

The distinctives of faith-based health providers for HIV and AIDS response: Faith Communities and Faith-Based Organizations (FBOs)

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[Webinar 4 in a series of 4]

Learning Objectives

- a) Describe the history of research on the distinctive characteristics of FBOs.
- b) Summarize distinctive characteristics of FBOs and their impact
- c) Distinguish between anecdote and evidence.
- d) Develop various messages on FBO distinctives for various purposes (e.g., advocacy in civil society, making the case to funders, building support in religious communities)
- e) Build capacity for research (both formal research initiatives and informal efforts to document impact) that builds the evidence of faith-based distinctives.

History of Research into Distinctives of FBOs

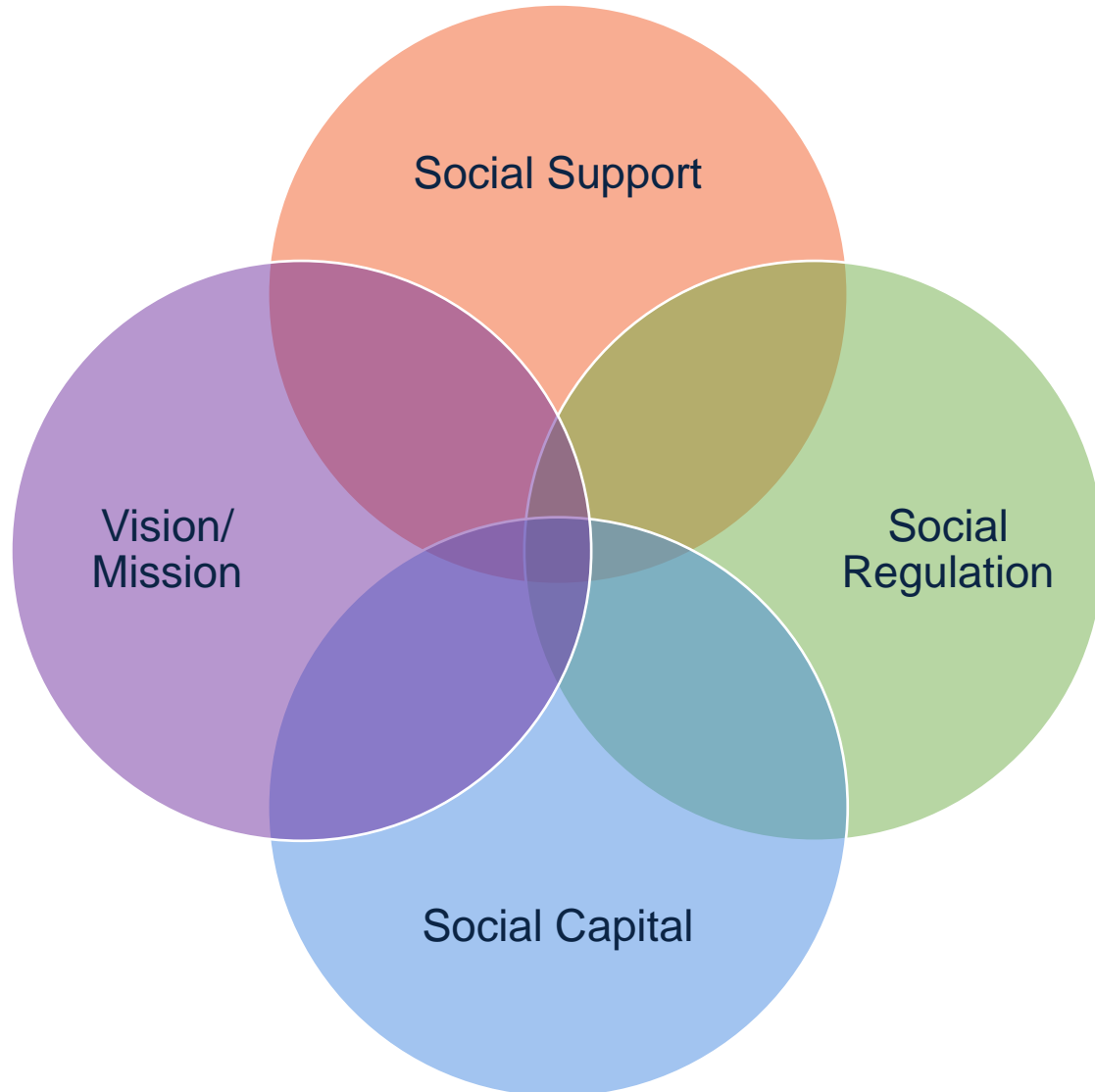
For public health researchers

- **Focus on capacity and services:** Proponents of FBOs may have “over-promised” on the contributions of faith-based partners
- **Focus on the negative influences of religion:** Opponents of FBO contributions argue that religion is a barrier to comprehensive, evidence-based HIV prevention and sexual/reproductive health program

For theologians and religious leaders

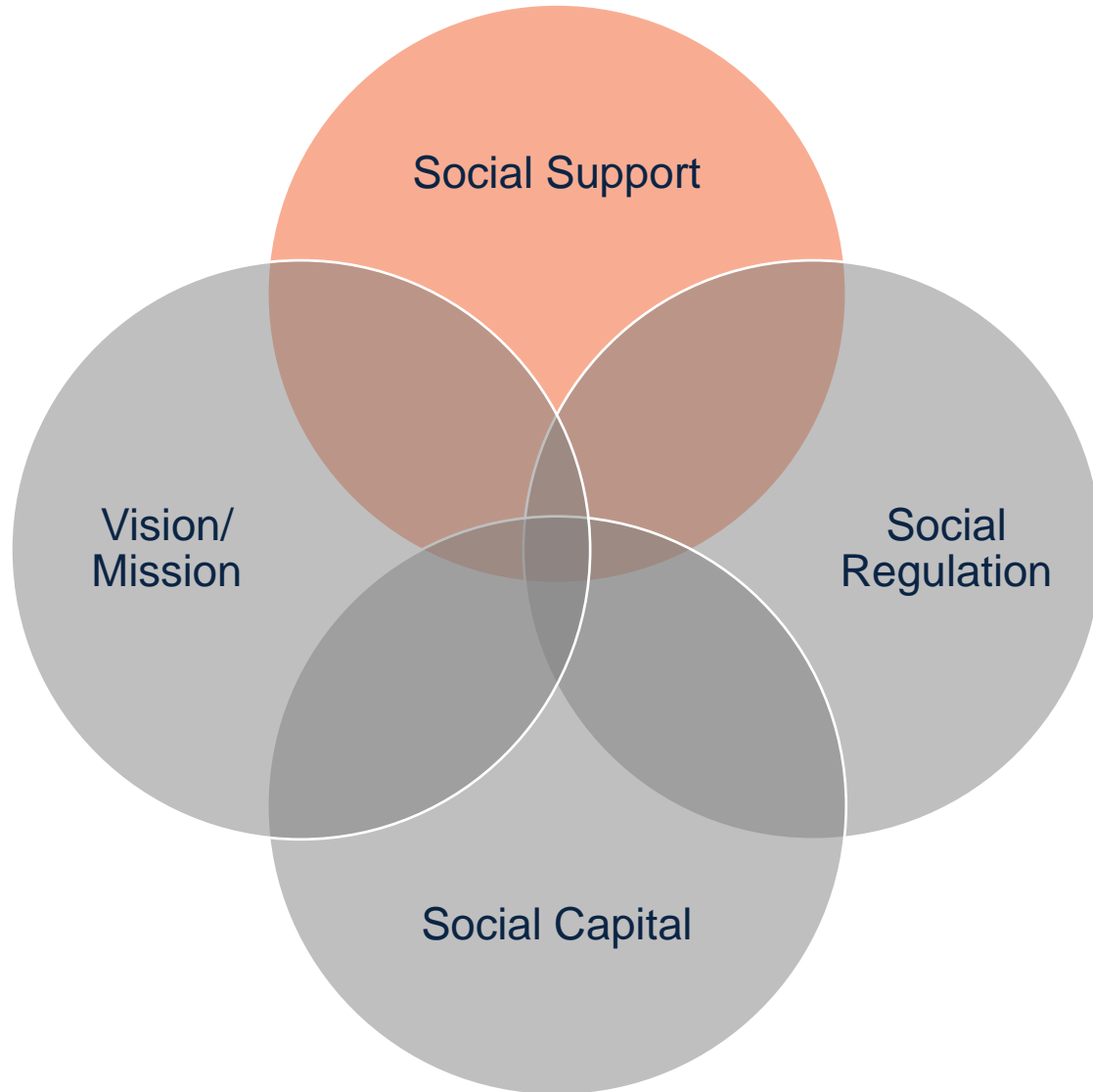
- **Debates about theologies of sexuality, new theological perspectives on pastoral care**
- **Advocacy— to faith communities, to those infected/affected, to the public at large**

