



**RELIGIOUS RESPONSES**

Photo: Gerhard Joren

## **For goodness sake!: Asia-Pacific faith-based organizations battle HIV/AIDS** **(Wat Norea Peaceful Children’s Home, Cambodia; Yayasan Dana Islamic Centre, Indonesia Mosque Association Mushallah Muttahidah, Indonesia; and Anglicare-StopAIDS PNG, Papua New Guinea)**

*Religion has always played a significant role in the vibrant tapestries of life in Asia and the Pacific. The region has been tolerant and accepting of a wide variety of religions. It is the birthplace of Hinduism and Buddhism. It also includes the largest Islamic countries in the world – Indonesia, Bangladesh and Pakistan. And, Christianity has flourished in countries such as the Philippines and the Republic of Korea, and throughout the Pacific island countries and territories.*

*HIV/AIDS poses new challenges to religions. It raises sensitivities around religious teachings and beliefs about sexuality and illicit drugs. Yet, at the same time, faith-based organizations are effective tools in responding to HIV/AIDS, as they constitute perhaps the largest institutions in the world with the greatest built-in infrastructures of leadership and fellowship. Religion can build upon its moral and value-based leadership, trust garnered over generations, and channels of communication and organization, in order to have a tremendous influence over cultural norms that guide individual and community behaviour and that affect how information about HIV/AIDS is, and can be, interpreted.*

*Religious institutions were among the first to become active in fighting the spread of HIV/AIDS, and are often caregivers of the sick, the dying and the orphans. Around the world, individual places of worship within communities – including churches, mosques, synagogues, temples and hospitals with religious affiliations – have taken the initiative to address HIV/AIDS and its impact at the local level.*

*In Asia and the Pacific, responses have varied. In Indonesia, for example, the Islamic community is including HIV/AIDS awareness messages in everyday sermons. In Papua New Guinea, an Anglican community-based organization is putting HIV/AIDS on the agenda in schools, at the workplace and among street children. In Cambodia, Buddhist monks are now at the frontline of providing care and support for people who are living with HIV/AIDS.*



## Faith-based organizations respond

*“For many Asians and Pacific islanders, religions are not just a matter of paying homage to the supernatural. They provide important ethical guidelines for living, for interpreting natural events, including disasters and misfortune, and for coping with life’s milestones, from birth through illness to death.”<sup>1</sup>*

Religion is often cited as both a facilitating factor as well as an “obstacle” in the fight against HIV/AIDS. Traditional religious views often regard HIV/AIDS as a form of divine punishment for sexual transgression, from premarital sex and extramarital sex to homosexuality. Such views perpetuate the stigma and discrimination associated with HIV/AIDS.<sup>2</sup> These views also discourage open discussion of issues – particularly those that relate to sex. Without open and frank discussion, it is difficult to prevent the spread of the disease and combat the stigma and discrimination that makes HIV/AIDS a “hidden” epidemic – all the harder to control.

Increasingly, however, faith-based organizations are working to address HIV/AIDS. Indeed, they are seen around the world as essential partners in HIV/AIDS prevention and care and support. Faith-based organizations are combining their beliefs with actions. For example, some faith-based organizations promote HIV/AIDS awareness and prevention with teachings of monogamy and abstinence as preventive measures. Such teachings are effective in helping change behaviour in positive ways, if people adhere to it in their daily lives.

## HIV/AIDS, Indonesia and an Islamic response

With over 200 million inhabitants, Indonesia is the world’s fourth-most populous country. It is the largest Islamic country in the world,

with almost 90 per cent of its population adhering to Islam. According to UNAIDS, 0.1 per cent of the adult population, or 120,000 people, are living with HIV/AIDS.<sup>3</sup> However, an exponential rise in HIV infection among blood donors (identified during routine testing of donated blood) indicates that HIV is spreading out from high-risk groups. The situation in Indonesia underlines the fact that, where high-risk behaviour exists, the epidemic can spread from vulnerable groups to the wider population, even if it takes some years to become apparent.<sup>4</sup>

### Recognizing the strong tie between religion and everyday life in Indonesia, Muslim leaders are addressing and responding to HIV/AIDS

“We will strive to eliminate the following vices related to HIV/AIDS, at all levels in our community: ignorance, apathy, stigmatization, irresponsibility, disorganization, and poverty.”

