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Stigmatizing Attitudes towards People Living With HIV/AIDS: A Comparative Analysis of Religious Adherents of Urban Sprawling and Industrial Communities of Ghana

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Abstract
HIV related stigmatizing attitudes constitute one of the greatest stumbling blocks to the fight against the HIV epidemic the world over. The study examined the different levels of stigmatizing attitudes expressed by religious adherents of Orthodox, Pentecostal/Charismatic, African Independent Churches, Islam and African Traditional Religion in urban sprawling and industrial communities of Ghana. The study used structured questionnaire administered during forenoon services and snowball techniques to gather the information. An in-depth interview technique was also used to gather information from key informants on the topic.
The outcome of the research indicated that generally expressions of HIV related stigmatizing attitudes were high in the two study areas. While expressions of HIV related shame stigmatizing and judgmental attitudes tended to be higher in Ashaiman Municipality, Urban Sprawling community, expressions of fear of casual contact were the case in the Tema Municipality, an industrial community. In addressing this problem there is the need to educate religious adherents about the epidemic and to express love and compassion towards persons living with HIV/AIDS.

Key words: religious adherents, HIV-related shame stigma, judgmental Attitude, casual contact

1. Introduction

The global HIV/AIDS infection levels continue to be unacceptably high in the face of remarkable progress that has been made in the fight against the spread of the epidemic (UNAIDS, 2010). UNAIDS (2010), further asserts that in 2009, 33.3 million persons were living with the virus that causes AIDS worldwide. Sub-Saharan Africa's share of the global HIV burden, stood at 22.5 million people living with HIV/AIDS (PLWHA) as at the end of 2009, constituting 68% of the global total (UNAIDS, 2010). Negative attitudes, that is, stigmatization, towards

PLWHA is still pervasive throughout the world. This stigmatizing attitude has been part of the disease since its inception over the past 30 years (UNAIDS, 2007). Herek (1999) defines HIV related stigmatization as prejudice, discounting, discrediting, and discrimination directed at people perceived to have AIDS. Stigmatized individuals are believed to possess an attribute, characteristic or diagnosis that convey an inferior social identity and once obtained diminishes the worth of the individual (Goffman, 1963). Stigma marks people as different and as disgraced, denies individuals dignity, respect and the right to participate in their community. It may manifest itself in discriminatory and sometimes violent treatment of PLWHA, and their families (UNAIDS, 2011). Ogden and Nyblade (2005) identified the underlying causes of stigma as fear of infection from casual transmission of the disease caused by inaccurate understanding and knowledge of how HIV was transmitted or not, and secondly, the placement of blame and accusation of moral wrongdoing on those infected. HIV related stigma has profound implication for HIV prevention, treatment, care and support, as it reduces an individual's willingness to be tested for HIV, to disclose his/her status, to practice safer sex and to access health care (UNAIDS, 2011).

HIV-related stigmatizing attitudes are of persistent concern in developing countries, Ghana not an exception, as they have been shown to fuel the spread of the epidemic. Stigma and discrimination of PLWHA is relatively high in Ghana, as indicated by the 2008 Ghana Demographic and Health Survey. Generally, according the same survey, only 11 percent of adult females and 19 percent of adult males have accepting attitude toward PLWHA (Ghana Statistical Service, GHS, IFC Macro, 2009). Stigma and Discrimination exist at all levels: among individuals, in homes and communities and within institutions. These have been found to be a contributing factor for the low national HIV testing and counseling in the general population (17 percent in 2008), and the low antiretroviral therapy coverage for those who need it (32 percent in 2009) despite the frantic efforts aimed at making these services available (USAID/GHANA PEPFAR, 2011).

In addressing these challenges the government of Ghana, with support from funding agencies such as USAID, has used national campaigns as means to reduce HIV-related stigma and discrimination. It has launched a number programmes such as 'Reach Out and Show Compassion' and 'Who Are You to Judge, People Living with HIV/AIDS Are Just Like You' campaigns to address the problem of HIV/AIDS-related stigma (Antwi and Oppong, 2006). But it appears no significant headway has been made as stigmatizing attitudes continue be expressed towards PLWHA in the country (USAID/GHANA PEPFAR, 2011). It is strategic therefore to assess empirically the present state of stigmatization against PLWHA. This becomes even more imperative in a country whose response to HIV control has been very successful resulting in a recent down trend in terms of prevalence rates from 1.9 percent in 2007 through 1.7 percent in 2008 to 1.5 percent in 2010, as such issues as HIV related stigmatization may easily constitute a barrier in sustaining this gain. It is increasingly acknowledged, however, that effective prevention, treatment and care strategies require an understanding of the cultural context in which stigma exists (Campbell, 2007).

Within the cultural context of Ghana few studies have been carried out on HIV-related stigma, particularly in the context of the family, community and institutions in order to solicit understanding of the phenomenon. For instance Awusabo-Asare and Marfo (1997) in their work in Cape Coast revealed that there was general fear of infection among health workers as a

result of inadequate supply of basic protective items. Mills (2003) also explored the experiences of HIV sero-positive women receiving care in Accra and Agomanya. His study established that many women living with HIV/AIDS felt the need to hide their status because of perceived shame and disgrace surrounding the HIV infection. Finally, in their study of caregivers of PLWHA in Accra, Mwinituo and Mills (2006) found that caregivers experienced stigma and discrimination from health workers and family members. What is lacking is the assessment of the levels of stigmatization among the religious communities in Ghana. Human Sciences Research Council (HSRC) (2006) affirmed this when it asserted that there has been little research to investigate into stigma in the religious contexts – most research, however, have been targeting the general public, people living with HIV and AIDS, and health care workers. But it has generally been established that religion shapes the perceptions of its adherents towards others and how they interact with people living with HIV (Ecumenical Advocacy Alliance, 2006). It was against this background that the present study examined the HIV related stigmatizing attitudes of the people of Tema Metropolis and Ashaiman Municipality within their religious context.

Purpose of the study

The primary purpose of the study was to examine the extent of the forms or domains of HIV-related stigmatizing attitudes among religious adherents of Tema Metropolis and Ashaimain Municipality, as mediated through their religious affiliation, gender and level of education.
Specifically, the study assessed the levels of:
First, fear of casual transmission and refusal of contact with People Living with HIV/AIDS of religious adherents of the two study areas.
Secondly, shame related stigmatizing attitudes among religious adherents of the study areas
Thirdly, judgmental attitudes among religious adherents of the study areas
Finally, the study also was to identify the ways and means by which the negative stigmatizing attitudes could be addressed in the various religious settings.