Distinctive Characteristics of FBOs and Their Impact



All four dimensions are expressed in FBOs and in faith communities in distinctive ways; they are grounded in the context of religious beliefs and practices.

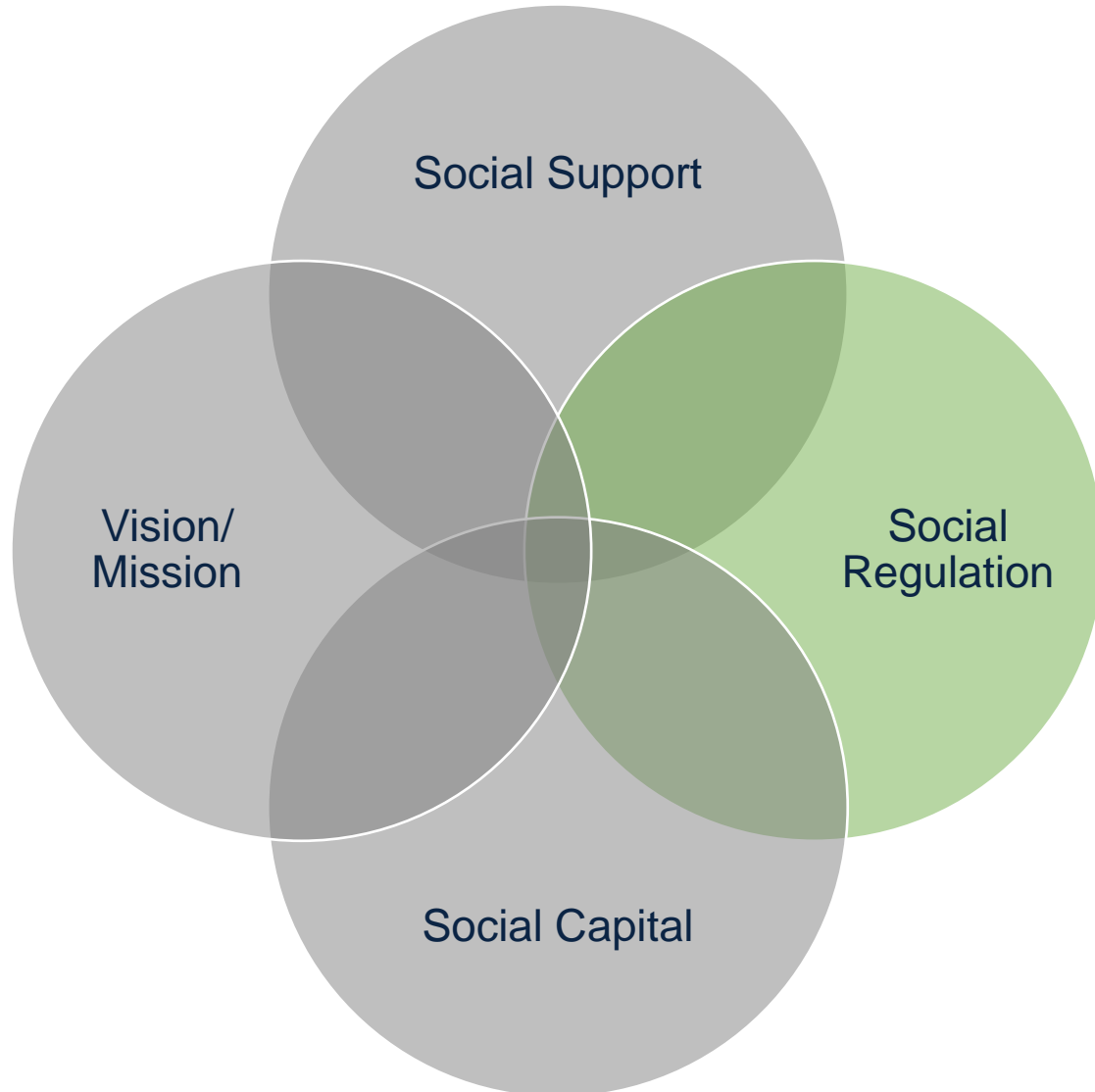
Distinctive Characteristics of FBOs and Their Impact