Excerpt from the Resolution of the First International Muslim Leaders Consultation on HIV/AIDS, November 2001<sup>5</sup>

- *An illness, not a curse*

Yayasan Dana Islamic Centre (YASDIC), popularly known as IMMIM (Indonesia Mosque Association Mushallah Muttahidah), is an Islamic preachers’ coordinating agency based in Makassar, provincial capital of South Sulawesi. IMMIM illustrates how an Islamic organization can take a frontline role in addressing HIV/AIDS. Funded by the Australian Agency for International Development (AusAID) in 1999, within a three-month

period, IMMIM trained more than 300 Islamic preachers known as *Muballighats*, throughout the South Sulawesi province, to promote HIV/AIDS awareness and prevention messages.

The training programme provided male as well as female preachers (known as *Muballighats*) with general health information and facts about sexually transmitted infections (STIs), including HIV, and counselling skills to provide care and support to their local community members. Special emphasis is placed on discussing ways to diminish discrimination towards people living with HIV/AIDS. The training uses group discussion and role-play to make the sessions more interactive and dynamic.

“The three-day training course helped the participants to become more accepting towards people living with HIV/AIDS,” recalls IMMIM Director, Mr. Ridwan Abdullah. Pre- and post-session evaluations indicated that the training seminars dismantled many of the myths and preconceived stereotypes about people living with HIV/AIDS.

Since the training programme, Muslim religious leaders have addressed HIV/AIDS in their sermons, in mosques, schools and community halls. From the provincial capital to the villages, the education initiative aims to reach up to 6 million believers in South Sulawesi with basic information about HIV/AIDS and its transmission modes. The preachers also advise on prevention methods, such as abstinence and fidelity, that focus on the avoidance of high-risk behaviours.

Teachings convey the message that, while illicit sexual relations (*zina*) “is a religious sin, particularly for those already married... *zina* without protection (i.e., without the use of condoms) [is] an even greater sin because it allows a deadly virus to be transmitted”.<sup>6</sup> Somewhat less controversial is the issue of condom use within a marital relationship. Protection of the family is a top concern for

Islam. If either the husband or wife knows that he/she is HIV-positive, then condoms should be used to protect the family.<sup>7</sup>

While an increase in knowledge about HIV/AIDS or concrete behaviour change has not yet been internally assessed, an independent evaluation by the University of Indonesia, Depok, showed that about 90 per cent of the community members had heard the Islamic preachers talk about HIV/AIDS during their sermons. Undoubtedly, the endeavour demonstrates that with effective training, Islam, as well as other religions, can find a middle ground in the interest of community welfare. Indeed, Islamic *Muballighats* can be active key partners in preventing HIV/AIDS in Indonesia.

## HIV/AIDS, Papua New Guinea and an Anglican response

Since the mid-1990s, Papua New Guinea has had the highest HIV infection rate in the Pacific. An estimated 0.7 per cent of the population (16,000 adults aged from 15 to 49 years) lives with HIV/AIDS, out of a total population of approximately 5 million people (as of end 2001).<sup>8</sup>

The majority of people living with HIV/AIDS appear to be concentrated in the capital city of Port Moresby. Generally low levels of condom use, a rise in extra-marital and pre-marital sex, and low levels of awareness and knowledge about HIV/AIDS contribute to the country's potential crisis.<sup>9</sup> Trends in HIV/AIDS prevalence rates indicate a considerably high level of HIV infection among sex workers (17 per cent in Port Moresby in 1998). The trends also show a 1 per cent HIV prevalence rate among women attending antenatal clinics and high STI prevalence among both high-risk and low-risk groups that increases the risk of HIV infection.<sup>10</sup> These indicators normally signal the onset of a widespread epidemic.



Among the roughly 5 million inhabitants of Papua New Guinea, two-thirds are Christians, primarily Roman Catholic and Lutheran, with 5 per cent Anglican.<sup>11</sup> The Anglican Church shares the widely-held religious position that sexual intercourse should only be within the confines of marriage;<sup>12</sup> however, it also acknowledges the efficacy of condom use and sanctions its use as a form of protection against contracting STIs, including HIV/AIDS.<sup>13</sup>

The Anglican Church of Papua New Guinea emphasizes compassion, not condemnation, in its teachings. Its affiliate organization, Anglicare StopAIDS PNG, sees itself in a unique position to address the needs of people living with HIV/AIDS (PLWHA). It provides care and support to PLWHA with a holistic approach that promotes the physical, spiritual, and emotional well-being of the individual and the affected community.