2. Methodology

2.1. Study Setting

The study was situated in the two communities of Ashaiman Municipality, an urban sprawl, and Tema Metropolis, an industrial hub and the main harbour city of Ghana. The two study areas lie along the eastern coast of Ghana, about 30 kilometres away from Accra, the capital city of Ghana, with Ashaiman Municipality lying a little inland. While Tema Metropolis is planned with all the modern facilities that you can think of, Ashaiman Municipality is an unplanned community developed into an urban sprawl with all its associated problems of high illiteracy, crime and lack of parental supervision. With respect to population growth, Tema Metropolis has an estimated population of 387,045 with a growth rate of 2.6 per cent per annum (Tema Metropolitan Assembly, undated). Ashaiman Municipality, on the other hand, is the fastest growing township in West Africa with estimated population of 217,717 and a growth rate of 4.6 per cent per annum (Ashaiman Municipal Assembly, 2008). The two communities have numerous religious groups which co-exist peacefully, with the Pentecostals constituting the largest group followed by the Protestants.

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The choice of Tema Metropolis and Ashaiman Municipality therefore provides quite contrasting geographic background in terms of their populations, level of provision of social services, social and economic backgrounds of the inhabitants. This was to ensure wide range of varied responses as much as possible to enrich the study.

2.2. Sources of data

The data for this research were secured from an interview carried out by the researcher in the two study areas in 2010.

2.3. Research instrument

The main research instruments used were self-administered questionnaire administered to religious adherents of the religious traditions understudy. Most of the questions were in the form of hypothetical questions, which religious adherents responded in a way they thought were applicable to them. The structured questionnaire, apart from capturing the demographic characteristics of the respondents, also measured the following:

i. Fear of casual transmission and refusal of contact with PLWHA: This was assessed through the following questions:
   a. Would you be afraid of getting HIV if you cared for a person living with HIV?
   b. Would you be afraid of getting HIV if you sat next to an HIV positive person?
   c. Would you be afraid of getting HIV if you were exposed to the sweat of an HIV positive person?
   d. Would you be afraid of getting HIV if you were exposed to the saliva of an HIV person?

ii. HIV-related Shame Stigma: The indicators used to measure this were:
   a. People with HIV should be ashamed of themselves
   b. I would be ashamed if someone in my family had HIV/AIDS
   c. I would feel ashamed if I was infected with HIV

   The indicators or statements used under fear of casual transmission and the HIV-related shame stigma were constructed into indices. This enabled the researcher to capture the complexities of HIV related stigma which could not be captured by a single question. The index so constructed tended to offer greater precision and validity (Netemeyer et al., 2003).

iii. Judgmental Attitude : This attitude of respondents towards PLWHA was assessed by giving the respondents the chance to indicate whether they agree or not with the following beliefs:
   a. Persons living with HIV/AIDS are being punished by God.
   b. Persons living with HIV/AIDS are not good Christians/Muslims or worshippers of God or Alla.

   An in-depth interview was also carried out using an interview guide involving key informants of the study.

2.4. Study Population

The study population was made up of the following categories of people:

a. Religious adherents of the following religious traditions found in the study areas: Orthodox Churches (Presbyterian, Methodist, Catholic and Anglican Churches), Pentecostal/Charismatic Churches (Pentecost, Assemblies of God, Apostolic Churches), African Independent Churches

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(AIC) made up of Kristo Asafo, African Faith Tabernacle and Church of the Lord, Islam (Ahmadiyya and the Sunni) and African Traditional religion (ATR) who worship the Supreme Being through the lesser gods).

b. Key informants: These were people who were policymakers in the religious organizations and were in a position to state their organization's stand on HIV/AIDS. They also included the Presidents of PLWHA associations, Focal persons of HIV and medical personnel of the two areas.

2.5. Sampling procedure and Determination of sample size

A multi-staged sampling method comprising purposive and convenience sampling methods as well as stratification procedures were employed to sample 100 religious adherents from Ashaiman Municipality and 150 religious adherents from Tema Metropolis. The sample sizes were chosen to reflect relative populations of the study areas as by 2000 population census of Ghana.

3. Analysis of data and Presentation

The quantitative data for the research were analyzed using the SPSS package. The data thereof were presented in the form of tables and bar charts. The HIV related stigmatizing attitudes of religious adherents towards PLWHA in the two study areas were examined in the light of the indices constructed as well as the individual questions that made up the indices with respect to religious affiliation, level of education and gender. This was to ensure an in-depth analysis.

4. Limitations

The research was faced with a number of challenges.

Firstly, in measuring HIV related stigma, hypothetical questions were used. But the problem is that such questions tend to suffer from biases due to the possibility of respondents providing responses that are socially acceptable rather than being correct.

Secondly, matters relating to HIV/AIDS also tend to be sensitive and respondents may end up not giving correct answers but socially acceptable answers. These problems are no doubt applicable to the present research.

Thirdly, the study did not probe into the reasons why religious adherents of the study areas exhibited stigmatizing attitudes. This therefore limits our ability to make research based recommendations regarding how best to reduce stigma, as stigma cannot be eliminated without taking into an account the reasons why people stigmatize.

5. Results and Discussions

5.1. Fear of HIV transmission by Casual Contact with PLWHA

The fear of HIV transmission by casual contact of respondents with PLWHA in the two study areas was discussed by looking at the index constructed as well as the individual parameters that constituted it.

In Table 1 using the index, more respondents in the Tema Metropolis (74%) were likely to express fear of HIV transmission by casual contact, for that matter stigmatizing attitude, than respondents from Ashaiman Municipality (63%). These figures are no doubt higher than the one

recorded among religious adherents in Tanzania at 56.2 percent (Zou et al., 2009). The lower percentage of respondents expressing fear of HIV transmission by casual contact with PLWHA (that is, stigmatizing attitudes), in Ashaiman Municipality could be due to the fact that respondents in Ashaiman Municipality might have been exposed more to PLWHA in their daily lives and might have come to know that mere physical contact did not constitute threat of infection. This was supported by the fact that incidence of HIV in the Ashaiman Municipality was higher than in Tema Metropolis according to hospital records. Most respondents also might have been educated about the HIV as they played the role of care givers to PLWHA.
In terms of dominations, more African Traditional worshippers (100%), Muslims (83.3%) and respondents of Orthodox Churches (82.8%) were likely to express fear of HIV transmission by casual contact with PLWHA (that is, stigmatizing attitudes) than the other adherents in Tema Metropolis as shown in Table 1.