In regard to beliefs: Religious teachings can ground care for those in need– or they can be used to justify stigmatization

In regard to practices: Religious communities can offer support for people living with and/or affected by HIV; if they're not supportive, people living with HIV who are parts of those communities may expend significant energy to maintain a secret.

Distinctive Characteristics of FBOs and Their Impact

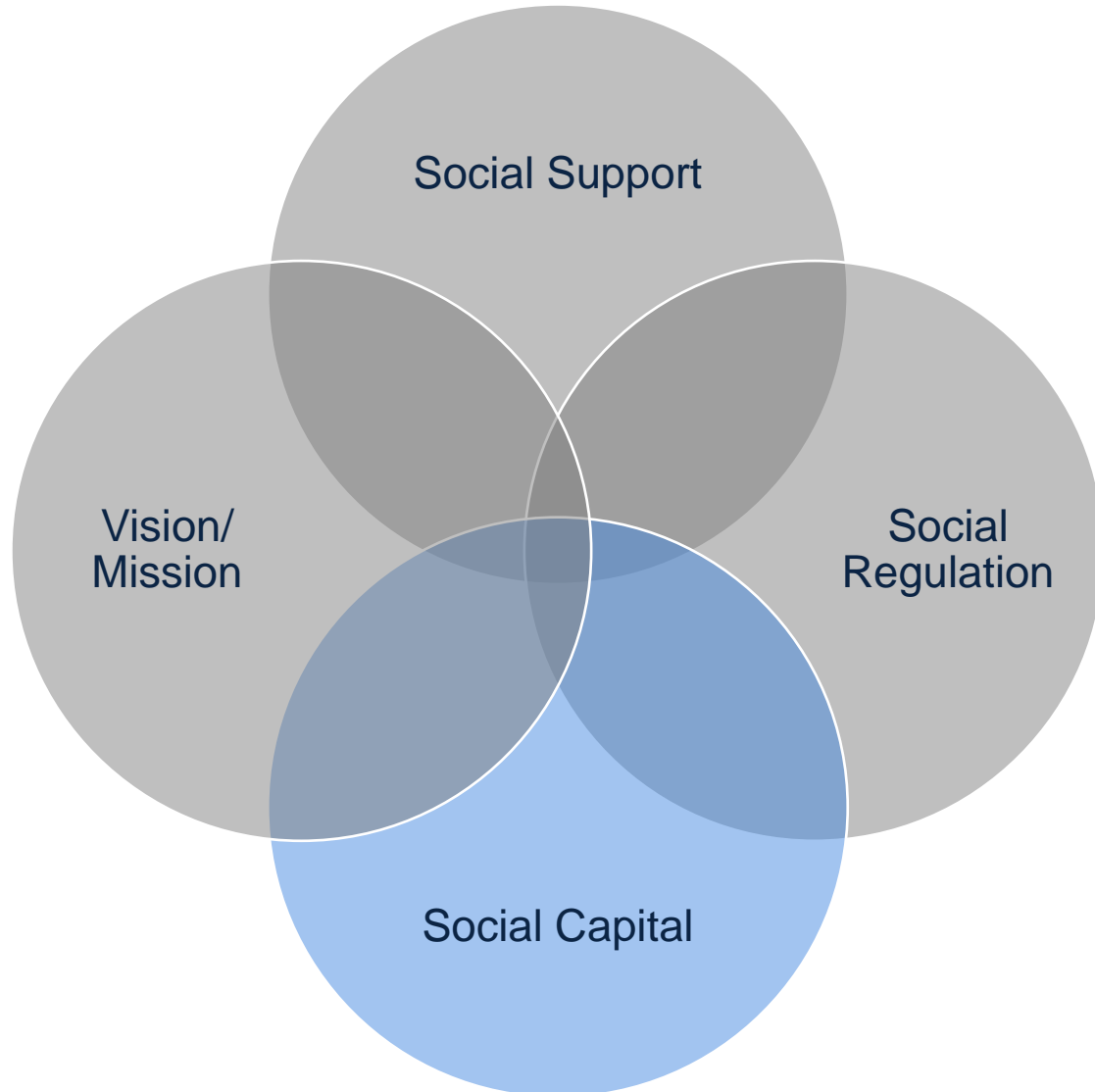