- *Teaching prevention, care and support*

Anglicare, a ministerial arm of the Anglican Church of Papua New Guinea, initially ran literacy courses for Anglican communities in Port Moresby. In 2001, it changed its mission to address HIV/AIDS issues and adopted the name StopAIDS PNG. Today, it is one of the leading HIV/AIDS prevention and care programmes in Papua New Guinea that aims to improve the health and well-being of all people, regardless of their religious affiliation.

*We do not treat medical conditions, we treat people.*

*StopAIDS PNG*

StopAIDS PNG recently launched the Red Ribbon Club, a venue that offers counselling, care and support, and vocational training for 10 HIV-positive mothers. StopAIDS also undertakes outreach work for disadvantaged

street youth, working to strengthen their life skills and self-esteem by enrolling them in income-generation projects, in which they set up and manage chicken farms, local bakeries or condom-selling projects. Moreover, StopAIDS conducts HIV/AIDS and life skills education programmes in senior schools, targets employees of private companies or government departments with HIV/AIDS awareness sessions, and regularly trains peer educators.

Although a quantitative evaluation of the projects has not yet been undertaken, given its nascent stage, StopAIDS' success is evident: anecdotal reports indicate that its life skills programme in schools has influenced some teachers to incorporate STI, HIV/AIDS, and drug and alcohol abuse prevention education in the classes that they teach. In addition, about 1,300 street youth are already committed to one of StopAIDS' income-generation projects. Condom distribution is also on the rise in the approximately 100 companies where StopAIDS has already undertaken HIV/AIDS education sessions and established a distribution system.

Despite StopAIDS' successes, significant barriers still exist. For instance, traditional attitudes discourage open discussions about sexual matters. In addition, some local Anglican churches have rejected StopAIDS' condom and safer sex promotion initiatives, although the Anglican Church authorities have approved these practices for prevention purposes.

Much of StopAIDS funding comes from international donors, especially the Australian Agency for International Development (AusAID), and the British High Commission in Papua New Guinea. The Anglican Church's international body, the Anglican Communion, also contributes up to 20 per cent of the budget. In addition, StopAIDS closely cooperates with other faith-based community

organizations working in the area of HIV/AIDS, such as HOPE Worldwide PNG, a charitable NGO affiliated with the International Churches of Christ. StopAIDS is also seeking ways to involve the Government in its HIV/AIDS programmes.

Among the future goals of the organization is the extension of programmes to other provinces, a greater involvement of people living with HIV/AIDS, the increase of condom availability in remote areas, and intensified training and education for caregivers of PLWHA. Since the organization's prevention and care programmes do not solely target Anglican communities, StopAIDS continues to seek new approaches to the many ways it can contribute positively towards reducing the spread of HIV/AIDS in Papua New Guinea.

*"We raise our voices to call for an end to silence about this disease – the silence of stigma, the silence of denial, the silence of fear. We confess that the Church itself has been complicit in this silence. When we have raised our voices in the past, it has been too often a voice of condemnation. We now wish to make it clear that HIV/AIDS is not a punishment from God. Our Christian faith compels us to accept that all persons, including those who are living with HIV/AIDS, are made in the image of God and are children of God."*

*Statement of the Primates of the Anglican Communion on HIV/AIDS, April 2002<sup>14</sup>*

## **HIV/AIDS, Cambodia and a Buddhist perspective**

Cambodia faces an AIDS epidemic that could potentially reverse development gains made over the last decade. In 2001, 2.7 per cent

of the adult population was HIV-positive. Tens of thousands have already died from AIDS, leaving behind at least 55,000 orphaned children under 15 years of age. The crisis is predicted to worsen, with possibly 200,000 people, including children, developing AIDS within the next 10 years. It is also estimated that, by the year 2005, there will be another 140,000 AIDS orphans.<sup>15</sup>

The epidemic does, however, appear to be stabilizing thanks to large-scale prevention programmes that have considerably raised HIV/AIDS awareness throughout the Cambodian population and included a determined campaign for safer commercial sex.<sup>16</sup> But the majority of prevention and care and support programmes target cities such as Phnom Penh and Sihanouk Ville, as well as the provinces bordering Thailand. Given that 84 per cent of Cambodia's population is rural, it is crucial to scale up prevention and care interventions in village settings.<sup>17</sup>

Asia is the cradle of Buddhism. In countries such as Cambodia, Lao People's Democratic Republic, Myanmar and Thailand, most people subscribe to the Buddhist principles of kindness, compassion, joy in altruism, and equanimity – principles that offer important guidelines for HIV/AIDS prevention, care and support, and can help people living with HIV/AIDS cope with the disease and find the strength to continue with life.

