopia has indicated that, in the year 2005, the PLWHA in need of ART were 278,000. However, it was possible to access the service only for 13 percent of the total PLWHA in need of it through 132 service provision centers (FMOH, NHAPCO, 2006).

It is assumed that if the plan could be implemented successfully, from 2005 onwards AIDS related deaths would start to decrease (FMOH, NHAPCO, 2006). “By the year 2010, there will be 41% fewer AIDS deaths compared to a projection without an ART program.” (FMOH, NHAPCO, 2006, p.41).

ART and Holy Water Treatment

As stated previously, PLWHA are flooding to holy water sites seeking solution for their problems which have resulted from HIV/AIDS. However, some research findings claim that, for different spiritual and religious reasons, the attendants of the holy water treatment have various stands on use ART. There are individuals who oppose ART

and there are others who stand in favor of taking it. Consequently, the diverse and controversial positions towards the using of ART have become a challenge to the attendants of the holy water who have to decide whether to take ARV drugs or not (Efrem, 2006).

The PLWHA who have negative attitude towards ART claim that there is no need to have a sort of assistance or to append any thing to the curing power of holy water. According to them, God does not need an assistant. If He wishes, He can change the history of everyone. So, for them, taking ART simultaneously with holy water can be considered as having less belief on the curing power of God through holy water (Mahibere Kidusan, 2006). For this and related reasons there are PLWHA who have interrupted, who do not want to start and who have planned to stop the treatment (Zena, 2006).

Conversely, there are also individuals who stand contrary to such a belief. The PLWHA who belong to this category believe that there is no problem if one use both the holy water and ART. For them the wisdom of discovering ART has been given from God. Therefore, it is possible for these individuals to make use of the two treatments simultaneously (Zena, 2006).

ART vs. Social Stigma and Discrimination

Evidently, the situation in Niger could show how AIDS related stigma and discriminations severely affect the use of ART in that while “the government has funds to provide free ARV drugs for 4000 people, by January 2005, only 350 had come forward.” (Panos, 2006, p.20). Because of fearing the social stigma and discrimination, many PLWHA prefer to take ARV drugs in secret which could have a very significant

contribution on likelihood of non-adherence (ARC, 2005). Unless integrated advocacy and promotion activities are carried out with the dedicated involvement of government officials, the attempts being made by international donors to make ART freely accessible is under a threat caused by the AIDS related stigma (Panos, 2006).

Chapter Three

Findings

This chapter discusses the findings of the study. The first part presents profile of the respondents. Subsequently, experience of the respondents, from the point of view of living with the virus and the social and religious challenges they face while using ART, is addressed. These experiences are described under different categories focusing on such issues as

- the first reaction of the respondents when they knew their sero status,
- the way the respondents perceive HIV/AIDS and their view about its treatment, other ---
- psycho-social and religious conditions of the respondents
- options cited by the respondents as a means to curb the spread of the pandemic

Characteristics of the respondents

Certain set of criteria were employed to select the participants of this research. These inclusion criteria were gender, ethnic background, age, marital status, educational status, association membership, and the status of ART use. The aim of using the criteria is to be able to discern the religious and social factors which are affecting the implementation of ART program from the point of view of different social strata.

Twenty three out of 32 participants are in the age interval of 21-40 comprising nearly equal male-female proportion. They are dominated by unemployed respondents (23) and all of them are Orthodox Christians by their religion. With regard to their ethnic composition, Amhara (10), Oromo (7), Tigre (6), Gurage (6), Gamo (1), Kefa (1),

Wolayita (1) PLWHA were participated. Out of the total respondents 16 of them use holy water alone, 12 use both holy water and ART while the rest four are using only ART. Hence equal number of users and non users of ART were included. Five of the respondents are not educated and there is one diploma holder. The education status of the rest ranges from primary to high school complete. Fourteen of the respondents were married and 13 were unmarried. Out of the remaining five respondents, three are widowed and the rest two are divorced.

Reactions for Sero-Positive Result

Except two of the participants (one female and one male), all of them have been dismayed when they heard about their sero-positive status. The extent of their reactions varies from simple frustration to loss of consciousness. According to their explanation, their worries were mainly triggered by the thought of the dreadful consequences of being HIV positive on their personal and social life. Socially, they thought that their relatives would stigmatize them and personally they did not believe they could keep on surviving even for a short period of time. The time after they have been debriefed their sero-positive status was very fearful for them and it was very difficult to accept being HIV positive. Their specific reactions for the disclosure of their sero status are presented concisely as follows:

Isolation

As reported by most of the respondents , given the variation in approach and the subject, their first level of reaction was isolating themselves from their social interactions. Being afraid of different forms of social critique, gossips and stigma they preferred to be reserved from disclosing their problems to their families. What they rather did was

keeping themselves silent and as distant as possible from others. As a result of this new and strange behavior, some of the respondents were considered, by people around them, as if possessed by evil spirit. Some of them preferred to cry in a closed room. Most of them looked forward to meeting and talking to other HIV/AIDS positive persons or a physician instead of their family members or friends.

Most of them stopped their contact with friends. One of the participants changed her place of residence to avoid her boy friends with whom she had sexual relationship. By the same token, another respondent ran away from her fiancé immediately after she learned about her positive HIV status.

Two of the respondents (members of Tesfa Setechign Mariam and Mekdim Ethiopia respectively) have expressed their reasons to isolate themselves from the society as follows.

I didn't want to maintain close relation with my friends as well as my relatives .I was very much worried about what is going to happen if they find out that I am living with the virus. It was my conviction that I will detach my self from my family for good if I happen to notice the slightest hint of disapproval on them. Even now I don't want to stay overnight with them. I just go to my relatives as a guest and get back to Entoto immediately.

.....When they [the physicians] told me that I was living with the virus, I felt that everyone would stigmatize me; my wife would wrangle with me. I thought that the society would not agree to live with me. I was terrified

deep inside my self. My contact was only with a physician. I started to isolate myself from other people.

Looking for Spiritual Solutions

According to their recollections, almost all the participants turned their lives over to God after a transient period of emotional turmoil. Seeking solutions from God was their final decision to overcome the tremendous psycho-social crisis inflicted on them. For this reason they started to go to churches frequently. They also started to have the hope of getting a cure from holy water treatment. In this regard, the issue of selecting the holy water site from the many sites which are popular in miraculous curing power was a big issue. Some drew lots; in that they write the options on pieces of papers and scroll the pieces to pick randomly. They ranked one to three. Accordingly they chose to come to the first picked site. Still some respondents used pieces of information from friends or relatives. Side by side they were praying frequently to have some psychological rest.

Some of the participants expressed their reactions as follows:

At that time I didn't consult anyone. I told to myself that I could be cured if I go to holy water and I managed to come to the holy water site as soon as possible (a female respondent from Tesfa Setechign).

.....Because it is the work of God, I believe in Him and go with Him. I did not bother about it. "You brought it, let You take it," I said to God. So, the moment I was told that I am HIV positive, I immediately went to St.Urael church. (a female respondent from Mekdim Ethiopia).

.....I thought that I would be cured if I go to a holy water. And, even if I might not be cured, I could live as per His will. Then, I convinced myself to live as any other person and came to the holy water site (a female respondent from Tesfa Setechign).

.....As I heard of my sero-positive status, I became anxious. However, I strengthened myself when I thought about the curing power of the holy water and I was very much bothered about the heavenly life. I confessed that I deserve the disease, as the reward of my sin (a male respondent from Tesfa Setechign).

Loss of Hope

Loss of hope was the most common emotional reaction experienced by the participants. Except two respondents all of them have lost their hope when they have learned their sero-positive status for the first time. Once they have learnt about their positive sero-status they abandoned all their plans for the future. According to them, they were not sure as to where they should go. They were desperate and preoccupied with the thought of death. Consequently, feelings of loneliness, lack of trust on human beings, negligence of work and education, lack of interest on otherwise pleasurable activities, feeling of emptiness, etc were their major reactions. The following quotes are to show how and what the respondents felt at that time:

I was plunged into an absolute desperation when I realized that I was HIV positive. My mind became like that of a grain spoiled by pests (a male respondent from Mekdim Ethiopia).

.....I became totally hopeless and block-headed. I was no longer curious about the neatness of my clothes and my personal hygiene (a female respondent from Mekdim Ethiopia).

.....I didn't expect HIV/AIDS positive result. When I was told that I am living with the virus, I became unconscious. I didn't know where I was and I have no idea as to whom brought me home. Then I confined myself at home for at least 15 days. I was weeping deeply while I was alone at home. At that time I had no interest at all to meet with any person (a female respondent from Mekdim Ethiopia).

However, two of the participants said that they never had any emotional disturbance. One of them was thinking about the possible better actions to be taken for the good of his future life. Likewise, the other female respondent has promptly turned the problem to God. According to her, she didn't give way to anxiety. She simply transferred her "load" to God. She believed that HIV/AIDS was sent to her from God. So she had no doubt that He would take it away from her if she has the faith.

Suicidal Attempt

Except for the previously mentioned two respondents, all the participants said that the moment they were informed of their positive sero-status they thought that they would have died immediately. Two females and one male respondents have tried to commit suicide. One of the females has taken different three poisons to kill herself. However, only her stomach has been burned and she could not die. The other female respondent had contemplated killing herself by electric shock, though she dare not put it into practice feeling afraid of the life after death. She described the situation as follows:

I instantly returned home and hurried to my bed room to grab the power line so as to end my life by electric shock. Despite my decision, I didn't commit suicide because God came my way and helped me to make up my mind. I suddenly became sober and realizing that I was on the verge of committing an unforgivable offence in front of God. This thought enabled me abandon my suicidal decision.

By the same token another male respondent was so desperate that he was thinking life after contracting HIV is not worth living. Thus he decided to put an end to his life by hanging himself. However, thought of his family which closed his mind very frequently forced him to act against his decision to commit a suicide. Later he got a counseling service which helped him a lot in convincing himself that life can continue as usual while living with the virus.