In regard to beliefs: moral teachings. They can be vary widely– from a clearly articulated vision of compassion to a perspective that people living with HIV are facing the consequences of their sinful behaviors

In regard to practices: creation of an ethos. Such beliefs are not merely individual; they shape social patterns and establish corporate commitments.



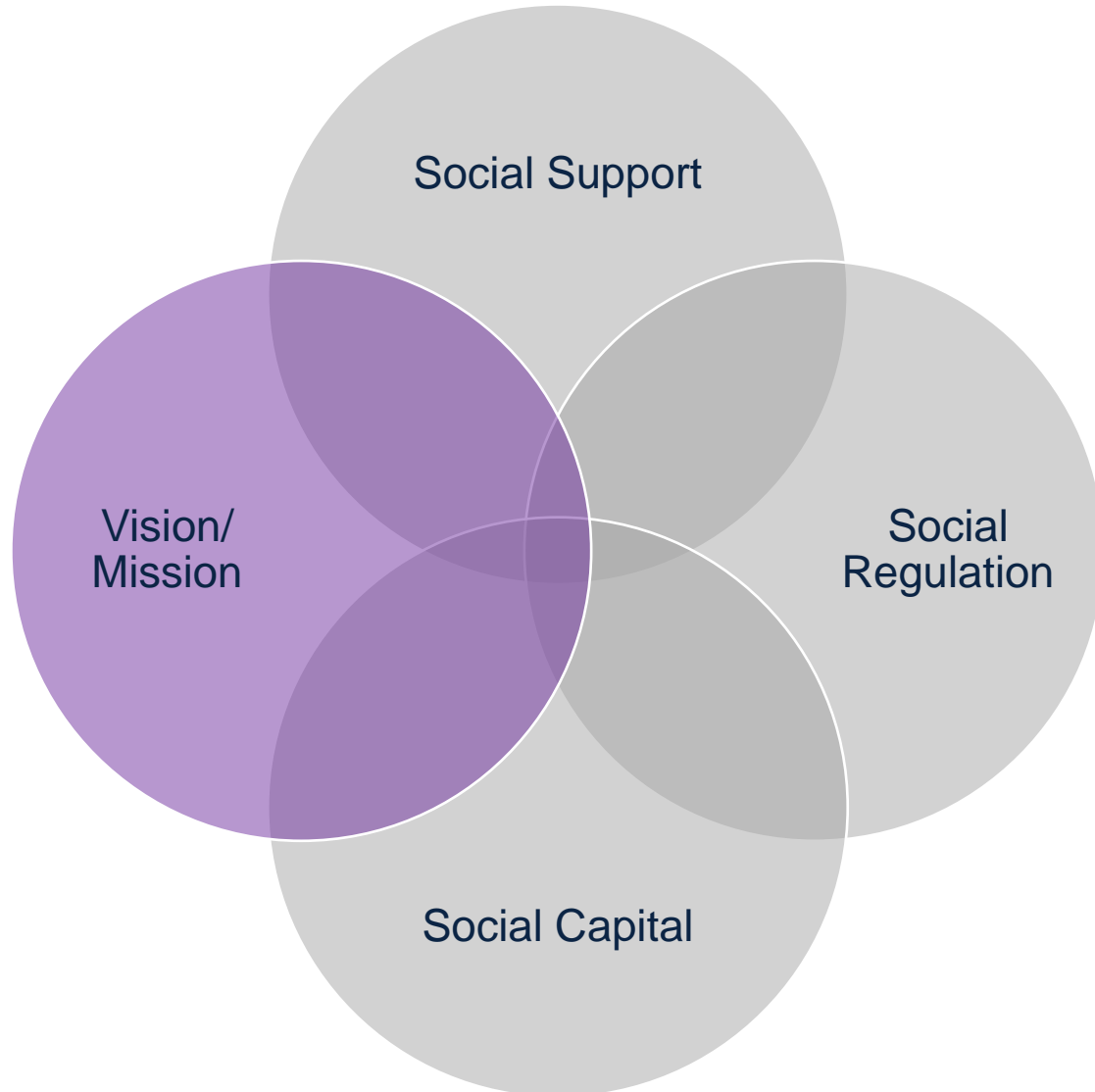
Distinctive Characteristics of FBOs and Their Impact