A growing number of Buddhist monks, nuns and lay teachers in the region carry out low-cost, sustainable prevention and care activities in their local communities. These activities include prevention targeted at young people, as well as provision of spiritual counselling, food and other essentials to people living with HIV/AIDS.

Among Cambodian people, who are 90 per cent Buddhist, there is a high level of respect for monks, and their religious teachings are



highly influential. In 2000, Cambodia became the first Buddhist country in the world to develop a detailed national Buddhist response to HIV/AIDS, a policy that aims to upgrade the participation of Buddhist monks in HIV/AIDS prevention and care efforts.<sup>18</sup>

- *A spiritual response*

Wat Norea Peaceful Children's Home (NPC) is a project in Norea Pagoda, near Battambang, Cambodia's second largest city. It was launched by the Venerable Muny Vansaveth, a former boxer turned monk, who started an orphanage for children whose parents had died as a result of earlier civil conflict. By 1997, Venerable Muny Vansaveth realized that there was a new source of conflict killing people and leaving thousands of children as orphans – this new opponent was HIV/AIDS.

In 1998, while continuing to provide shelter for orphans and street children, NPC launched an HIV/AIDS prevention, care and support programme. Venerable Muny Vansaveth began to visit villages. He supported people living with HIV/AIDS and provided information to family members, mostly wives, on taking care of people living with AIDS.

Venerable Muny Vansaveth believes that Buddhist temples should and can play an important role in the fight against HIV/AIDS. He advocates these ideas widely and has set up a peer educator project for "monks teaching monks". As far as the meagre funds allow, monks from Norea Pagoda visit other

temples to educate other monks about HIV/AIDS prevention, care and support. By the end of 2003, it is planned that all of the estimated 3,000 monks in the Battambang area will have received the training, including basic information about HIV/AIDS, its transmission and prevention. Once trained, the monks will disseminate messages about HIV/AIDS prevention and provide care and support in the communities.

"When villagers see monks go to the houses of HIV-positive people, it makes them realize that the disease is not contagious through normal contact," says Venerable Muny Vansaveth. He adds that the monks set a positive example. Along with the education sessions, community members will be better equipped to reduce transmission as well as provide more care and support for PLWHA. The programme is also deemed highly

cost-effective since the HIV/AIDS peer education and outreach work is integrated into the monks' daily duties. This programme is an impressive example of a faith-based organization's fight to stop the spread of HIV/AIDS, and an example of a Buddhist monk's tireless courage.

## **Achievements and challenges**

Religious institutions have not always responded appropriately to the challenges posed by HIV/AIDS. Sometimes they have contributed to stigma, fear and misinformation. Faith-based organizations, however, are practical settings for HIV/AIDS education:

*"Yes, AIDS is suffering. But, if we look at the teachings of the Buddha, we will see that there is a cause for suffering.*

*As the Buddha has taught, ignorance is the cause of suffering.*

*What causes the suffering of AIDS?*

*It is also ignorance. Ignorance is the root cause for the suffering of AIDS."*

*Lawrence Maund, The Four Noble Truths of HIV/AIDS<sup>19</sup>*

reaching people from all walks of life, they are not only able to communicate health information to hard-to-reach populations, but they are obliged to address HIV/AIDS as an ethical challenge.

### **Theavy\* gains new courage to live**

When her husband died from HIV/AIDS a year ago, 24-year-old Theavy knew that she too was likely to have the virus. Indeed, she tested positive for HIV, as did her son, who is now 4 years old.

When the Venerable Munny Vansaveth first met Theavy she was unable to cope with her devastating loss. She suffered from depression and had suicidal thoughts. Stigma and discrimination pushed her further into isolation from the community, whose members wished to have nothing to do with her.

Venerable Munny Vansaveth provided spiritual guidance, moral and material support. He also talked to community members to help them overcome their prejudice and misconceptions. He told them about HIV/AIDS, how the virus is spread and, more importantly, how it is not transmitted.

Slowly, the young woman regained her self-esteem. She has hope for the future and a willingness to live and care for her son. Theavy has since opened a shop in the community and, according to the monk, four men in the village want to marry her.