Depression

Though the extent was different from one respondent to the other, all of them were not able to feel comfortable for several days and nights. Most of them have reported that they preferred to be alone and think deeply about the possible critical incidents which may have exposed them for contracting the virus. So they resorted to blaming of their relatives and friends, regretting about their unsafe sexual activities and crying unto God. They were conversing with themselves to find out solutions for the problems they faced. They also lacked sleep and hated to walk with people in the street.

Loss of Appetite

except two of the respondents who remained unshocked, the others have had very poor appetite for food immediately after they have been informed that they are living

with HIV. Some of them restricted themselves to less convenient foodstuff like *Kollo* [roasted cereals]. Some have tried to eat *Injera*, only to find it was very unpalatable. Some others have tried to improve their appetite by preparing many different food items but not to avail.

Re-test

Most of the respondents intended to deny the reality. They asked themselves and the physicians repeatedly how that could happen. They did not want to accept the result of their VCT. For this reason, most of them have undergone the VCT more than once hoping to hear a news of negative sero-status. As one female respondent reported, because she could not believe her sero-positive status, she took the test three times in the next three days. The other 16 years old girl, who has been infected by the mother to child mode of transmission, took the test again and again expecting to hear a news of being HIV negative. With some three exceptions, most of them have been retested to make sure whether they have been really infected or not.

Understandings about HIV/AIDS

A Punishment Sent from God

Except two male respondents at Mekdim Ethiopia National Association, all of the participants believe that HIV/AIDS is sent from God to earth to punish human beings. The justification for this assertion, according to them, is the failure of human beings to keep His commands. These participants said that human beings are now a days living like animals; in a state of complete disobedience to God. For them, therefore, the people of the earth live by committing dozens of sins which offended God.

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Failure to stick to commands of God will inevitably results the disease. God has brought it because we have rebelled against His will. Our trespass is not only sexual. We gossip; we steal; we do many wrong things. God has intentionally sent this pandemic to mankind so that we could get a lesson from it (a female respondent from Tesfa Setechign Mariam).

.....Inspite of such claims as HIV is manufactured in laboratories or it originates from monkeys, I am certain that it is God's instrument to punish the trespasser. It is a wrath the nature of which is beyond understanding of the human mind. I believe that I will be cured by the holy water along with ART and practicing benevolent activities (a male respondent from Tesfa Setechign Mariam).

.....Our sin is at the root of spread of the disease. My sinful activities offend my guardian angel and keep him far away me. This offers the opportunity for Satan to come close to me and seed the disease into my body (a male respondent from Tesfa Setechign Mariam).

..... HIV/AIDS is a disease like no other, otherwise curative medicine would have been discovered given all the efforts. As far as I am concerned, it is a signal from God in response for our numerous wicked habits. If you go to our village, for instance, the people are worshiping a tree called adbar. Such sinful activities of us offended God. So he has sent HIV/AIDS against us as a punishment (a female respondent from Mekdim Ethiopia).

To summarize, adultery, homosexuality, worshipping goddesses, changing religion, stealing, killing each other and other similar abominable behaviors which are rampant in the world are incriminated by the respondents as the causes of HIV/AIDS.

Conspiracy of the Devil

For some respondents, it can be considered as a temptation of the Devil (Satan). Satan is, as they put it, busy to snatch people from the glory of God. Therefore, it always runs after and tempts persons who are trying to lead life according to the will of God. The devil relentlessly instigates them to commit adultery through which they would contract the deadly virus. It further would detach the infected from God by inculcating hopelessness in to their minds. Not only will they feel hopelessness; the devil will also initiate them to commit suicide which is a cardinal sin in front of God.

.....it is just a product of the malicious work of Satan. People try to find an explanation to this ridiculous disease by attributing it to needle, blade and other things. However this is a disguise used by the devil so that people could not make out its conspiracy. Satan does not let the disease catch those with frequent infidelities as they ultimately belong to him. He rather stalks to victimize those who are reserved and spiritual but happened to fall on his bait because of a single moment's weakness (a female respondent from Tesfa Setechign).

Evil Spirit

A considerable number of respondents perceive HIV/AIDS as evil spirit incorporating itself within the human body rather than as a disease of viral cause. They

maintain this belief because they witnessed patients kept in the holy water shouting and saying that they are possessed by the evil spirit of HIV. They also believe the disease spreads by transmission routes other than the scientifically accepted ones.

Science declares that AIDS is a viral disease but I don't count on this explanation. I believe the disease has something to do with evil spirit. This is evident at Entoto where it roars and fled the host when struck by the holy water. It catches people not necessary by sexual contact. For instance a spell casted on somebody can subsequently manifest as HIV/AIDS by the help of the evil spirit. The evil spirit inside me has not yet revealed itself. It may be because my lack of enthusiasm on the holy water (a female respondent from Mekdim Ethiopia).

Call of God to His Home

For some participants being infected by HIV/AIDS is considered as call of God to His home. Because the people of this world are going against the will of God, He brought the disease to call the prodigal people to His home. Due to this belief some respondents were at the time of the interview satisfied with their spiritual life. They are convinced that they were in pursuit of sinful activities in the past and regret it now. So, they say they have confessed their sin at the holy water site or in their respective parish churches.

It is their conviction that, though they were nominally branded as Christians, they were not living as per the will of God. Until they new their sero-positive status, they didn't have the experience and interest of going to churches frequently; they didn't know confession in front of the clergies (penance fathers); they had no enough knowledge about the words of God; generally for them they were just living under the guise of

Christianity without subscribing to its basic tenets. However, they started to develop awareness and became concerned about their soul and spiritual life after they were identified as HIV/AIDS positive. They no more indulge into addictions and adultery. They managed to establish peaceful relation with people. They peacefully co-exist and, thanks to their psychological satisfaction, their physical appearance is becoming finer and finer. For them, therefore, God has given them the disease for their best opportunity.

Some of the participants expressed their view as follows

I believe that it [HIV/AIDS] comes from God. He sends it to teach us a lesson. You know why? There is a person who got cured in three days duration by the holy water. God may need me to stay here. Maybe there is something which I have to understand (a female respondent from Tesfa Setechign).

God gathered us here because we failed turn our face to Him on our own accord. Now among the people who reside here those whose age is above 30 are very few. Almost all of us are youngsters. We the youngsters are not obedient to God. Our heart has not been turned to the will of God. Therefore, He brought the disease to gather us here under the roof of the church (a male respondent from Mekdim Ethiopia).

.....now I am fine. I have no complaints at all. The Virgin has brought me and she helped me change my religion from Islam into Christianity by

making use of this disease. God has saved me from a wrong way (a female respondent from Tesfa Setechign).

Viral Disease

Contrary to the aforementioned views, forwarded by many of the participants, about HIV/AIDS, two respondents from Mkdin Ethiopia National Association believe that the disease is attributed to a virus called HIV. These individuals see no way by which it can be associated with evil spirit or matters related to religion. They are Orthodox Christians like the other respondents but are able to acquire a view different from the other because of the training and education program of their association.

HIV/AIDS never flung itself on to people and it affects only those who walk to it. I know that it was my fault which enabled the virus inters my body. The disease doesn't have any spiritual or religious ground (a male respondent from Mekdim Ethiopia).

.....One can be afflicted by the disease as a consequence of lack of self control. Its underlying cause is virus and no religious affair can be held responsible as a causative agent (a male respondent from Mekdim Ethiopia).

Ways of Treatment

When all the respondents became aware that they are living with HIV, they began searching options of treatment that are accessible and appealing to them. ART and holy

water were the two major, if not the only, options available for the respondents. So, they used them in different ways as explained in the following sub sections.

Using Only Holy Water

Reverend Kefyalew Merahi is working as a spiritual councilor for the EOTC HIV/AIDS prevention and controlling department. He was asked as a key informant from EOTC. In his interview he affirmed, there is no teaching which rejects the using of medicine. However, he didn't deny that there are priests and preachers who teach against the use of ARV. The respondents and the key informants at Mekdim Ethiopia National Association and Addis Ababa City Government HIV/AIDS Prevention and Control Office share this idea.

Almost all the participants who are non users of ART didn't want to use it for different reasons which stemmed from their religious beliefs. The justifications are attributed to their religious beliefs. To this end, they said that it is not necessary to look for an option other than the holy water. Because the holy water is a way by which God reveals His miracle, there is no any other thing which should be added on it. It is an absolute way of treatment by itself. According to them, once a person came to the holy water, he/she has to believe the healing power of the holy water without any doubt. For them, the ART deteriorates one's faith in God, hence, the enthusiasm on the holy water treatment.

In addition, there were respondents who consider using ART as accepting a new belief at the expense of their true religion.

ART is a new sect which I strongly oppose involvement with it.

Under no circumstances would I convert from Christianity to another

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religion. I would not take a tablet even for headache. All what I need is to strengthen my faith and trust as the only way to get cured (a female respondent from Tesfa Setechign).

They argue that they are at the holy water site being convinced of their religion (faith) which cures them. For them a holy water attendant has to stick to the holy water alone as long as he/she has come to the holy water fully trusting its miraculous power of it. Furthermore, they raised the credit of healing as an issue. So they ask, “Incase we get cured by using both ART and holy water, to which we are going to attribute it-to the holy water or to the ART?”

On the other hand some other respondents said that they don't take ART because it is incapable of bringing ultimate cure. As these respondents reported they have seen people cured by the holy water, but have no heard of anyone cured by the ART. So they prefer to stick to the holy water hoping to be entirely free from the disease sooner or later.

The ART users have no peace at all as their internal system has not accepted the drug. They missed both the holy water and the ART.

However, if you take us [ART non users] we are not yet cured maybe for a reason we do not know or maybe because of our shaky belief that we are still not succeeded to get rid of the virus. Surely, there are people who have been cured within one week or two and have witnessed. Their testimony fills you with satisfaction and hope. We heard of no one who have ever been cured by taking the medicines, let alone in weeks, for one or two solid years (a female respondent from Mekdim Ethiopia).