In regard to beliefs: Social relationships are created through and subsequently underwrite trust

In regard to practices: Relationships playing out across a faith community generate social networks, allowing for generation of material resources (financial support, volunteers, etc.) and for an advocacy role (in partnership with those living with HIV, in local faith communities, in the public-at-large)

Distinctive Characteristics of FBOs and Their Impact



In regard to beliefs: a vision and sense of mission are intrinsic to beliefs. They cannot be articulated with some form of belief in grounding commitments.

In regard to practices: Religious communities will differ significantly from other social institutions in regard to their motivation and their “staying power” in local communities that is not contingent on funding structures.

A Framework for Assessing Religion's Influence on HIV

1. Beliefs and practices
2. Organizational structure
3. Relationship to broader society
4. How individuals use religion to leverage power

A Framework for Assessing Religion's Influence on HIV:

1. Beliefs and practices

[This topic was examined earlier]

This theme examines the ways in which religious beliefs and relate to HIV prevention and treatment initiatives. Examples may include (but not be limited to):

1. religious teachings and doctrines on human sexuality and the kinds of sexual behaviors that are acceptable/unacceptable for people in a particular religious tradition,
2. religious prohibitions against condom use and the theological claims that underwrite such prohibitions, or
3. sermons that provide a theological frame exhorting people in a religious tradition to be loving and compassionate to people living with or affected by HIV (PLHIV). This theme also examines the relationships between people's religious beliefs and the variety of practices that are part of their lives (both religious and non-religious practices).

A Framework for Assessing Religion's Influence on HIV:

1. Beliefs and practices

The theme also looks at peoples daily life practices (both religious and non-religious) and the relationship between those practices and people's religious beliefs. It is important to note that beliefs and practices rarely completely align for anyone inside of any religious tradition but are best understood as a series of negotiations. Examples may include (but again not be limited to):

1. having a sexual relationship that is in tension with (or alignment with) the stated beliefs of a religious tradition,
2. choosing to use a condom or encouraging condom use even if you are part of a religious tradition that prohibits their use, or
3. showing kindness to a person living with HIV because your religious tradition teaches you to do so.

This theme provides insights into the effects of religious teachings on HIV programs and policies as well as the relationship between religious belief and practice at both individual and cultural levels.

A Framework for Assessing Religion's Influence on HIV:

2. Organizational structure

This theme has two dimensions. The first examines the structure and function of a religious community (e.g., a congregation, temple, or masjid) or faith-based organization. This first element is an internal analysis. How is the community or FBO organized? What is its organizational system? Who has authority? The second element examines the ways in which religious communities or faith-based organizations relate to religious authorities. Does a religious community have some freedom to determine its own policies and positions or is it beholden to following the dictates of religious doctrines and pronouncements of religious authorities?