TABLE 1: RESPONDENTS' FEAR OF HIV TRANSMISSION BY CASUAL CONTACT WITH PLWHA BY RELIGIOUS TRADITION USING INDEX

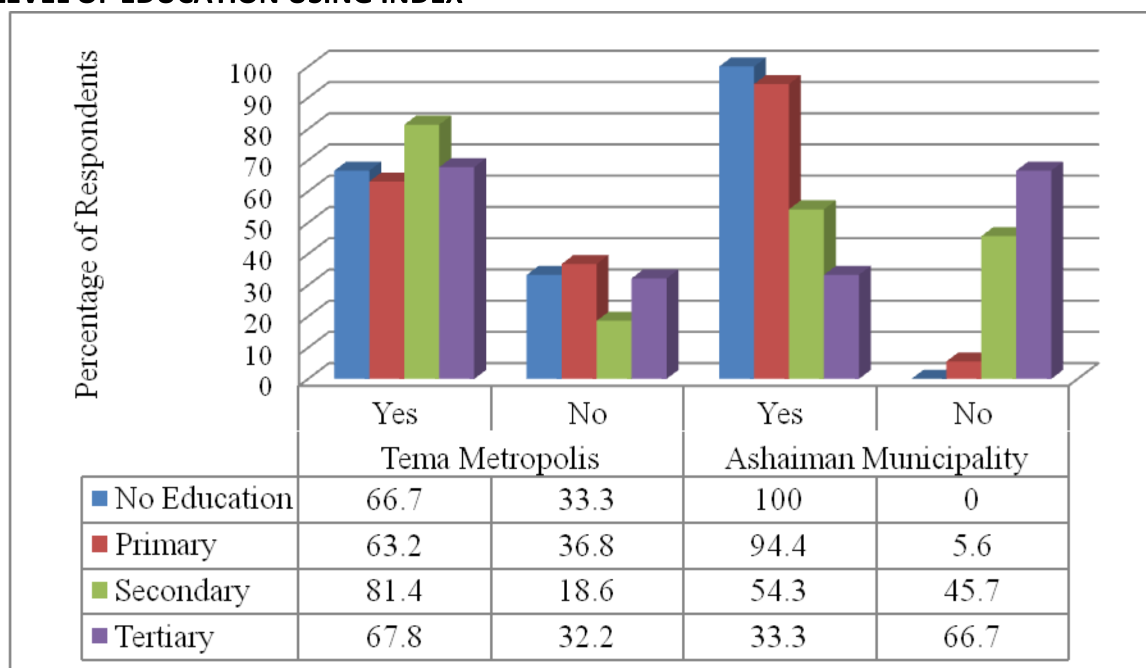
RELIGIOUS TRADITION	TEMA METROPOLIS		ASHAIMAN MUNICIPALITY	
	YES	NO	YES	NO
Orthodox Churches	82.8% (48)	17.2% (10)	53.7% (22)	46.3% (19)
Pentecostal/Charismatic	57.4% (31)	42.6% (23)	58.8% (20)	41.2% (14)
African Independent Churches (AIC)	77.8% (14)	22.2% (4)	85.7% (12)	14.3% (2)
Islam	83.3% (10)	16.7% (2)	62.5% (5)	37.5% (3)
African Traditional Religion (ATR)	100% (8)	0% (0)	100% (5)	0% (0)
Total	74.0% (111)	26.0% (39)	63% (63)	37% (37)

SOURCE: FIELDWORK, 2010

In the case of Ashaiman Municipality, it was respondents of African Tradition Religion and African Independent Churches at 100 percent and 85.7 percent respectively who were likely to exhibit stigmatizing attitudes. These high tendencies of expressing fear of HIV transmission by casual contact could be due to lack of knowledge about the disease as a result of lack of teaching. This is supported by Nyblade et al. (2005) in their work in Tanzania where it was established that a decreased fear of casual transmission of HIV occurs with a higher educational level.

An examination of fear of HIV transmission by casual contact with PLWHA using index by education appeared to show that there was a relationship between the two parameters as shown in Figure1. Respondents with higher levels of education were less likely to express fear of HIV transmission by casual contact with PLWHA (that is, stigmatizing attitude), particularly in the case of Ashaiman Municipality. For instance at the tertiary level, 33.3 percent of respondents expressed fear of HIV transmission by casual contact with PLWHA as against all the respondents (100 percent) who did not have education. In the case of Tema Metropolis, there appeared to be no clear relationship between the level of education and fear of HIV transmission by casual contact as shown in the Figure 1.

FIGURE 1: RESPONDENTS' FEAR OF HIV TRANSMISSION BY CASUAL CONTACT WITH PLWHA BY LEVEL OF EDUCATION USING INDEX



	Tema Metropolis		Ashaiman Municipality	
	Yes	No	Yes	No
No Education	66.7	33.3	100	0
Primary	63.2	36.8	94.4	5.6
Secondary	81.4	18.6	54.3	45.7
Tertiary	67.8	32.2	33.3	66.7

SOURCE: Fieldwork, 2010 Note: Figures presented in percentages

With respect to the two tables (Tables 2 and 3), across all the educational levels more respondents expressed fear of HIV transmission by casual contact with saliva than sitting next to PLWHA. For instance in Tema Metropolis, the proportion of respondents expressing fear of exposure to saliva ranged from over 50 percent to 60 percent with overall percentage being 61 percent. In Ashaiman Municipality, all the respondents with no education expressed fear of HIV transmission by casual contact to saliva. This means that more respondents in spite of their educational background did not understand the fact that exposure to saliva per se do not cause HIV/AIDS infection. This calls for more education on HIV transmission in our religious organizations. With respect to education, respondents with higher level of education were more willing to take care of PLWHA than those with lower levels of education. This was particularly so in Ashaiman Municipality. A similar relationship was established between level of education and willingness to take care of PLWHA in the 2008 Ghana Demographic and Health

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Survey (GDHS) (Ghana Statistical Service, Ghana Health Service (GHS), and IFC Macro 2009). Raising the level of education of the populace would no doubt help erase stigmatization against PLWHA.

TABLE 2: RESPONDENTS' FEAR OF HIV TRANSMISSION BY CASUAL CONTACT WITH PLWHA BY LEVEL OF EDUCATION IN TEMA METROPOLIS USING INDIVIDUAL QUESTIONS

LEVEL OF EDUCATION	INDIVIDUAL QUESTIONS							
	WILL YOU BE AFRAID IF YOU CARED FOR PLWHA?		WILL YOU BE AFRAID IF YOU SAT NEXT TO PLWHA?		WILL YOU BE AFRAID IF YOU ARE EXPOSED TO THE SWEAT OF PLWHA?		WILL YOU BE AFRAID IF YOU ARE EXPOSED TO THE SALIVA OF PLWHA?	
	YES	NO	YES	NO	YES	NO	YES	NO
No Education	33.3% (2)	66.7% (4)	0 % (0)	100 (6)	33.3% (2)	66.7 (4)	66.7% (4)	33.3% (2)
Primary	(10)	52.6% (10)	5.3% (1)	94.7% (18)	21.1% (4)	78.9 (15)	52.6% (10)	47.4 (9)
Secondary	(20)	66.1% (39)	6.8% (4)	93.2% (55)	45.8% (27)	54.2 (32)	62.7% (37)	37.3 (22)
Tertiary	(15)	74.1% (43)	8.6% (5)	91.4% (53)	19.3% (11)	80.7 (46)	62.1% (36)	37.9 (22)
Total	(47)	67.6% (96)	7.0 % (10)	93.0% (132)	32.1% (44)	68.8 (97)	61.3% (87)	38.7% (55)