Besides, there are individuals who think that taking ART at the holy water site is a mere contradiction with the very purpose of the place. They say an individual interested in taking ART had better go to other places leaving the holy water sites. Holy water places are sacred places where believers use the holy water alone along with spiritual practices like fasting, bowing, praying and participating in the mass liturgical services. Therefore, they consider taking the ARV drugs as an obstacle for these spiritual activities tempting people to lose focus on the holy water therapy. Their argument goes as follows in their own words.

In the first place, what is the point of coming to Entoto for individuals who count on the ART? And if it restores strength, as claimed, why do they live on begging here instead of earning money by working in Addis Ababa? The holy water and the ARV drugs can not be taken together as they are not compatible with each other. Further more even if they try to utilize both treatments simultaneously they can't do so since the time of the holy water service coincides with that of the drug. It is obvious that one should be able to choose either of the two said a female respondent from Tesfa Setechgn.

There are persons who have stopped taking the ARVs when they arrived at the holy water site of Entoto. In line with this, one male participant said that he had thrown away his ART drugs when he came to Entoto. However, after some four or five months, he grew weaker and weaker due to the opportunistic infections and this forced him to restart the ART.

Likewise another respondent from Mekdim Ethiopia the experience of his friend who has thrown the ARV drugs on the stage of his parish church declaring that he has been cured by the holy water of Abuye Gebremenfes Kidus. However, when he was doing that, he didn't take VCT to verify the negative status he claimed to have. Only after 18 days, he became very weak with many infections and turned out to be bed ridden.

In addition, some of the non users at Entoto have reported that they make efforts to persuade their ART user friends to stop taking the drug. They also advise the non users not to start the medication. About a year ago ART users at Entoto were suffering from harassment and they were not free to talk about it let alone taking it openly. They were taking it secretly not to be regarded as blasphemous and not to be subjected for segregation. Currently it appears things are showing improvement.

ART Only

Some four participants at Mekdim Ethiopia didn't want any form of treatment other than ART. One of them is a girl who was attending holy water treatment simultaneously with the ART three months ago. However, she was prohibited by her relatives not to take both of them simultaneously on the ground that the two treatments could not go together. They believed that ART is more effective than the holy water. In addition, her doctor recommended her not to follow the holy water. However, she still has the interest to attend the holy water service at the holy water of Abuna Aregawi around her parish.

The other male respondent believes in the curing power of holy water, but he never attended the holy water service. Rather he started the ART and he recommends PLWHA to choose one. According to him, if one person wants to take the two

concomitantly, there may arise a problem of incompatibility since both the ART and the holy water treatments have their own prescribed ways to follow. He argues, for instance, going to holy water early in the morning may aggravate TB and drinking much holy water may waste the ARV drug via vomiting. In his view, the holy water treatment demands a special commitment from the service attendant. If one uses ART, he/she may need to eat in the morning while they have to fast for holy water treatment.

Therefore, though respondents who are using ART alone didn't recommend of the two as best treatment modality one as a better treatment, they agree with the idea of choosing one which is more convenient for the individual. They said they have started to take the ARV as a matter of chance because physicians recommended it when they conducted their VCT. By now, except for the aforementioned girl, the rest of the three don't want to go to the holy water treatment. One of the respondents who belong to the group taking ART alone expressed his idea as follows:

Taking the holy water and the ART simultaneously is inviting additional problem. Holy water users are required to stay without food for long time. This is contrary to ART the users of which should take their meal regularly with no delay (a male respondent from Mekdim Ethiopia).

Both Holy Water and ART

The participants in this category believe that there is no conflict or wrong thing in using simultaneously both the holy water and the ART simultaneously. For them the two treatment mechanisms reinforce each other. They believe that the ART collects the virus in to one place. Then the holy water hit the collected virus and expels it through vomiting and waste.

For them, both the holy water and the ART are granted to human beings by God. They argue that it is God who has given the wisdom to the scientists to introduce the ART. However, they say their purposes are different. The ART restricts the multiplication of the virus; whereas, the holy water would, as they believe, cure a PLWHA totally.

According to people who advocate this idea, ART has to be regarded the same way as any other drug and not as something which is unique. they said nothing is wrong in using ART along with the holy water because no medicine is prohibited by the scripts of the church.

They believe both are necessary for PLWHA and do not want to leave the holy water therapy until they got cured. Most of them started ART after they have started attending the holy water. However, though they are free to take ART at Entoto, sometimes there are comments of disapproval on using ART from the non users side.

However, the key informant at Entoto said that all wisdoms originated from the will of God. He cited that st. Luke of the gospel was a physician. So he argues that medicine is not new for the church. The key informant of EOTC cites back to time of genesis. According to him all plants have their own purpose for being created on this world. God has given some of them to us for medical purpose. And God revealed the wisdom for Henok of the Old Testament as to how to use the plants for medicine. So they translate this idea to confirm that PLWHA could use ARV drugs like other medicines. For this reason the PLWHA who are on ART argue by citing such ideas.

How do the Respondents Perceive ART?

Instrument of the Devil

Some non users of ART consider the medication as an instrument of the devil that hinder people from spiritual activities. They say ART does not allow the users to competently engage in the spiritual activities compared with the non users. Since the users have to eat early in the morning for the sake of taking the medicine, they are not able to fast in the fasting seasons. They claim that what is hampered by eating in the morning is not only fasting, they are also not able to participate in the liturgical service during the fasting season. In addition, they do not want to drink adequate amount of holy water as they should do since they are afraid of vomiting the medicine. One of the respondents claimed ART and its users as follows:

They do not fast and could not take part in laborious prayers. What they do routinely is to drink a maximum of one cup of holy water and rushing to their breakfast. They make the devil happy by eating early in the morning and this spares it from being burnt by the power of fasting and prayer. This clearly shows that the devil is taking them out of their religion by making use of ART as an instrument (a female respondent from Tesfa Setechign).

To summarize the idea held by the people in this category, since the spiritual devotion has been decreased for the sake of taking ART, the Devil gives some relief for the users to encourage them to keep on taking it and further deteriorate their spirituality. Therefore, once the Devil has proven that the users are under his control, it would all of a sudden weaken and kill them with in short period of time. Ultimately, because it has succeeded in detaching them from spiritual life, he may be at liberty to take their soul for itself.

There were respondents who considered ART as an instigator of sexual lust. One male participant from Mekdim Ethiopia shared his experience as follows:

I have a reason to say that ART is a weapon of the devil. You know..... after I have started using ART my sexual desire has increased. This is not only my problem. When I was discussing with one fellow Mekidm Ethiopia member about ART, she has told me that she has also the same feeling. So, Satan is using the ART to tempt the PLWHA in to committing adultery (a male respondent from Mekdim Ethiopia).

A Medicine for PLWHA Without Relatives

Some non ART users recommend it for other PLWHA who have no supporting relatives. They say these persons are stigmatized by their families and have no one to take care of them. Hence they will be in a very difficult condition if they happen to be bed-ridden. Thus, some of the non users believe that the medicine is recommendable for such lonely PLWHA.

According to the participants who favor this idea, there are persons who had fallen on bed and later on became strong enough to involve in what ever form of work because of the medicine. They also see the use of the medicine from the point of view of its positive role in restoring the strength of debilitated PLWHA so that they can walk to and attend the holy water service by themselves.

Temporary Effect

Some non users are very skeptical about the genuineness of the positive effects of ART on its users. They consider the positive effects on the users to be only superficial, not internal. Hence, they see the medicine as a cause for physical beauty. For them, it

disturbs the internal peace, and spoils the internal system. The tablets swallowed may, as they feel, be stored somewhere in the stomach or intestine by forming a shell and it puts them in a delirious situation to the extent of throwing them off their balance while walking demotivate.

The existence of such beliefs in the public happened to discourage some of the PLWHA to start taking the medicine. Because of fear of the aforementioned problems there are PLWHA who simply keep the medicine in their home for several days when they were expected to take it. One respondent shares her experiences as follows.

Many people told me many things. They told me that the medicine has very shocking illusions; it claims life while on sleep; it causes blindness and deafness; it results in bruises and it removes hair; and so on. Therefore, for the fear of such bad things I kept the medicine with me without taking it for five days (a female respondent from Mekdim Ethiopia).

Important Medicine for PLWHA

Contrary to the previous perspectives, the users of ART expressed their positive feelings and comfort in using the drug. Most of them see it as their life. Its importance is unquestionable for them. They reported that all the gossips concerning ART are groundless. One of them considers the medicine even as a “food.” They witnessed that the medicine has prolonged their lives after they became hopeless. The following statements were put forwarded by one of the respondents in this category

The medicine gives a strength. The virus was weakening my internal body. I was not able to walk up hill. Now I can do or carry whatever I want to. It has something which adds to the body strength. Its purpose is like food.

Anti Retroviral Treatment: its Social and Religious Challenges

Some people bother about their food stuff. I take ART even with an empty stomach. It is fine. Some persons are afraid of taking the medicine for they don't afford 'quality' food. However, if you take me, whether I ate "shuro" (a sauce from powder of peas/beans) or I drunk "besso" (a soup from barley powder) I don't hesitate to take it. It is like a food (a female respondent from Tesfa Setchign).

Some of the respondents who initially refrained from taking ART for spiritual reason or fear of social stigma have changed their mind. They started the medication because they were either convinced by counselors or forced by their worsening health situation.

ARV Supplements Holy Water Treatment

The PLWHA who use both the holy water and ART do not want to miss both. They reported that they considered the holy water as the major means of treatment. It is a must for them to treat themselves by the holy water. However, they take ART as a support for the holy water. Some of the ART users among Tesfa Setechgn said that they may lose their health if they quit either of the two- the holy water or the ART. So, when they stopped taking one of the two even for a day, they became weak and sick. For this reason, they think that the drug complements effects of the holy water treatment.