A Framework for Assessing Religion's Influence on HIV:

2. Organizational structure

Faith-based responses to HIV often reveal some levels of tension among the activities of faith-based organizations working with PLHIV, the stated positions of religious authorities on theological issues related to HIV (e.g., condoms as a prevention tool), and local religious leaders or communities welcoming PLHIV. This theme examines the various ways in which FBOs and religious communities negotiate those tensions.

A Framework for Assessing Religion's Influence on HIV:

2. Organizational structure

Examples may include:

1. an FBO affiliated with Roman Catholicism offering condoms to program participants; is that FBO independent with its own elected board or is it a program of the ecclesial structure of the Roman Catholic church (in the US, the Catholic Medical Missions Board is an example of the former and Catholic Relief Services is an example of the latter)
2. a congregation or religious leader that is affirming of LGBTQI individuals when the religious authorities of that particular religious tradition may not offer such affirmation, or
3. the organizational capacities and limits of a small grassroots FBO that works very effectively in a specific context but may not have existing capacities to take their activities to a larger, national scale.
4. This theme is useful for understanding what kinds of FBOs, religious communities, and religious leaders are best suited to meet the needs of various groups of PLHIV at local or national levels.

A Framework for Assessing Religion's Influence on HIV:

3. Relationship to broader society

This theme examines the extent to which FBOs, religious leaders, and religious communities work with other leaders and organizations in the broader society. Some religious traditions believe such collaboration aligns with their mission while others believe in the importance of separating themselves from other organizations in order to protect themselves from errors in teaching or dangerous ideas that might threaten their own religious worldviews. These two very different positions reflect different theological ideas about the nature of the broader society in which a religious community exists.

A Framework for Assessing Religion's Influence on HIV:

3. Relationship to broader society

Examples may include:

1. a religious leader who serves as a spokesperson on the rights of PLHIV in public settings,
2. an FBO that chooses to work with a civil society organization to advocate on behalf of key populations, or
3. a religious leader who denounces Western models of HIV treatment as contrary to God's will.

This theme is useful how understanding how HIV prevention and treatment programs sponsored by governmental or by international donor organizations are perceived by religious communities and FBOs.

A Framework for Assessing Religion's Influence on HIV:

4. How individuals use religion to leverage power

This theme examines the ways in which PLHIV or their advocates use religious faith and practice to challenge the stigma that they face in their daily lives, even if such stigma is also grounded in religion.

A Framework for Assessing Religion's Influence on HIV:

4. How individuals use religion to leverage power

Some examples might include:

1. PLHIV forming their own religious communities or communal religious practices (e.g., a Bible study) because their local religious community doesn't speak about HIV,
2. decisions by PLHIV to leave one religious community and be part of a different religious community, or
3. the leader of an FBO that supports key populations making a religious or theological case for the organization's work knowing that such a position will elicit sharp disagreement from other leaders.

An analysis of this theme helps us understand the ways in which PLHIV may use religion to lessen stigma or a religious leader uses religious teachings to make a case to support PLHIV. Such efforts may even (in fact often do) involve using religion to respond to and refuse religious expression that is stigmatizing or condemning.

Distinguishing Between Anecdote and Evidence

• Social Support

- Various qualitative studies do indicate that faith-based providers enjoy greater trust when compared to providers from other sectors
 - > Lipsky, Alyson B. 2011. “Evaluating the Strength of Faith: Potential Comparative Advantages of Faith-based Organizations Providing Health Services in Sub Saharan Africa.” *Public Administration and Development* 31 (1):25-36.
 - > UNFPA (United National Population Fund). 2008. *Culture Matters: Lessons from a Legacy of Engaging Faith-based Organizations*. New York: UNFPA.

• Social Control

- > Epstein, Helen. 2007. *The Invisible Cure: Africa, the West and the Fight against AIDS*. New York: Farrar, Straus, and Giroux.
- > Evertz, Scott. 2010. *How Ideology Trumped Science: Why PEPFAR Failed to Meet its Potential*. Washington, DC: The Center for American Progress and the Council for Global Equality.
- > Abraham Kiprof Mulwo and Keyan G Tomaselli. 2010. “Sex, morality and AIDS: The perils of moralistic discourse in HIV prevention campaigns among university students,” in *Communicatio* 35(2): 295-314.