SOURCE: Fieldwork, 2010

TABLE 3: RESPONDENTS' FEAR OF HIV TRANSMISSION BY CASUAL CONTACT WITH PLWHA BY LEVEL OF EDUCATION IN ASHAIMAN MUNICIPALITY USING INDIVIDUAL QUESTIONS

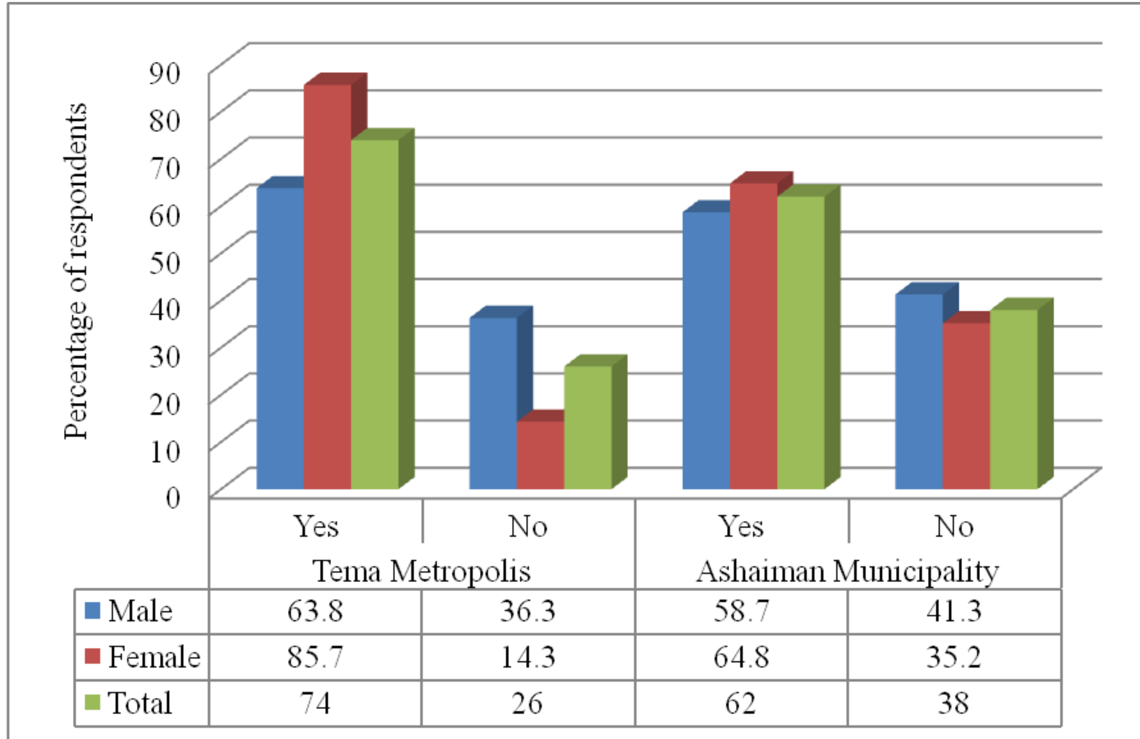
LEVEL OF EDUCATION	WILL YOU BE AFRAID IF YOU CARED FOR PLWHA?		WILL YOU BE AFRAID IF YOU SAT NEXT TO PLWHA?		WILL YOU BE AFRAID IF YOU ARE EXPOSED TO THE SWEAT OF PLWHA?		WILL YOU BE AFRAID IF YOU ARE EXPOSED TO THE SALIVA OF PLWHA?	
	YES	NO	YES	NO	YES	NO	YES	NO
No Education	66.7% (8)	33.3% (4)	66.7% (8)	33.3% (4)	58.3% (7)	41.7% (5)	100 % (12)	0% (0)
Primary	66.7% (12)	33.3% (6)	55.2% (7)	44.4% (8)	72.2% (13)	27.8% (5)	72.2% (13)	27.8 % (5)
Secondary	(14)	68.9% (31)	15.2% (7)	84.8% (39)	30.4% (14)	69.6% (32)	37.0% (17)	63.0 % (29)
Tertiary	8.3 % (2)	91.7% (22)	0% (0)	100% (24)	4.2% (1)	95.8% (23)	29.2% (7)	70.8 % (17)
Total	36 % (36)	64% (64)	25% (25)	75% (75)	35% (35)	65% (65)	49% (49)	51% (51)

SOURCE: Fieldwork, 2010

In terms of gender, more females were likely to express fear of HIV transmission by casual contact with PLWHA (that is, stigmatizing attitude) than males in the two study areas as shown in Figure 2. For instance, in Tema Metropolis, percentage of female respondents was 85.7 percent as against 63.8 percent of males. In the case of Ashaiman Municipality, percentage of female respondents was 64.8 percent as against 58.7 percent of their male counterpart. The idea of females more likely to express fear of HIV transmission by casual contact was also noticed in a study done in Tanzania, where the percentage for females stood at 57.4 percent as against 54.7 percent for males (Zou et al., 2009). One would have expected that since women more often tended to be caregivers for PLWHA their daily exposure to the disease might have

led to eradication of any fear of HIV transmission by casual contact with PLWHA (that is, stigmatization).

FIGURE 2: RESPONDENTS' FEAR OF HIV TRANSMISSION BY CASUAL CONTACT WITH PLWHA BY GENDER USING INDEX



	Tema Metropolis Yes	Tema Metropolis No	Ashaiman Municipality Yes	Ashaiman Municipality No
Male	63.8	36.3	58.7	41.3
Female	85.7	14.3	64.8	35.2
Total	74	26	62	38

SOURCE: Fieldwork, 2010 NOTE: Figures presented in percentages

A look at the individual parameters constituting the index by gender (see Table 4) showed that more females expressed fear of HIV transmission of casual contact in respect to the all indicators used compared to their male counterparts in both study areas. For instance in Tema Metropolis, 44.9 percent females were afraid of caring for PLWHA as against 21.3 percent of their male counterpart. In Ashaiman Municipality, while 40.7 percent of females were afraid to care for PLWHA, 31.1 percent of males were also afraid to attend to PLWHA for fear of infection. The implication of this is that females in the two study areas were more likely to express stigmatizing attitudes toward PLWHA than the males in the study areas.