Other Psycho-social and Religious Conditions of the Respondents

ART Users are Exposed More to Social Stigma

According to most of the participants, ART users have different commitments such as taking the drug twice a day, keeping their drug schedule strictly, adhering to the medicine, etc. This would easily expose them to be identified as PLWHA. Thus, different forms of HIV/AIDS related social-stigma and discrimination were reported to have persisted in the lives of the respondents at the holy water site and their social life.

Let us see the stigma and discrimination **at the holy water service**. Though the issue of ART has been discussed and promoted at Entoto holy water site by the church officials led by the patriarch and medical experts, circumstances are hardly favorable to take it simultaneously with the holy water. Before a year, it was a taboo to talk about it at the site, let alone using it publicly. However, after many efforts made by a physician who is working for John Hopkins University project at St. Peter TB specialized hospital, and the church officials too the situation became better. As the key informant at the holy water said, the relation between the holy water site coordinators and the hospital became good.

Consequently, it was permitted for the PLWHA who attend holy water treatment to access ART drugs and other medical treatments related to HIV/AIDS. This is done with the acknowledgement of the head of the holy water service at the site. However, when it comes to the practice, challenges have cropped up. In the first place, the time of taking the ART drug and the service time of the holy water coincides. According to the holy water service principles of the place all the attendants of the service should stay there until the end of the program which is usually not before the noon. But most of the ART users are supposed to take their medicine between 9:00-10:00 am.

There is no special time arrangement for the ART users at the site. If they need the holy water service, they have to wait until the end of the program. For this reason even if they need the service strongly, most of ART user could not attend the showering service of the holy water. One respondent reported that some times he takes the medicine with his pocket and gulp it down, at the service site by hiding himself from the coordinators with his empty stomach.

It is reported that the coordinator of the holy water site tried to make the program short, but still the program could not end before 10:00 am. The coordinator of the holy water site has confirmed that there is no one who prohibits or discourages the use of ART at Entoto holy water site. He also considers the change of the time table to end the program early as a big favor, but it doesn't appear helpful for ART users. Contrary to his idea, the respondents claimed that the servants at the holy water site are rough when it comes to the ART. They openly condemn using the ART at the holy water site. They tell the users to choose one either the holy water or the ART. Therefore, though it is not officially prohibited to take the ARV with the holy water, the discrimination and the stigma is apparently continuing.

According to the participants, several high ranking church officials, including the patriarch, made many visits to Entoto with the purpose of teaching the truth about ART. However, the ART users have said that their practical problem at the holy water site is still unsolved. With regard to this, one participant has said:

We know where the problem lies. They come frequently and talk much.

Even they do not give us the opportunity to speak about problem. We know the importance of the ART and we realize that it is not prohibited by God

and hence by our church. We need a responsible body that can understand and solve our problems (a male focus group discussant from the users of ART).

Concerning the **social life** of the respondents, they agree that now a days the HIV/AIDS related social stigma has decreased slightly in the society at large. However, as they believed, there is no AIDS related social stigma and discrimination of PLWHA at Entoto locality. For this reason, the PLWHA don't want to leave that place. On the other hand, the ART users were officially stigmatized until last year. Currently, the social relation among PLWHA themselves seems encouraging to take the ARV. There are many non users who help the users in reminding them the time for taking the drugs.

Contrary to this claim, two non users at Entoto (members of Tesfa Setechign) said that they are trying to convince their friends not to take ART. Especially a male participant from Entoto has quitted his relation with his closer friend after finding out that his friend has started ART. This person claimed to have no interest at all to communicate with ART users since he considers them as defectors from their religious rules. He only wants to interact with the ART non users. He has no tolerance to talk, eat, walk and maintain any social relation with the ARV users.

In contrast a female respondent from the same association told me that she has no problem to live with the ART users. However, because she considers the ART as a weapon of Satan to hold back the spiritual life of the ART users and hence she tries to convince her closer friends to stop using or not to start using the drug.

Another participant from Mekdim Ethiopia claimed that he has been stigmatized by his friends because he is the user of the ART. According to him, the marginalization

from his friends went so far as to telling him to go to his original place of residence away from them.

According to all respondents on ART, there is no fear in taking the drug in the compound of Mekdim Ethiopia or Entoto locality. However, they have reported that it is still a big problem to take the drugs in front and with the full cognizance of people other than in the cited places. They reported that they have to create some way out to escape from social stigma if they have been found, with ART, by other persons who do not know about their sero-positive status. They do not want to be identified by people, other than the individuals who know about them as ART user for the fear of the HIV/AIDS related social stigma.

Some ART users attempt to avert this problem by taking the drug without the knowledge of their family members. To this end they keep the drugs in places where they are less likely to be discovered by any body else. But this coping mechanism has limitations as it results damage on the drugs. The places where they hide the drugs are mostly not appropriate for drug storage. According to the key informant at Mekdim Ethiopia and ART users from Mekdim Ethiopia who live in the city, the places they keep the drug are too hot or too moist, a condition which can easily damage the drug.

The other issue is related with **philanthropic individuals** who provide support for PLWHA at Entoto. Unlike the respondents who live in the city, most of the participants at Entoto are unemployed. Their income is mostly generated from philanthropic individuals of Addis Ababa. For this reason, they forwarded their gratitude to the people for the people now and then while they were interviewed.

However, in the focus group discussion with ART users it was indicated that there are philanthropic individuals who are supporting only the non ART users. One female participant expressed the situation like this:

They come and ask whether we are ART users or not. And if I responded to them that I am a user they would tell me that it is not expected to take ART at this sacred place. And they skip me without giving any aid. So, such individuals provide support only for the non users of ART (a female focus group discussion participant from ART users).

Coping Mechanisms to Adhere to the ART

As it has been mentioned before, participants who use the ART face different social and religious challenges to adhere to the drug. Since the regimens need very strict adherence, the participants said they have developed their own coping mechanisms of adhering to the drug. Most of these mechanisms are meant to escape at least temporarily from social stigma and discrimination when taking the drug. The following coping mechanisms are being used by most of the participants who use ART.

Secrecy: except for two participants, all the respondents who use the ART said unless the individuals already knew their sero-positive status and share their problems with them, they would never take the ARV openly. Except in the compound of Mekdim Ethiopia, Entoto locality or with persons who duly know about them, they keep their being of ART user secret. They do their best to be alone whenever they take the drug. Even some of them said they do not want to pass a night at their relatives' homes for fearing of exposing their HIV/AIDS status while taking the ART drug.

Improvising false story: some of the respondents who are on ART said that they have been seen by other people while they were taking ARV drugs. Their choice was to improvise false story. Some tell for any one who asked them as though the drug that they are taking is a medicine prescribed for some other disease. However, whatever false story they can produce, they become frustrated whenever they are seen by a person who does not know their sero status and tell whatever false story they can produce.

Taking the drug openly: in contrast to the previous approaches, there are respondents who would like to confront the reality. In this regard, three participants (one from Tesfa Setechign Mariam and two from Mekdim Ethiopia associations) said they take their ART drug openly anywhere in front of anybody. As a result of their boldness, they have faced both discouraging and encouraging reactions from different observers.

For instance one female respondent from Mekdim Ethiopia said the following:

My face was full of rash when I have started the drug. At that moment while I was working as a shop owner, one girl has asked me exactly as to what has happened to my face. I told her that I am on ART. Immediately her face exposed her fright and she started to shake. She had no words. She simply went away. She didn't come back to my shop again after that time.

Whatever the case is, except the participants who opposed using the ART, all the users and those who have the plan to use it do not mind the social stigma, if they could not escape from peoples' eyes. Most of them said that they would be secretive or they would hide themselves as much as possible. However, if they would not have any choice,

whatever stigma and discrimination may come to them, they would not hesitate to take the medicine, even openly irrespective of the social consequence.

Searching for optional holy water site: as we have seen it previously, the participants at Entoto who use the ART and the holy water are being challenged not to participate in the holy water service by the lengthy spiritual program at the site and by the lack of permission to leave earlier before the end of the program.

To satiate their spiritual needs many people are reported to be opting for other holy water sites around the Entoto locality. According to the participants who have been subjected to such challenges, they are going to other holy water sites only because the service time at Entoto St. Mary holy water is not convenient to take their ART drugs. Otherwise their priority is to stick to this site.

Whenever they go to Shunkuro St. Michael and Entoto Elias holy water sites, they can get back home soon. At these holy water sites the attendants can be served as early as they like and there is no any thing they have to wait for after they get finished with their business there. This helped them to take the medicines on time. Therefore, most of them walk to other holy water around 5:00 am and come back home at about 7:00 am. In doing so, though the holy water they primarily wanted is not readily accessible for them, they are trying to benefit both from spirituality and science.

However, as the respondents reported, they have their options to get the holy water of St. Mary while they are taking ART. Therefore, side by side with the aforementioned alternative holy water sites they are using the following **options not to miss Entoto St. Mary holy water:**

The first option that the ART users have is to use the holy water **only for drinking**. The respondents witnessed that many ART users use holy water by asking from their non ART users friends for drink and those having excess holy water in their home they would give it for ART users who could not attend the service by going to the service site. In addition the ART users may ask their friends to bring extra holy water for drink so that they could save and drink it for many days.

The other option is participating **only in the showering service**. In this case the ART users get showered and go home by telling the guard they are going out to pass urine. According to the regulation at the site everyone after showering the holy water has to wait for fetching of drinking holy water by putting his/her *jerican* (plastic container) on the turn (queue). Therefore, if one person goes out with out plastic container it is expected that his/her plastic container is waiting for its turn. Usually the guards would not block the person without plastic container by considering that s/he would come back. However, if one person tends to use this technique frequently, s/he would be identified.