Distinguishing Between Anecdote and Evidence

Social Capital

• Capacity

- Services by FBHPs are supplemented by robust services at the community level and among local congregations
- Congregations can mobilize volunteers for community initiatives but such initiatives can be difficult to coordinate and measure their effects is difficult
 - > United Nations Children's Fund and World Conference of Religions for Peace. 2004. *Study of the response by faith-based organizations to orphans and vulnerable children.*

Distinguishing Between Anecdote and Evidence

Mission and Vision

- FBOs provide material support to poor individuals and families; most often through congregation structures.
 - > United Nations Children’s Fund and World Conference of Religions for Peace. 2004. *Study of the response by faith-based organizations to orphans and vulnerable children.*
- They may also provide program capacity to reach poor communities in contexts where governmental policies have presented structural challenges to providing care.
 - > Blevins, John. 2016. Are Faith-Based Organizations Assets or Hindrances for Adolescents Living with HIV? They’re Both. *Brown Journal of World Affairs* 22(2): 25-38.
- Financial support of HIV programs is substantial. Faith communities are estimated to provide \$5 billion for HIV programs annually, this equals the funding of all bilateral and multilateral donors.
 - > United Nations Children’s Fund. 2012. *Partnering with Religious Communities for Children.*
- Shifts in funding can be highly disruptive to FBHPs
 - > Blevins, John, Christoph Benn, and Sandra Thurman. 2016. “Supporting Religious Health Providers Through Global Funding Mechanisms.” *Review of Faith and International Affairs* 14, 2.

Distinguishing Between Anecdote and Evidence

A Framework for Assessing Religion's Influence on HIV:

1. Beliefs and practices

Alexander Rödlach, *Witches, Westerners, and HIV: AIDS and Cultures of Blame in Africa* (New York: Routledge, 2016).

Paul Germond and James Cochrane, "Healthworlds: Conceptualizing Landscapes of Health and Healing," in *Sociology* 44, no. 2 (2010): 307-324.

Distinguishing Between Anecdote and Evidence

A Framework for Assessing Religion's Influence on HIV: 2. Organizational structure

Shayna D. Cunningham, Deanna L. Kerrigan, Clear A. McNeely, and Jonathan M. Ellen, "The Role of Structure Versus Individual Agency in Churches' Responses to HIV/AIDS: A Case Study of Baltimore City Churches," *Journal of Religion and Health* 50, no. 2 (2011): 407-421.

Julia Berger, "Religious Nongovernmental Organizations: An Exploratory Analysis," *Voluntas: International Journal of Voluntary and Nonprofit Organizations* 14, no. 1 (2003): 15-38.

Distinguishing Between Anecdote and Evidence

A Framework for Assessing Religion's Influence on HIV: 3. Relationship to broader society

John Blevins, "When Sodomy Leads to Martyrdom: Sex, Religion, and Politics in Historical and Contemporary Contexts in Uganda and East Africa," *Theology and Sexuality* 17, no. 1 (2011): 51-74.

Ruth Prince, "Salvation and Tradition: Configurations of Faith in a Time of Death," in *Journal of Religion in Africa* 37 (2007): 84-115.

Distinguishing Between Anecdote and Evidence

A Framework for Assessing Religion's Influence on HIV: 4. How individuals use religion to leverage power

John Blevins and Peter Irungu, “ Different Ways of Doing Violence: Sexuality, Religion, and Public Health in the Lives of Same Gender-loving Men in Kenya,” in *Journal of the American Academy of Religion* 83, no. 4: 930-946.

Jarrett Zigon, “Morality and HIV/AIDS: a Comparison of Russian Orthodox Church and Secular NGO Approaches,” in *Religion, State, and Society* 37, 3 (2009): 311-325.

Discussion: What Role can Faith Communities Play in Addressing HIV/AIDS?

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