It should be noted, however, that over 50 percent of both male and female respondents in the two study areas were not afraid of taking care of PLWHA. Thus the study showed that religious adherents were generally supportive of taking care of PLWHA. The study therefore appeared to support the findings of 2008 GDHS where 78 percent of males as well as 74.5 percent of females of Ghanaians were willing to care for PLWHA (Ghana Statistical Service, Ghana Health Service (GHS), and IFC Macro 2009). But the fact that the percentage of respondents willing to care for PLWHA in the 2008 GDHS was higher than those of the study areas was an indication to the fact that stigmatization of PLWHA might be higher in religious communities than in Ghana as a whole. This situation is unacceptable as religious laws prohibit stigmatization,

discrimination, prejudice and ill-treatment (Solomon, 1996), and the major religious traditions are supposed to encourage compassion and care for PLWHA (Ravesloot, 2004).

An examination of the individual parameters constituting the index also showed that in both study areas more respondents expressed fear of HIV transmission with casual exposure to saliva and then followed by sweat. For instance, in Tema Metropolis more female respondents (71%) expressed fear of HIV transmission by casual exposure to saliva compared with their counterpart in Ashaiman Municipality (50%). In the case of exposure to sweat, 38 percent of female respondents in Tema Metropolis expressed fear of HIV transmission compared to 42.6 percent among their counterpart in Ashaiman Municipality. The bases for their fear might have been informed by the fact that the HIV and AIDS virus live in body fluids including the sweat and the saliva. But research has shown that the amounts of virus in them are not in infectious concentrations (Ghana Social Marketing Foundation International, undated).

TABLE 4: RESPONDENTS' FEAR OF HIV TRANSMISSION BY CASUAL CONTACT WITH PLWHA BY GENDER USING THE INDIVIDUAL QUESTIONS

WILL YOU BE AFRAID IF YOU	TEMA METROPOLIS				ASHAIMAN MUNICIPALITY			
	MALE		FEMALE		MALE		FEMALE	
	YES	NO	YES	NO	YES	NO	YES	NO
Cared for PLWHA?	21.3% (17)	78.8% (63)	44.9% (31)	55.1% (38)	31.1% (14)	68.9% (31)	40.7% (22)	59.3% (32)
Sat next to PLWHA?	6.3% (5)	93.8% (75)	10.1% (7)	89.9% (62)	23.9% (11)	76.1% (35)	25.9% (14)	74.1% (40)
Exposed to the sweat of PLWHA?	26.3% (21)	73.8% (59)	38.2% (26)	61.8% (42)	26.1% (12)	73.9% (34)	42.6% (23)	57.4 % (31)
Exposed to the saliva of PLWHA?	56.3% (45)	43.8% (35)	71.0% (49)	29.0% (20)	47.8% (22)	52.2% (24)	50% (27)	50% (27)

SOURCE: Fieldwork, 2010

In summary, the fact that varying percentage of respondents in the two study areas expressed fear of HIV transmission by casual contact in respect to the indicators used meant that they were likely to express stigmatizing attitude of fear towards People Living with HIV/AIDS.

5.2. Respondents' Attitude of HIV-Related Shame Stigma

The Table 5 examines the HIV related stigmatizing attitudes of the religious adherents of the two areas due to shame.

TABLE 5: ADHERENTS' EXPRESSION OF HIV RELATED SHAME STIGMA BY RELIGIOUS AFFILIATION USING INDEX

RELIGIOUS AFFILIATION	HIV-RELATED STIGMA-INDEX	
	TEMA METROPOLIS	ASHAIMAN MUNICIPALITY
Orthodox Churches	60.3% (35)	65.8 % (25)
Pentecostal/Charismatic	46.3% (25)	56.8% (21)
A IC	61.1% (11)	50.0% (5)
Islam	25.0% (3)	55.6% (5)
AT R	100% (6)	100% (8)
Total	54.7% (82)	62.0% (62)

SOURCE: Fieldwork, 2010

From Table 5, it could be deduced that religious adherents of Ashaiman Municipality were more likely to express HIV related shame stigma compared to their counterpart in Tema Metropolis. This is shown by the HIV related shame stigma index of 62 percent for Ashaiman Municipality as against 54.7 percent for Tema Metropolis.

In terms of denomination, all adherents (100%) of African traditional religion were more likely to express HIV related stigma in both study areas. Moslems (25%) in Tema Metropolis and adherents of African Independent Churches (50%) in Ashaiman Municipality, on the other hand, were less likely to express HIV related stigma than adherents of other religions.

With respect to level of education, it appears to be a relationship between the expression of HIV-related stigma and the level of education of the one expressing it. This was well illustrated by the responses of the religious adherents of the two study areas as shown in Table 6.

In both Tema Metropolis and Ashaiman Municipality, respondents with lower educational status were more likely to exhibit HIV related shame stigma than those with higher level of

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education. For instance in Tema Metropolis all respondents (100%) with no education expressed shame stigma compared with 45.5 percent of respondents with tertiary education.

TABLE 6: RESPONDENTS' EXPRESSION OF HIV RELATED SHAME STIGMA BY LEVEL OF EDUCATION USING INDEX

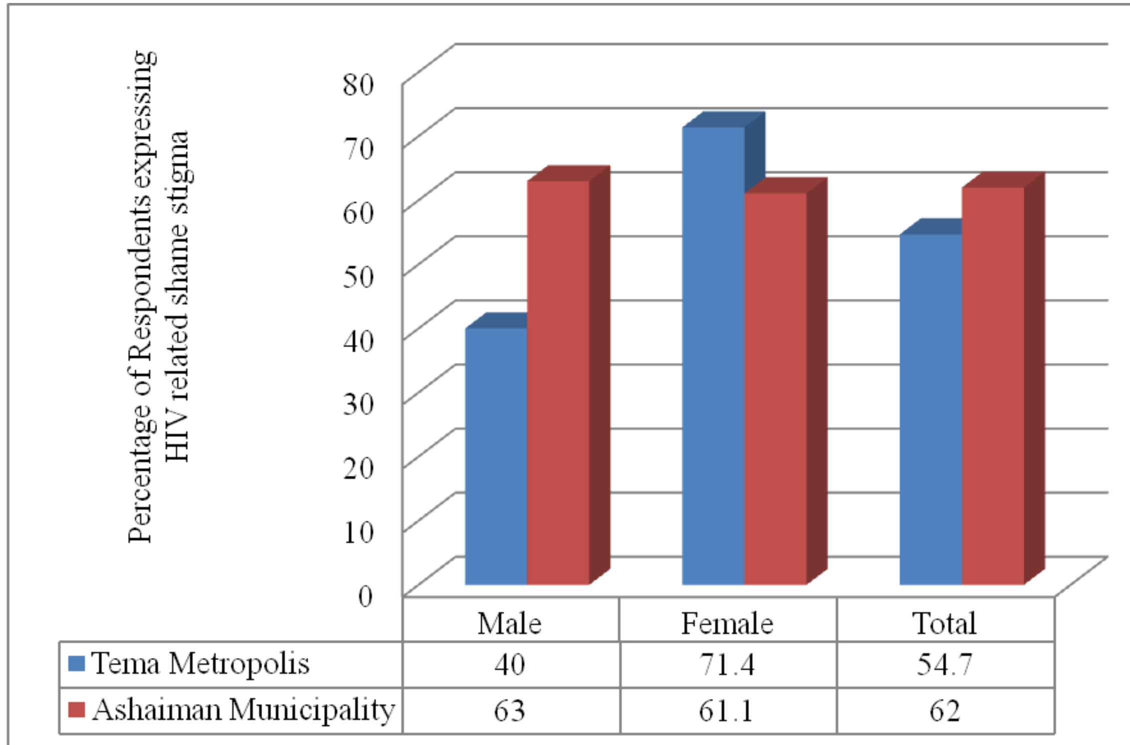
LEVEL OF EDUCATION	TEMA METROPOLIS	ASHAIMAN MUNICIPALITY
No Education	100% (6)	91.7%(11)
Primary	57.9% (11)	88.9% (16)
Secondary	57.6% (34)	63.0% (29)
Tertiary	45.5% (27)	25.0% (6)
TOTAL	54.5% (78)	62%(62)