Taking the ARV drugs in late times was considered as last option. To this end, some PLWHA have changed the time at which they take the drug so that they can fully participate in the holy water service not missing the ART at the same time. Therefore, they arranged their time of taking ART between 12:00 am-1:00 pm. This helped them to attend the holy water service without any hesitation. And they can also fast until mid day.

However, there is a problem of taking the medicine at night. Since the user of ART has to take the drug every twelve hours, the turn of the evening time is difficult for them. First, there is exhaustion and sleeping. In addition to that, in most of the rented houses at Entoto locality it is prohibited to switch on the light after 10:00 pm. So they

have to use candle or hand torch light every mid night. They are striving to their best this way believing that they would ultimately be cured with the help of God. In fact ART users who choose this option are limited in number.

Solutions to Mitigate HIV/AIDS

For the questions concerned with the possible solutions to eradicate HIV/AIDS the participants have forwarded their options based on their belief. Their reactions for such questions can be categorized under two groups. The first is more of religion centered and the second category emphasizes on social approach.

Mass Confession (Turning to God)

Most of the respondents take HIV/AIDS as a punishment sent from God for the sinful activities which are being practiced by human beings. Therefore, for them the key solution is in the hands of God and that is why the medicine for cure could not be discovered. In this respect one female participant said that *“you know the disease is sent by God. That is why its curing medicine could not be discovered until now. It is a secret kept by God.”*

Finally respondents who have such belief advice for mass confession to solve the agonies came by HIV/AIDS. They are sure that God can eliminate HIV/AIDS from this world abruptly, if the people of this world confessed and turn their face to Him.

Advocacy Works on Mitigating Stigma

For some of the respondents, the major social problems resulted from HIV/AIDS are the out come of stigma and discrimination. Therefore, if the concerned bodies can bring change on alleviating stigma and the problems could be solved step by step. In

addition to these options, there was one respondent who emphasized on the need to take care of the health of PLWHA, to mitigate the expansion of the pandemic.

As we have seen so far in the findings, the respondents of this study have different knowledge and understandings about HIV/AIDS related issues including ART. It is obvious that their attitude, understanding and knowledge about the pandemic would have its own impact on the implementation of ART programs at the research sites. Hence, depending on these findings presented so far, the responses to the research questions are discussed in the next chapter.

Chapter Four

Discussion

Since the research type of this project is exploratory descriptive with few cases, the sample size could barely enable us make generalizations about the entire population in the research site. However, the in-depth interview and focus group discussions data collection techniques were of paramount importance in helping the researcher to understand the internal feelings and detailed experiences of the participants. So it has been tried to elicit the experiences and attitudes of the participants towards HIV/AIDS in general and the use of ART in particular. Despite the issue of representativeness of the data for the research area it is supposed that the findings possibly could call for general survey on the issue under investigation. Bearing these facts in mind the findings were analyzed and discussed as follows in accordance with the research questions.

Social factors affecting the implementation of the ART program

Distorted view about HIV/AIDS: As it has been made clear in the literature review and findings sections that social stigma attached to HIV/AIDS is playing a big role in aggravating the harsh outcomes of the pandemic. The problem stands from the subjects themselves for that most of them switch to isolation when they learnt that they

are HIV positive. In the course of the interview it was possible to perceive that most of the participants did not have clear understanding about the characteristics of HIV/AIDS by the time they discovered their sero-status. It was the distorted view they had about HIV/AIDS, which caused shocking reaction on most of them when hearing the news of being HIV positive.

Non disclosure: With the exception of two, all the respondents have lost hope to different extent on their future life. None of them dared to disclose his/her secret to any friend or relative. They rather opted to monologue with themselves and the best they did was looking forward to getting the help of God. The main reason behind their secretiveness was fear of stigma and discrimination. Besides, some of the participants were belonging themselves for not being honest to their marriage and didn't have the courage to disclose the situation for their spouses. However, unless they take action to share the information they would be exposed for more social and psychological crisis.

A question may arise as to why they preferred to forward their issue primarily towards God instead of sharing for relatives or friends. They did this for two reasons. In the first place they hope for a cure without the knowledge about their sero-positive status of other people around them. Secondly, they believe that there is nothing secret in front of the eyes of God. Next to God they were looking for somebody afflicted by the same problem so that they can talk freely. Consequently they started sharing secrets with PLWHA who were accessible to them. They changed their previous residential area together with the change in friends. They developed intimacies with PLWHA, whom they never came across before while keeping their distance from family members, relatives and former friends. This implies that they started to see things from the point of view of

being HIV/AIDS positive and the potential hazards of its disclosure. Consequently their confidence in using ART would be under question mark (ARC, 2005).

That is why they choose Entoto locality to reside in. They are comfortable with Entoto locality because the inhabitants are free to live, to eat, and to share whatever physical and psychological matters. They don't want to leave Entoto unless they are cured of HIV/AIDS for that they are afraid of the social stigma and discrimination in the society. The participants from members of Mekdim Ethiopia who are living in the city are suffering from stigma and discrimination in comparison with the participants at Entoto. Consequently they keep secret their sero positive status from their relatives and neighbors which is not applicable at Entoto.

Stigma and discrimination: After some times of depression some of the respondents have disclosed their sero-positive status to some of their relatives and friends. Consequently, however, their disclosure has resulted in stigma and discrimination on them. Therefore, except the PLWHA who haven't disclosed their sero-positive either for their relatives or for their friends, all of the respondents went through an ordeal of stigma. They never had the confidence to let their friends and relatives know about their problem. They feared that the harmony with their relatives would be disrupted if they told them that they are HIV positive.

After they knew that they are PLWHA, they need only friends who can share ideas on possible solutions for their problem. So the only safest situation to take ART for the respondents is with the people who know about their case.

In addition to the loss of confidence of the PLWHA on their relatives and friends, the attitude of the relatives and friends towards HIV/AIDS seems not that encouraging.

Though ART is widely advocated by different bodies, including the government, it seems far from being fully accepted by the respondents. There are friends and relatives who never care to help and encourage an ART user friend or family member so that he/she could take the drug appropriately.

The major problem for PLWHA, who never told their problem to their family and are also in need of starting ART, is the harsh consequence of revealing their sero-status. Families become disappointed with them and they are prone to be subjects of stigma. Here the PLWHA face two problems in the first place they have to manage the treatment of the medicine and the challenging atmosphere in the family.

Emphasizing the side effects of ART: The people, including the PLWHA, tend to have misgivings about the drug emphasizing more on their side effects than their benefits. There are individuals who generalize that all of the side effects occur on every one and have life long effects on the users. It is obvious that the more the negative impression about ART exists the more the quality and acceptance of the treatment deteriorates.

It is indeed difficult to disregard the entire complaint of the people about ART. There are some grains of truth in their points as there were respondents saying that some ART users are suffering from its side effect for above six months (Bartlets, 2001). The problem however is in their attempt reach on generalization based on few cases that can clearly represent all ART users. This way of understanding is rampant among the non-ART users. Here we can see the lack of awareness about the drugs. Since most of them are not interested to know and understand the uses of ART, it seems that they are using this approach to convince their minds and friends not to take the medicine.

It is clear that these situations impose considerable negative effects on the users. They are not free to take the drug everywhere they like to take. This results the missing of the regimen. Except some of the respondents who disclosed their status to their relatives, the sole responsibility of coping with the demanding task of sticking to ART treatment lies on the PLWHA themselves. For such people no one help them in facilitating the management of the medicine. However, according to the key informant at Mekdim Ethiopia it is strongly recommended that the treatment needs the support and care of relatives to be effective.

In addition to this, because they take the medicine secretly, they encounter frequent occasions, which prohibit them from taking the drug at the right time. In the first place it is not always easy to be readily every time and remain alone by the precise time the drug should be taken. Social gatherings and other occasions that require spending long time with other people are also common factors that interfere with the appropriate use of the drug.

All the previously discussed challenges PLWHA face in ART use are mainly connected to their social life. The problem is so persistent that the respondents find it unbearable and it compels them to stop the medication unwillingly. One participant from Tesfa Setechign said that he promised his physician and himself to stick to the medication strictly, but the problem that appeared later was so tremendous that it threatened the promise. According to the key informant of Mekdim Ethiopia this has been the common experience of many respondents who are taking ART.

Religious Factors that Challenge the Implementation of ART

According to the book of laws of the church, *Fetha Negest*, patients have to be visited and cared for by others (Tensae Publishing Agency, 1997-EC). Though the book doesn't mention about the using of scientific medicines, the key informants from the church confirmed that the church encourages the use of modern medicines.

In addition it is observable that the highest officials and fathers of the church are using medical treatments in different hospital and clinics. Therefore, for the reason that ART is used like other medicines there is no ways to prohibit it in accordance with the teachings of the church. The patriarch of the church has confirmed this idea while he went and taught the people at Entoto. All the respondents witness that his holiness has advised the ART users to take the drug with the holy water saying "you can swallow your drugs with the holy water". This news has been published on Addis Admass, a weekly newsletter in Amharic (Admass Advertising, 2007, May, 26, p.1).

The teaching of the patriarch can tell us that the formal structure of the church encourages taking ARV. However, the aforementioned words of the patriarch have taken the PLWIHA at Entoto to unwanted direction. All of the participants who have been interviewed after the teaching of the patriarch, among the users and the non users of ART didn't favor the concept of taking ART with holy water. They said swallowing medicine with holy water is not the tradition of the church. Therefore, though they appreciate his concerns, they oppose his "new" concept. Conversely, there were some PLWHA who beg holy water from others by declaring that they need to take the drug with the holy water, as the respondents reported. As a result there was group dispute and quarrel between such people and the ones who opposes the idea. Here it is clearly revealed that the knowledge and understanding gap between the leaders and the followers is far away

each other. This gap can show us the belief at the formal structure of the church has not reached to the followers in an articulated way.