\* not her real name

### **Photo page 118**

\*รูปสี่แดง ไม่มีเส้นกรอบ\*  
กรอบตามอารต

Throughout the region, the various faith-based organizations may be approaching HIV/AIDS differently, but they are all tapping into formidable religious infrastructures that recognize the importance of action at the international, national, and community levels. The involvement of monks, nuns and religious teachers is invaluable. Their acts of kindness and compassion, the messages they convey to their followers, and the working partnerships they build with the lay community can revolutionize people's attitudes and behaviours towards HIV/AIDS and help rebuild lives damaged by HIV/AIDS.

The religious responses highlighted in this case study advocate for change in community attitudes and responses to HIV/AIDS. They are teaching their followers preventive measures. They are speaking out against prejudice. And, they are raising money and organizing home-based care for people living with HIV/AIDS.

- 1 Tan, Michael L. (2000, April-June). Religion and HIV/AIDS. *AIDS action, Asia-Pacific Edition*, 47, p. 1.
- 2 Tan, Michael L. (2000, April-June), p. 2.
- 3 Joint United Nations Programme on HIV/AIDS (UNAIDS) (2002). *Report on the Global HIV/AIDS Epidemic*. Geneva: UNAIDS.
- 4 UNAIDS (2002).
- 5 Federation of Islamic Medical Association (FIMA) (2001). Resolution of the First International Muslim Leaders Consultation on HIV/AIDS. 21 February 2003 <[http://www.fima.org.pk/cons\\_onaids/](http://www.fima.org.pk/cons_onaids/)>
- 6 Mas'udi, Masdar F. (2000, April-June). HIV/AIDS: Between two paradigms. *AIDS action, Asia-Pacific Edition*, 47, p. 6.
- 7 Sciortino, Rosalia, Lies Marcoes Natsir and Masdar F. Mas'udi (1996, November). Learning from Islam: Advocacy of reproductive rights in Indonesian pesantren. *Reproductive Health Matters*, 8, p. 89.
- 8 UNAIDS (2002).



- <sup>9</sup> World Health Organization (WHO) (2001). *HIV/AIDS in Asia and the Pacific Region 2001*. Geneva: WHO. 13 February 2003 <[http://w3.whosea.org/hivaids/asia2\\_10.htm](http://w3.whosea.org/hivaids/asia2_10.htm)>
- <sup>10</sup> UNAIDS/WHO (2002). *AIDS Epidemic Update. December 2002*. Geneva: UNAIDS.
- <sup>11</sup> Adherents.com (2002). 3 February 2003 <<http://www.adherents.com>>
- <sup>12</sup> Church of the Province of Southern Africa (2002, April 16). HIV/AIDS Ministries Strategic Planning. Statement of Anglican Primate on HIV/AIDS, Canterbury. 27 February 2003 <[http://www.anglicancommunion.org/special/hivaids/initiatives/primates\\_statement.htm](http://www.anglicancommunion.org/special/hivaids/initiatives/primates_statement.htm)>
- <sup>13</sup> Church of the Province of Southern Africa (2002). HIV/AIDS Ministries Strategic Planning. From Words to Action. 27 February 2002 <[http://www.anglicancommunion.org/special/hivaids/words\\_to\\_action.htm](http://www.anglicancommunion.org/special/hivaids/words_to_action.htm)>
- <sup>14</sup> Church of the Province of Southern Africa (2002, April 16).
- <sup>15</sup> UNAIDS (2002); and Marseille, Elliot and Lisa Garbus (2002, July). Country AIDS Policy Analysis Project: Cambodia. *HIVInSite*. 3 March 2003 <<http://hivinsite.ucsf.edu/InSite?page=cr08-cb-00>>
- <sup>16</sup> United Nations Development Programme (UNDP)/Kingdom of Cambodia, Ministry of Planning (2001). *Cambodia Human Development Report: Societal Aspects of the HIV/AIDS Epidemic in Cambodia*. Progress Report.
- <sup>17</sup> Marseille, Elliot and Lisa Garbus (2002, July).
- <sup>18</sup> United Nations Children's Fund (UNICEF) (n.d.). The Regional Buddhist Leadership Initiative. The Mekong Partnership and Beyond. 3 March 2003 <[http://www.unicef.org/eapro-hivaids/regpro/buddhist\\_response.htm](http://www.unicef.org/eapro-hivaids/regpro/buddhist_response.htm)>
- <sup>19</sup> UNICEF (n.d.). The Regional Buddhist Leadership Initiative. HIV/AIDS from a Buddhist Perspective. The Mekong Partnership and Beyond. 3 March 2003 <<http://www.unicef.org/eapro-hivaids/regpro/4noble.htm>>