SOURCE: Fieldwork, 2010

In case of Ashaiman Municipality, 91.7 percent of respondents with no education expressed HIV related stigma compared to 25 percent of respondents with tertiary level of education. This finding is in line with the findings of the 2003 Ghana Demographic Health Survey where male and female respondents with higher levels of education were more likely to express acceptable attitudes towards PLWHA than those with lower levels of education (Ghana Statistical Service and Macro-International, 2004). The implication is that higher level of education exposes one to a better knowledge of HIV which may cause one not to express stigmatizing attitude towards those living with the virus (Maughan Brown, 2006).

From gender perspective, more female adherents (71.4%) in Tema Metropolis tended to express HIV related shame stigma compared to their male counterpart (40%). This finding confirms an earlier work done in Ghana, for according to the 2003 Ghana Demographic and Health Survey, only 15 percent of men and 8 percent of women were found to have accepting attitudes towards PLWHA (Ghana Statistical Service and Macro-International, 2004). It, however, contradicts an earlier study in South Africa which established that female respondents were less stigmatizing because of their gender roles as caregivers in families (Visser et al., 2006). In the case of Ashaiman Municipality, nearly the same percentage for male and female respondents expressed HIV related shame stigma, which was, 63 percent and 61 percent respectively. The Figure 3 illustrated this.

FIGURE 3: HIV-RELATED SHAME STIGMA BY GENDER USING INDEX



SOURCE: Fieldwork, 2010 NOTE: Figures presented in percentages

A closer examination of the individual parameters that composed this particular index (see Table7) showed that 24.2 percent of religious adherents of Tema Metropolis were likely to express shame related stigma towards PLWHA for their infection, 28.2 percent were likely to be ashamed if a family member was infected and 49 percent were also likely to feel ashamed if they themselves were to be infected with the virus.

TABLE 7: HIV RELATED STIGMA USING THE INDIVIDUAL PARAMETERS (RELIGIOUS ADHERENTS' SHAMING ATTITUDES)

PARAMETERS	TEMA METRO-POLIS	ASHAIMAN MUNICI-PALITY	ANGLICAN CHURCHES OF SOUTHERN AFRICA*	TANZANIA**
I would feel ashamed if infected with HIV	49.0% (73)	54% (54)	46.5%	38.9%
I would be ashamed if a family member were infected	28.2% (42)	37% (37)	34.7%	29.4%
PLWHA should be ashamed Of themselves	24.2% (36)	37.0% (37)	22.3%	35.2%

SOURCE: Field work, 2010 * HSRC (2006) ** Nyblade et al. (2005)

In the case of Ashaiman Municipality, religious adherents were more likely to express shame if they were to become infected (54%) than expressing shame if a family member was to be infected (37%) as well as shaming PLWHA (37%) for their situation. This means that more respondents in Ashaiman Municipality were likely to express shame related stigma in all the indicators used than their counterpart in Tema Metropolis. This might be due to the fact that the educational level of respondents of Ashaiman Municipality used in this study was lower compared to that of the Tema Metropolis. This study therefore supports the finding that people with lower level of education tend to exhibit HIV-related stigmatization (Ulasi et. al., 2009).

What was quite clear also was that more respondents were likely to express self-directed stigmatization in the two study areas. For instance, in Tema Metropolis, 49 percent of respondents agreed that they would feel ashamed if they became infected with the virus as against 54 percent of respondents in Ashaiman Municipality. The high incidence of self-directed stigmatization has also been noted in the Anglican Churches of Southern Africa (HSRC, 2006) and in Tanzania (Nyblade et al. 2005). The idea of self-directed stigmatization could lead PLWHA to withdraw from social settings such as their religious communities (Alonzo and

Reynolds 1995) and therefore cannot be reached with HIV/AIDS information and educational campaigns (AIDS Action, 2004).
From Table 7, the present study also compared favourably with other studies in Southern Africa and Tanzania. For instance, on the proposition that PLWHA are to be ashamed of themselves, the percentage of 24 for Tema Metropolis compared favourably with 22 percent for religious adherents of Anglican Churches in Southern Africa (HSRC, 2006). The implication is that there is the need to address stigmatization as the expressions of shaming attitudes are quite prevalent in the religious communities of the study areas.

5.3. Blaming or Judgmental Attitudes of Respondents

Solomon (1996) affirms that religious traditions are to extend a non-judgmental respectful concern and kindness to all, including those affected by HIV/AIDS. The respondents in our study areas did not only show fear and shaming attitudes toward PLWHA as seen above, they also exhibited blaming or judgmental attitudes toward PLWHHA. This attitude was examined with respect to the responses of respondents as to whether HIV is a punishment from God and whether PLWHA have followed the word of God or Allah.

5.3.1. HIV as a Punishment from God

The Table 8 shows the perceptions of religious adherents in Tema Metropolis and Ashaiman Municipality on the belief that HIV/AIDS is punishment from God.
Overall, 31 percent of the religious adherents in Ashaiman Municipality believed that HIV was a punishment from God compared to 25.5 percent of adherents from Tema Metropolis. However, in the Tema Metropolis as many as 48.3 percent could not believe that HIV/AIDS was a punishment from God compared to 37 percent of the respondents in the Ashaiman Municipality.