Absence of published policy: Though the key informants and the patriarch teach in favor of using ART, there is no published HIV/AIDS policy in the church that directs the ministers and the faithful about the various controversial issues that are raised regarding to the use of ARV and other spiritual practices in relation to ART (Mahibere Kidusan, 2006). The absence of declared policy may open a room for different versions of teaching on HIV/AIDS related issues including ART. Especially the issues related with spiritual life commitments like fasting, bowing and participation in liturgical service are subjects to be addressed clearly. Actually as the key informant of the church said a laity with identified disease is not expected to fast-as a general principle.

Extra-ordinary practices: Conversely, at Entoto PLWHA are being encouraged to practice a special fast called *akfilot* which demands to fast for about two days. They eat their dinner on Thursday and they fast 24 hours of Friday. They will drink the holy water on Saturday morning and they wait until the holy water works in their internal parts believing that the holy water would find and attack the disease being alone in the abdomen and other parts. This is not declared and done officially, but the holy water attendants decided the practice in peer discussion.

Therefore, it is obvious that though the official administration of the church encourages the use of ART, because of loophole created by different bodies under the church the use of ART for the holy water users is not perfectly clear. For this reason there are PLWHA who don't want to listen the preachers who have oppositions on ART. However, they could not escape from the confusion persisted in their mind. This situation

tells us that though the service attendants flew to Entoto to have mental satisfaction, however, they are still suffering from lack of confidence in using of ART while the drug is being encouraged by the church. This condition calls for interventions like case management which could be carried out by spiritual counselors who can address the religious concerns of the PLWHA.

Being emotional: All respondents when they heard about their sero-positive status sought a cure from divine power. However, their approaches were different. Most of them hoped for the curing power of holy water. Believing the miraculous divine power they start to attend the service. When they get started the holy water some of them were on ART while others were not. But many PLWHA started the holy water while they were ambivalent about the using of ART. Especially the users were more subjected for such confusing situation. Most of them get in to fighting of ideas to choose between stopping or continuing the treatment.

There are PLWHA who came to the holy water by deciding to stop the ART. And after they came and abandon their medicine, there are respondents who continue not to take until the day of their interview.

Dilemma and frustrations: Contrary to this situation, there are also other people who have restarted taking the drug when their health condition deteriorates. They were confronted by two great challenges when considering restarting ART. The first is the issue of endurance on spiritual faith. Because they threw the medicine for the belief of curing in holy water treatment, they got puzzled whether to restart or endure their decision. It is understandable that their question behind was drawn from their religious belief. Whenever they think of restarting ART they consider their faith in God is shaky

and they become getting in dilemma. Most of them restarted the treatment overcoming disapproval of their friends.

The other challenge for the users to restart the medicine may be the feeling of guilty conscience and fear of reappearing in front of medical persons for they thought that the physician may reject him/her because of their interruption. For these spiritual and psychological challenges their health would obviously fall in to crisis more seriously than ever. Further more, the other thing that pushes them in to confusion may be the well-being of some non-users who stopped the drug at the holy water site.

Most of the non users made a covenant with God and swore for different persons not to start ART under any circumstances. However, though there were many PLWHA among the respondents who persisted for long time with good health quality by the holy water treatment, a considerable number of PLWHA became weak and infected with opportunistic infections. Unless they became bedridden and pushed by friends to take the drug, they would not start ART. They try as much as they resist to start ART for the preservation of their words that were opposing the use of the medicine. This conflict of interest has come out from the inconsistent teachings among the preachers. So it needs an intervention from the church. The church has to manage the hermits or the preachers who are preaching out of its accepted stand on the use of ART.

Peers' influence: Some non ART users at Entoto make endeavors to persuade others not to start the medicines. Especially at the holy water site since they are living in a confined locality, they discuss every aspects of their concern. I found that there are dyads and triads who try to convince their closer friends not to take or to stop ART. This may have appeared because the inter relations between the PLWHA associations and

their effort to promote the use of ART and to raise awareness of ART among the PLWHA is not pretty enough. This assertion has been also supported by the research report of Association of Ethiopians Living with HIV/AIDS (2007). Here the peers influence could be taken as an opportunity. The PLWHA associations can exploit the peers' relations a good chance to train their members about the real view of ART.

The attitude of the Respondents Towards ART

All of the previous social and religious challenges that the PLWHA faced affected them in developing, negative or confused attitude about ART. With clear or blurred understanding of the official teachings of the church about ART, there were respondents who were taking and advocating the use of ART. However, the following attitudetional situations have to be understood:

Ambivalence: Fearing the social burdens and religious beliefs there are PLWHA who don't want to take ART for themselves rather they recommend for others who are in need of it. This group does not oppose ART nor would they persuade their friends not to take it. Rather they prefer abstinence. It was found that most of these people were against ART in the past. However, after trainings and peer discussion which can aware about the treatment they happened to loosen their anti ART position.

Here we can see behavioral change. According to the respondents, such (the above) individuals when they come to Entoto they were totally against ART. They had no interest even to talk about ART. But at the moment of the interview they were helping in different ways the users, though they didn't want to take the drug for themselves. However, considering their behavioral change we can hope that they may accept to take

the drug in the future. Because they are well aware of the uses, and side effects of ART, with some life experience they may change their stand gradually.

Confusion to make a decision: Besides the previous groups of PLWIHA, there are others who have no idea about supporting or opposing the using of ART. They have not yet decided for the future but for the time being they know that they are not taking the medicine. Among these groups of persons there is one who expects God to tell His will for her through revelation. Here we can see some extraordinary experience in their perception about the ART. They have given everything for the will of God. They made their stand more personal and abstract.

Hoping cure not life prolonging: Unlike to the previous attitudes we saw that there are PLWHA who are not users of ART. They are strict in their stand. Even if they are informed about the treatment, they don't want to acknowledge the positive effects it results on the users. They have no place to go except the holy water site. They hope only in the holy water curing power. Their claim is sourced from the purposes of the holy water and ART. Since they believe that they would be cured by the holy water, they disregard the life prolonging function of the medicine.

Especially, the PLWHA whose health condition is in better situation for long time by staying there, are confident that under no circumstances would they start ART. So they preferred to wait their day of cure by keeping their well being with the holy water. The other issue is their interest. They aspire to remain as spiritual as they can. They get bothered about the missing of some spiritual commitments like fasting and drinking of much holy water, which may be omitted if they dare to take ART.

Here we see understanding gap between the church leaders and the PLWIHA. The church says it is possible to take both the ART and the holy water. It is permitted to eat for ART users as per the physician advise. Like wise the key informant at Mekdim Ethiopia and Addis Ababa HAPCO confirmed that they support the use of holy water side by side with the ART. In addition MOH (2003) advised that the PWLHA need to get religious spiritual support (treatment).

Regarding this, one respondent reported that a physician told him to come to the holy water at the moment of his first VCT and it was reported that there are many priests at Entoto who advise the PLWHA to take ART. However, we can see how religious factors are more complex and too personal when we observe this group of PLWHA, who are opposing ART, have their own attitude which is out of the advice of medical experts and spiritual leaders.

The Experiences of the Respondents in using ART

The participants have different experiences on using ART. There are many respondents who have very good adherence to the ART in spite of the social and religious burdens. Even there are users who take the drug with empty stomach when they ran short of food. They take the ARV as a food; however, the participants who haven't disclosed their sero-status to their relatives suffer from fearing stigma and discrimination. Such individuals take the ART without any support from their relatives.

Lack of support: Here we see the gap. Though they have the endurance to adhere strictly with the medicine, they lack support from their families and friends for they kept their problem as a top secret. In case, they fail to help themselves as a result of their disease, the adherence will be jeopardized. The issue of secretiveness has been identified

in a document released by AIDS resource center as a possible cause to stop the use of ARV drugs (ARC, 2005).

Partial disclosure of the case: Unlike the above ones, there are PLWHA who adhered to the treatment strictly and have support from their families and friends. These participants are more confident than the previous ones. They are sure that they will not interrupt the drug. Because their families support them in taking of the medicine, their social burden is less. Likewise at Entoto there are participants who are being supported by their friends. But their relatives at the home don't know about their problem. Because they fear their relatives, they prefer the help of their friends at the holy water site.

The partial disclosure of the PLWHA about their case for friends seems good experience to keep their adherence. It can be a major step forward to disclose their case for their families. However, if they would continue with keeping it as secret, inevitably they will be in trouble at last. It is usual to take the holy water attendant to his/her families (if they have) when the disease seriously weakens them. The ultimate disclosure of their problem would naturally be devastating for their family when they meet them in the extremely debilitated condition.

Interrupting the drugs: Contrary to the above, there are three participants who interrupted their ART drugs for various religious reasons. Two of them have done, as with their own decision believing that they do not have followed two ways –religion and science. The one decided and having stood not to take the treatment with persuasions of others. Especially this is usual among the PLWHA who attend showering services of some hermits who oppose ART as the respondents witnessed. According to the key informant at Mekdim Ethiopia, there are PLWHA who stopped the medicine by the

advice of hermits and believed that they are cured without checking their sero-status at VCT centers.

Holy water sites or hermits who have the experiences of like this are risky because they tell to the PLWHA as he/she has been cured without undertaking VCT. Here an idea may rise which advocate as religion is a matter of faith and no need of VCT. It is observable that such service providers usually disapprove scientific findings. However, if they have the confidence that their treatment would cure the virus, why they need to oppose the retest while it is obvious that the PLWHA knew their sero positive status through VCT? To this end, as the respondents witnessed, Entoto st. Mary holy water is strict. The service attendants need to show a VCT result to declare that as they are cured.

PLWHA who stopped their prescribed drugs without recommendation of physician are at risk more than others. They may develop ART resistant virus in their blood. And as the key informant at Mekdim Ethiopia states, their possibility of going back to hospitals is less. Because they decided to stop the medication on the basis of religious reason, they may think it is sinful act to go back to health centers. Even if they need to go to the health institutions, they may develop guilty conscience and fear to see the face of their doctor again.

The other groups of participants are those who have stopped and restarted the treatment. For the various reasons, especially for religious reasons, they dropped their drugs. However, after sometimes their health has been disturbed with opportunistic infections. So they have been obliged to restart the treatment. They have seen the pros

and cons of the treatment with practical experience, they have firm stand not to interrupt again.

Conclusions and Recommendations

Conclusions

As we have seen in the findings and discussion parts, HIV/AIDS related social and religious impacts have several implications on the life of the respondents. Especially in connection with using ART, the respondents have different experiences. Major social and religious challenges in using ART are identified and discussed. Based on the findings and discussion, the following concluding remarks have been drawn.

HIV/AIDS has been understood differently by the respondents

Science declares AIDS is a disease caused by a virus called Human Immunodeficiency Virus (HIV). AIDS “commonly refers to the advanced stage of HIV illness, when the CD-4 count falls under 200.” (ARC, 2006, p.15). However, though some of them have the same understanding with this scientific knowledge, most of the respondents of this study hardly accept this. They rather associate the issue of HIV/AIDS with spiritual matters.

For some respondents, HIV/AIDS is a wrath sent from God as a punishment because of the offending sins of this world. Such people believe that the mode of transmission is not only promiscuity but other forms of sins like stealing, lying and worshipping idols. Their evidence to confirm their understanding is that the incurability of HIV/AIDS by medical treatment. They think that the key to solve the adverse problems inflicted by HIV/AIDS is only with in the hands of God. Based on such firm

conviction there is a belief go to the extent of expressing being of PLWHA as a call of God to His home. Respondents with such belief were expressing their happiness with their spiritual life which they have adopted after they new that they are PLWHA.

Some other respondents believe that HIV/AIDS is caused by an evil spirit. For them the evil spirit plays the role to infect and transmit the disease from one person to another. As to them, the evil spirit can even change other types of diseases which have already infected a man to HIV/AIDS. It can also be a work of sorcery (*Metet*).

Some participants still believe that HIV/AIDS is a devil or Satan by itself. According to their argument, it is because AIDS is a demon that whenever the PLWHA are immersed in the holy water it (HIV/AIDS) is casted out shouting by declaring itself a Satan.

These three views could create distortion about the real picture about HIV/AIDS. The distorted perception has also a negative effect on using ART as it can be seen in light of the following points.

The using of ART is being challenged by different beliefs

The respondents have different stands and practices when it comes to using ART. There were participants who showed no tendency of using ART. They totally reject the taking of ARV drugs since they consider ART as a weapon of Satan by which it urges PLWHA to avoid fasting and other spiritual practices. There were others who considered that using ART amounts to changing a religion or following a new one.

The above understanding bases itself on the belief which considers HIV/AIDS as a punishment of God, as an act of the devil or as the devil itself. The respondents who favor these stands argue that the only way to cast out evil spirit or Satan is holy water and

not the ARV drug. To be cured from HIV/AIDS they strongly recommend holy water treatment and other spiritual practices like fasting and praying. These respondents do not ever have the interest to listen to or accept the teachings of church fathers who advice PLWHA to take ART. Among these respondents some of them do not want to have any social relationship with the ART users. Respondents who subscribe to this view are available more at Tesfa Setechign Mariam Association of Entoto, where as their number is few at Mekdim Ethiopia National Association.

Conversely, there were respondents who advocated the use of ART. Some of them consider ART supplementary to the holy water. So, they believe in the merit of taking both the holy water and the ARV drugs concomitantly. Those respondents believe that the two ways of treatment would reinforce each other. For them the ARV drugs collect the disease somewhere in the host's body and the holy water would give an end to the disease by bringing it out through vomiting. These participants get encouraged whenever religious leaders advise them to take ART properly. This observation is supported by the Association of Ethiopians Living with HIV/AIDS research report on the coverage and Quality of Antiretroviral treatment in Ethiopia (2007).

In addition, there were participants who were taking only ART to treat their HIV/AIDS case. For such participants the spiritual or holy water treatment could not go with the ART.

There are participants who didn't decide about the ART. They do not seem to be adequately aware of HIV/AIDS and ART. Some of them have left the decision whether to use or not ART for God to bring them a revelation on His will. Some have no idea on

whether to take the ARV drugs or not. Such individuals may decide to take ART if they get the access to training and other awareness creation programs on ART.

AIDS related social stigma and discrimination is affecting respondents who use ART.

Few of the respondents said they were never worried about social stigma. They have already disclosed themselves through different mass media. Three of them were on ART. They take ART at any situation be it in or at a taxi and bus station, meetings and other public gathering places. Therefore, they are ready to accept whatever AIDS related stigma might come.

Most of the other respondents were suffering from AIDS related stigma and discrimination. Most of them kept their HIV/AIDS case as a top secret even from their relatives. They rather created their new social relations with PLWHA and medical persons. They do not want to be recognized by others as a PLWHA. Though they claim that they are stigmatized by the society, we may suspect that the stigma could be developed with in themselves as self stigma.

For this reason they choose to take the ARV drugs by hiding or keeping it out of the reach of others. Their relationship is only with other PLWHA and their case managers (physicians). Some of the respondents have chosen to go and reside at Entoto aspiring to live freely without any fear of AIDS related stigma and discrimination. The PLWHA at Entoto disclose their sero-positive status without any fear. In fact there are some of non ART users who stigmatize the ART users. Except these individualistic cases of whether one takes ART or not, the PLWHA are not ostracized by the large community. However,

there are problems related to their livelihood and also related to the spiritual service delivery.

Notwithstanding such AIDS related problems they have been exposed to, the respondents who were using ART believe that they would not stop taking ART whatever social stigma and discrimination is waged against them. However, most of them said that they would as much as possible try to keep taking the drug a secret.

Recommendations

Concerning spiritual support and medical services

PLWHA go and reside at Entoto seeking spiritual services and a social relationship which is free from stigma and discrimination. As this researcher feels, to upgrade the spiritual services considering it as a component of addressing the psycho-social needs of the respondents, some situations need to be revised and their health situation has to be treated under keen follow up. To facilitate these services the following are recommended:

1. With regard to the respondents from Mekdim Ethiopia National Association, since most of the members are living with in the city, their religious life may be polarized in the thick cloud of the society with whom they are living. As they are not living within confined area unlike the members of Tesfa Setechign Mariam who live at Entoto it is important to reach them via their association by dispatching written documents which can teach them the belief of the church on ART and other HIV/AIDS related matters.
2. The currently prevailing good relation between Entoto holy water site officials and the physicians at St. Petros hospital has to be enhanced even more. It is also

good if they can develop joint programs on individual and group counseling and in solving the problem related to using both the ART and the holy water.

Concerning social service

The experiences of the Entoto community in which co-existence is exhibited with no stigmatization of the PLWHA have to be taken as a best practice. Thus the governmental and private media have to promote it as a role model in order to instigate other people of other places to follow suit and bring a change on mitigating stigma and discrimination.

Research, organizational and policy issues

1. Since it is closer for Entoto St. Petros Hospital has to intervene to study the effect of using holy water and ART simultaneously on the health situations of the PLWHA. It is obvious that to conduct scientific research on religious and spiritual beliefs is difficult. However, the health situation of the PLWHA can be examined periodically.
2. The church has to have a published policy so that any one can read and understand its belief and teachings on the modes of transmission, the prevention and treatment ways of HIV/AIDS. Furthermore, it has to declare its official stand in written form on using ART and the simultaneous provision of the two (holy water and ART) treatments.
3. Mekdim Ethiopia National Association, as a pioneer PLWHA association in Ethiopia, has to take part in creating dialogue among PLWHA associations on the

social and religious challenges of ART and possible solutions of the problems. It has to share its relatively richer experiences for young fellow associations like Tesfa Setechign Mariam.

4. It was exhibited in the finding that most of the respondents have negative attitude towards ART due to lack of clear information. So HIV/AIDS Prevention and Control Department of the church needs to work in providing relevant information about ART for the followers in a convincing way.
5. Peers' relationships are influential at Entoto. Therefore, the church or other organizations could be effective to change the negative attitudes on ART at the place by using peers' education and trainings as a strategy.

Possible intervention areas for social workers

Though the points identified so far are also concerns of social workers, the following points need more attention from social work professionals in addressing the above recommended actions:

1. Both of the two associations have rooms to participate in voluntary services on their programs so that social workers who wish to work with them to have parts on their undertakings.
2. Not only individuals, but also the Graduate School of Social Work can have part in this aspect like assigning students during their field placement to accomplish assignments on provision of counseling and trainings on HIV/AIDS and ART matters

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Appendix I

Profile of Entoto Holy water site Tesfa Setechign Mariam association

History: Entoto Mariam Holy water is one of the “famous” holy water sites of the Ethiopian Orthodox church. It is situated on the hill top of Entoto north of Addis Ababa. Emperor Meneilik II had established the church in the end of 19th century before the establishment of Addis Ababa city.

Though, the church has lasted so long, the existence of the holy water was recognized recently, fourteen years ago. One hermit who is now responsible for administrating the site discovered the holy water. It is said that the hermit had a revelation and it had taken him two years to locate and identify the exact place of the holy water. Since the time of its discovery the holy water is becoming famous for its curing power from various health ailments. And the hermit, the founder, has served at the site for the last 23 years as a head and service provider (zena, 2006).

Service Delivery: The holy water at Entoto Mariam church is serving thousands of people who came from every direction of the country. The number of the service attendants varies from season to season. The peak seasons are most of the fasting seasons of Ethiopia Orthodox Church especially in the great fast (the Lent) and the *filseta* fast (fasting for the assumption of st. Mary). According to the head of the site, during these times the attendants may be raised up to 10,000, according to the holy water site coordinator.

Among the people who seek service in the place averagely about 2000-2500 people living with HIV/AIDS are being served at Entoto Mariam holy water. The

PLWHA have many different reasons for seeking the holy water service. Some of the reasons which have been identified by Zena (2006) are the attendants' belief of being cured from AIDS, to get a confession and live until their death, to stick to spiritual life by keeping the words of God strictly, to escape away from social stigma and discrimination related problems.