TABLE 8: PERCEPTIONS OF RESPONDENTS ON BELIEF THAT HIV/AIDS IS A PUNISHMENT FROM GOD BY RELIGIOUS AFFILIATION

RELIGION	TEMA METROPOLIS			ASHAIMAN MUNICIPALITY		
	AGREE	NEUTRAL	DISAGREE	AGREE	NEUTRAL	DISAGREE
Orthodox	19.3%(11)	17.5% (10)	63.2% (36)	21.1%(8)	44.7% (17)	34.2% (13)
Pentecostal/ Charismatic	20.4%(11)	29.6(% 16)	50.0% (27)	40.5(15)	24.3% (9)	35.1% (13)
AIC	50.0% (9)	22.2% (4)	27.8% (5)	20.0%(2)	20.0% (2)	60.0% (6)
Islam	16.7% (2)	50.0% (6)	33.3% (4)	11.1%(1)	33.3% (3)	55.6% (5)
ATR	62.5% (5)	37.5% (3)	0.0% (0)	83.3%(5)	16.7% (1)	0.0% (0)
Total	25.5%(38)	26. % 2(39)	48.3%(72)	31.0(31)	32.0% (32)	37.0% (37)

SOURCE: Fieldwork, 2010

These findings mean that religious adherents in Tema Metropolis were more likely to blame PLWHA for their infection than their counterpart in Ashaiman Municipality because they might have led immoral lives. Though percentage of respondents belonging to the Orthodox churches who believed that HIV is a punishment from God was not quite high, it contradicts the stand of the Presbyterian Church of Ghana (2002) which believes that HIV is not a punishment nor a curse from God, but a disease that is spread through blood and sexual contact with an infected person. The issue may be that the beliefs of the Church might not have been filtered down to the ordinary members of the Church. These figures contrast sharply with other studies done among members of Anglican Churches in Southern African where 9.5 percent believed that HIV is a punished from God (HRSC, 2006) and among Catholics, Lutherans and Pentecostals in Tanzania where 53.2 percent believed likewise (Zou et al., 2009). These differences were bound to happen because they were carried out in different socio-politico-cultural environments.

Denominationally, the percentage of adherents believing that HIV is a punishment from God was higher among African Traditional worshippers in both study areas, but the percentage was higher in Ashaiman (83.3%**)**) than in Tema Metropolis (62.5%). This might have been informed by the belief of the African traditional religion that the ancestors and the gods have the power to visit curses on any individual who breaks the moral laws of the community such as engaging in premarital sex and adultery which are the major causes of HIV/AIDS infection in Ghana. This finding implies that traditional worshippers in the study areas were more likely to blame PLWHA for their HIV infection. The low percentage of Muslims in the two study areas who held to this belief meant they were the least to blame PLWHA for their infection. This finding, however, did not support the work done among Asian Muslims where almost half of the respondents viewed AIDS as God's vengeance on immorality (Charnley, 2007).

When examined from the educational perspective (see Table 9), in both Tema Metropolis and Ashaiman Municipality it appeared that one's level of education was linked with this belief system. This implies that respondents with lower level of education were more likely to blame PLWHA for their situation than those who had higher education. For instance, respondents with lower level of education were more likely to believe that HIV is a punishment from God than respondents with higher level of education. In Ashaiman Municipality, while 58.3 percent of respondents with no education believed that HIV is a punishment from God, only 8.3 percent of respondents with tertiary education held on to this belief.

TABLE 9: PERCEPTIONS OF RESPONDENTS ON THE BELIEF THAT HIV IS A PUNISHMENT FROM GOD BY LEVEL OF EDUCATION

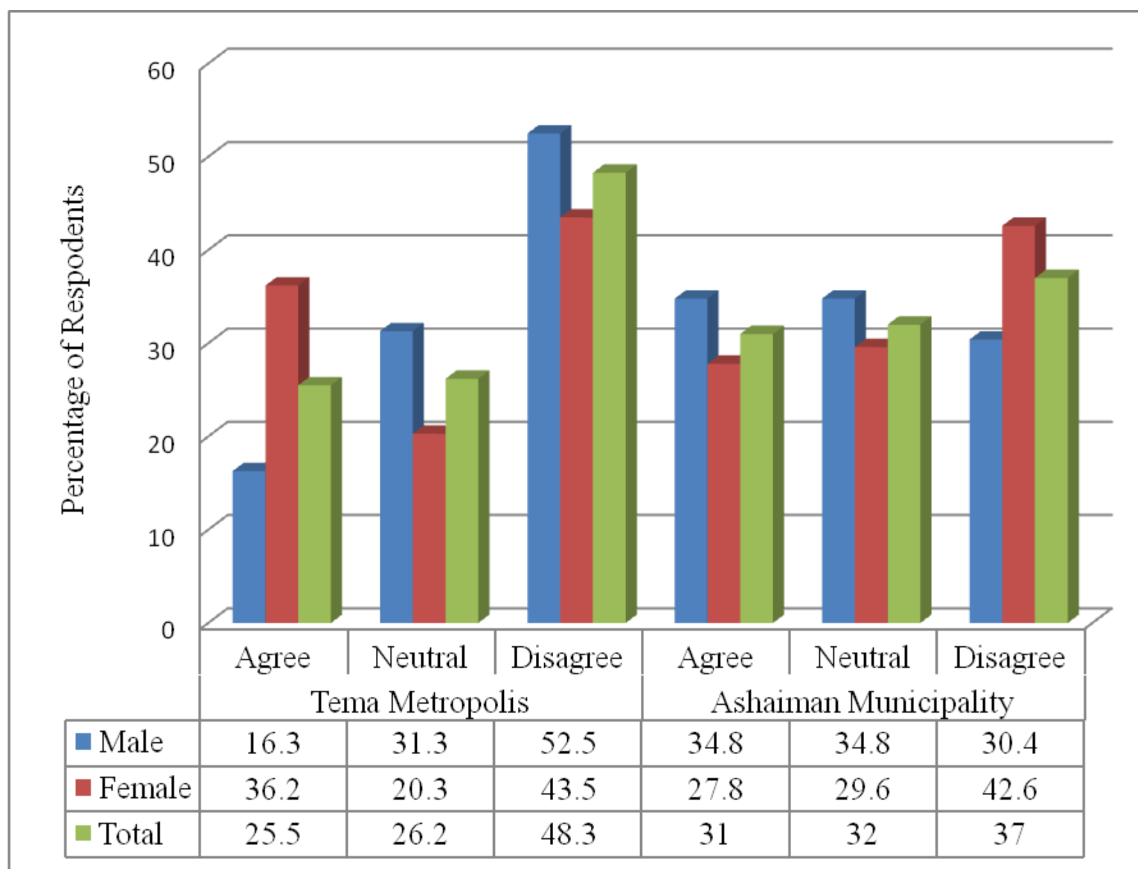
LEVEL OF EDUCATION	HIV IS A PUNISHMENT FROM GOD					
	TEMA METROPOLIS			ASHAIMAN MUNICIPALITY		
	AGREE	NEUTRAL	DISAGREE	AGREE	NEUTRAL	DISAGREE
No Education	33.3 (2)	66.7 (4)	0 (0)	58.3 (7)	41.7 (5)	0 (0)
Primary	36.8 (7)	31.6 (6)	31.6 (6)	55.5 (10)	22.2 (4)	22.2 (4)
Secondary	39.0 (23)	15.3 (9)	45.8 (27)	26.1 (12)	34.8 (16)	39.1 (18)
Tertiary	3.4 (2)	34.5 (20)	62.1 (36)	8.3 (2)	29.2 (7)	62.5 (15)
Total	23.9 (34)	27.5 (39)	48.6 (69)	31.0 (31)	32 (32)	37 (37)

SOURCE: Fieldwork, 2010

In the case of Tema Metropolis, 33 percent of respondents with education agreed that PLWHA were being punished by God, as against 3.4 percent of respondents without education. This situation may be explained by the fact that education broadens one’s horizon thereby making it possible for one to reject irrational judgment, in this case the belief that HIV is a punishment from God.