Tesfa Setechign Mariam Association: At the site there is an association called “*Tesfa setechign Mariam*” (Mary has given me a hope). It is the association of people living with HIV/AIDS. By May, 2007 the registered members of the association were above 700. The association has been licensed from the ministry of Justice since 2000.

Tesfa setechign Mariam association has its own management system to which the founder of the place (the hermit) is the chairperson of the board. This association is trying to deliver social and psychological services, like counseling and facilitating funeral ceremonies for deceased PLWHA, in addition to the spiritual service the PLWHA get from the church. The association has its own office in the churchyard. It is also responsible to distribute donations that come from different donors for the PLWHA.

In terms of demographic characteristics the PLWHA come from every corner of the country to the holy water site. Both male and female gender categories attend the service. Information from the parish office indicates that PLWHA who are not belong to the church, for instance Muslims, come and get served the holy water treatment, along with the Orthodox Christians.

Appendix II

Profile of Mekdim Ethiopia National Association

History: According to the tract published by the association, Mekdim Ethiopia National Association has been founded since 1996. The founders were ten individuals who were sharing social, spiritual and psychological support to each other. Out of the ten three were living with the virus and the rest seven were orphaned by AIDS.

At that time HIV/AIDS related stigma and discrimination was rampant. Therefore the social and psychological problems they faced forced them to assemble themselves. This assembly called the need to meet each other informally in their offices and homes. This solidarity led them to found a legally registered PLWHA association called Mekdim Ethiopia National Association. The association is the first legally registered PLWHA association in Ethiopia.

By now Mekdim Ethiopia is one of the leading PLWHA associations in the country with a vision of a generation free from HIV/AIDS. As it is published on their tract (it has no information on the year of publication), it has about 5000 members of which 26% are AIDS orphans.

Objectives of the Association: The association has objectives which focus at the reduction of the incidence of HIV/ AIDS and alleviation of the socio economic impact of the epidemic in the country. With regard to care and support provision for PLWHA, the association aims at improving the health status of HIV infected and affected people; (to increase access to care and support for PLWHA and AIDS orphans); to increase community volunteers on home based medical and nursing care management of

opportunistic infections and HIV related illness and to advocate and provide legal support for the right and well being of PLWHA's and AIDS orphans.

Programs on Undertakings: Based on these major objectives the association is doing interventions on six programs. The first is counseling, which incorporates individual, couple, family and group counseling. Furthermore, medical care, home based care, social support, information, education and communication, and legal support and advocacy are the services which are being rendered by the association.

Operational Areas: With regard to its service provision sites, in addition to the head office at Addis Ababa city, the association is working in two regions. In Amhara region it has branch offices at Bahir Dar and Dessie. And at the same time in Oromia region the branch offices are located in Jimma, Shashemene and Nazreth. Its head office in Addis Ababa is located around Menelik II Hospital locality.

Appendix III

Demographic and socio-economic status of the respondents

Variables	Categories	Frequency
Age	≤ 20	4
	21-30	13
	31-40	10
	41-50	3
	≥ 50	2
Gender	Male	15
	Female	17
Ethnicity	Amhara	10
	Oromo	7
	Tigre	6
	Gurage	6
	Gamo	1
	Keffa Wolayita	1 1
Education	None	5
	Basic	2
	1-6	4
	7-8	5
	9-11	9
	12 & Above	6
Marital Status	Single	13
	Married	14
	Divorced	2
	Widowed	3
Employment	Employed	2
	Daily laborer	7
	Unemployed	23
ART usage	Users	16
	Non-users	16
Holy water service	Attendants	28
	Nonattendants	4

Appendix IV

Interview Guide for Respondents

A. Personal and Socio-economic Information

1. Gender
2. Age
3. Religion
4. Ethnic background
5. Status of education
6. Means of income
7. Average monthly income
8. Number of family
9. Housing service
10. Marital status

B. General Experience on HIV/AIDS

1. When did you know your positive serio status?
2. What is your feeling of living with HIV/AIDS?
3. What kinds of mechanisms you are using to medicate your HIV/AIDS case?
4. What is your belief on the cause of HIV/AIDS? What is HIV/AIDS for you?
5. How do you see HIV/AIDS from the point of view of your religious beliefs? Do they have any relation? Explain how.
6. What is HIV/AIDS for you from the point of view of social life?
7. What is your experience on AIDS related social stigma and discrimination?

C. Questions Related with Experiences of ART

1. What is your knowledge about ART? What is ART for you?
2. What did you feel when you heard about ART for the first time?
3. What is your source of information about ART?

4. What is your belief on using ART to treat HIV/AIDS?
5. If you are using ART, when you have started? Where and when you are taking it?
If not why?
6. How do you see using holy water and ART simultaneously?
7. How do you see the using of ART from the point of view of your religious beliefs and spiritual life?
8. Do you know any stigmatizing or discriminatory actions between ART users and ART non users while they are on holy water? If so explain it.
9. What do you think why the ART users make use of ART to treat HIV/AIDS? And what would be happen to them?
10. How are the life changes you see on ART users?
11. Do you have any plan to use ART? Explain why.

C. Experiences Related with Using of Holy Water (for the holy water users)

1. When did you come to the holy water site?
2. How did you come to the holy water site? What was your source of information to come?
3. Do you feel any change that occurred on your health situation as a result of the holy water treatment? If so please explain
4. What is your hope on the holy water in treating HIV/AIDS?

D. Experiences Related with Social Life

1. Who knows your serio status in the society you are living in?
2. How do you compare your social relation before and after you have been living with HIV/AIDS?
3. Have you been socially stigmatized or discriminated against because of you are living with the virus? If so please explain.
4. How is your participation in local social institutions like *Edir*?
5. How is your housing and your neighbors? Congested or alienated?

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6. How much people know (family members, friends, neighbors...) as you are treating being as HIV/AIDS positive person? If you are doing it secretly, why?
7. (***For ART users***)What is the response of people around you for that you are using ART? Negative, Positive, Neutral? Why?
8. What would be your decision on using ART in a condition that social stigma and discrimination is increasing in your society?
9. How do you see the role of teachings and preaching of religious institutions in relation to AIDS related social stigma and discrimination?

Appendix V

Interview Guide for Key Informants of Entoto Holy Water and Mekdim Ethiopia PLWHA Association

1. What is the experience of ART in your institution?
2. How is the general attitude of your service receivers/ members about ART?
3. How is the general understanding of your service receivers/ members about ART?
4. Is there a teaching program on ART that your institution is undertaking? if so please explain. If not why?
5. From the point of view of the services your institution is delivering, how do you see the simultaneous use of ART and other treatment mechanisms?
6. What kind of changes your institution has made in relation to the coming of ART? If there is no why?
7. Did the service receivers/ members ask for meeting new needs after the coming of ART?
8. How do you see the extent of AIDS related social stigma and discrimination?
9. (For Entoto holy water coordinator) Do you have special treatment or program for PLWAHA in your service delivery? Explain how? and why?
10. (For Meqdim Ethiopia Association) Do you have experiences in expanding the using of ART?
11. Do you have the data of ART users among the service receivers/ members of your institution? If so in what method you manage it? If not why?

Appendix VI

Interview Guide for Key Informant of Addis Ababa City Government HAPCO Representative

1. From your experience what are the causes of negative or positive attitudes towards using ART?
2. Are there social and religious challenges that confront the ART delivering institutions? If so please explain. Are the challenges studied? What are the results of the study?
3. Are there any measure undertaken to address the problems? If so please explain.
4. Which gender is using ART more? What are the reasons?
5. Who charges for ART service?
6. Does HIV/AIDS related stigma and discrimination impact on providing ART service? If so how?
7. Does ART has a role in decreasing or increasing AIDS related social stigma and discrimination? Please explain.
8. How HIV/AIDS related social stigma and discrimination affected women and men differently?

Appendix VII

Interview Guide for Key Informant of EOTC

1. What is the teachings of the church on holy water treatment and others medications? What is the source of these teachings?
2. What do you think of the where about of the belief which rejects the use of ART and seeing the ART as it is very special?
3. Does the church believe that HIV/AIDS has relation with evil spirit? Pleas explain.
4. Does the church undertake activities to increase the use of ART? Explain.
5. In which issue the Church is focused to work on controlling and preventing HIV/AIDS? VCT, ART, alleviating stigma.... why?
6. What are the church plans on the teachings of preachers who teach about HIV/AIDS and are out of the formal structure?
7. What is the role of the church in alleviating AIDS related social stigma and discrimination?
8. Among the places (programs) in which the church is working on HIV/AIDS, does it has special places (programs) to promote ART? Explain.

Appendix VIII

Guide Questions for Focus Group Discussion

1. Being PLWHA how is the social relation amongst you?
2. What are the opinions of your community on ART?
3. What are your and your friends' attitudes towards using ART? What makes you to have such attitude?
4. Do you think social stigma /religious beliefs have impacts on using of ART?
Please explain.

Appendix IX

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ክፍያው የተፈጸመለት ስም.....
 አድራሻ.....
 የክፍያው መጠን በአሃዝ በፊደል.....
 የክፍያው ምክንያት.....

 ክፍያው የተፈጸመለት ሰው ስም ፊርማ

የክፍያው ስም..... ፊርማ.....
 ክፍያው የተፈጸመበት ቀን

ለጥናት ተሳታፊዎች ገንዘብ መክፈያ ቅጽ

ክፍያው የተፈጸመለት ስም.....
 አድራሻ.....
 የክፍያው መጠን በአሃዝ በፊደል.....
 የክፍያው ምክንያት.....

 ክፍያው የተፈጸመለት ሰው ስም ፊርማ

የክፍያው ስም..... ፊርማ.....
 ክፍያው የተፈጸመበት ቀን