Figure 4 also examines the relationship existing between the gender of respondents and the belief that HIV/AIDS is a punishment from God.

FIGURE 4: PERCEPTIONS OF RESPONDENTS ON BELIEF THAT HIV IS A PUNISHMENT FROM GOD BY GENDER



SOURCE: Fieldwork, 2010 NOTE: Figures presented in percentages

In the Tema Metropolis, 36.2 percent of female respondents believed that HIV is a punishment from God compared to 16.3 percent of the male respondents. However, apart from 52.5 percent of males disagreeing as many as 31.3 percent could not decide whether HIV is a punishment from God or not. In the case of female respondents, 43.5 percent disagreed whiles 20.3 percent could not decide whether HIV is a punishment from God or not. In Ashaiman Municipality, however, 34.8 percent of the males agreed that HIV is a punishment from God as against 27.8 percent of their female counterpart. This implies that males in Ashaiman Municipality were more likely to believe that HIV is a punishment compared to their counterpart in Tema Metropolis. Thirty–four percent of male respondents could not decide whether the disease is a punishment compared to 29.6 percent of the female counterpart in the Municipality.

What can be said then is that male respondents in Ashaiman Municipality were more likely to blame PLWHA for their situation than those in Tema Metropolis. In the case of females, those in Tema Metropolis were more likely to blame PLWHA than their counterpart in Ashaiman Metropolis. These findings are supported by those of Klonoff and Landrine (1994) when they found that women were more likely than men to view illnesses as a form of punishment thereby exhibiting stigmatizing attitudes towards PLWHA than men.

5.3.2. PLWHA have not followed the Word of God

One of the commonly held non-denominational HIV-related religious beliefs that people have is that the PLWHA have not lived according to the teachings of the word of God or are not good Christians or Muslims as they professed to be. On the basis of this, PLWHA are stigmatized and discriminated against. A number of studies have been done to find out the extent to which religious adherents hold on to this proposition. For instance, in a study done in Tanzania, 34.9 percent of religious adherents believed that PLWHA have not followed the word of God (Zou et al, 2009). In another study carried out in Southern Africa among Anglican Churches, fewer than 10 percent of the respondents agreed or partly agreed that PLWHA were not good Christians (HSRC, 2006). Rankin et al (2005) also in their work in Eastern and Southern Africa reported that many Christians and Moslems believe that living with HIV/AIDS implies promiscuous or sinful behaviours. There is therefore the attitude that PLWHA deserve their plight because they did not take precaution.

In our present study, as shown in Table 10, however, overall 25 percent of religious adherents who were not PLWHA in Ashaiman Municipality believed that PLWHA have not followed the word of God. In the case of Tema Metropolis, only 10.7 percent had this perception. In the case of Tema Metropolis, 59 percent of respondents disagreed with the assertion that PLWHA have not followed the word of God as against 45 percent in the Ashaiman Municipality. Inculcating in religious adherents the need to live by the teachings of their religion would in no doubt help reduce HIV/AIDS infection.

TABLE 10: PERCEPTIONS OF RESPONDENTS ON BELIEF THAT PLWHA HAVE NOT FOLLOWED THE WORD OF GOD BY RELIGION

RELGION	TEMA METROPOLIS			ASHAIMAN MUNICIPALITY		
	AGREE	NEUTRAL	DISAGREE	AGREE	NEUTRAL	DISAGREE
Orthodox	1.8%(1)	28.1(%16)	70.2% (40)	18.4%(7)	36.8% (14)	44.7(17)
Pentecostal	9.3% (5)	31.5% (17)	59.3% (32)	37.8(14)	27.0% (10)	35.1(13)
AIC	33.3% (6)	11.1% (2)	55.6% (10)	0.0% (0)	20.0% (2)	80.0% (8)
Islam	16.7% (2)	33.3%4)	50.0% (6)	22.2%(2)	11.1% (1)	66.7% (6)
A TR	25.0% (2)	75.0% (6)	0.0% (0)	33.3%(2)	50.0% (3)	16.7% (1)
Total	10.7%(16)	30.2% (45)	59.1% (88)	25.0%(25)	30%(30)	45%(45)

SOURCE: Fieldwork, 2010

Percentage of religious adherents who held on to this belief was higher among Pentecostals/Charismatics (37.8%) and African Traditional worshippers (33.3%) in Ashaiman Municipality. In Tema Metropolis, the percentage was higher among adherents of African Independent Churches (33.3%) and African Traditional worshippers (25%). In Ashaiman Municipality respondents of African Independent Churches did not believe that PLWHA are not

good Christians or Muslims, while in Tema Metropolis the lowest score on this belief was registered among Orthodox Churches which was only 1.8 percent. The high percentage of adherents of Islam who disagreed with the belief that PLWHA have not followed the word of God both in Tema Metropolis (50%) and Ashaiman Municipality (66.7%) were in contradiction to the teachings of Islam which states that HIV is the result of disobedience to the laws of Allah and therefore provokes his wrath (Josephine et al., 2001). Similarly, the finding was in contradiction to one done among Asian Muslims where almost half of the respondents agreed that PLWHA are sinners and devoid of morality (Charnley, 2007).

When examined from the educational perspective of the respondents in the two study areas, level of education of respondents appeared to be associated with the belief that PLWHA have not followed the word of God (Table: 11) For instance in Ashaiman Municipality respondents with no education (50.0%) were more likely to believe that PLWHA have not followed the word of God while respondents with tertiary education (4.2%) were less likely to accept this belief. In Tema Metropolis while nobody with any education disagreed with this belief as many as 67.2 percent of respondents with tertiary education did not believe that PLWHA have not followed the word of God.

TABLE 11: PERCEPTIONS OF RESPONDENTS ON THE BELIEF THAT PLWHA HAVE NOT FOLLWED THE WORD OF GOD BY EDUCATION

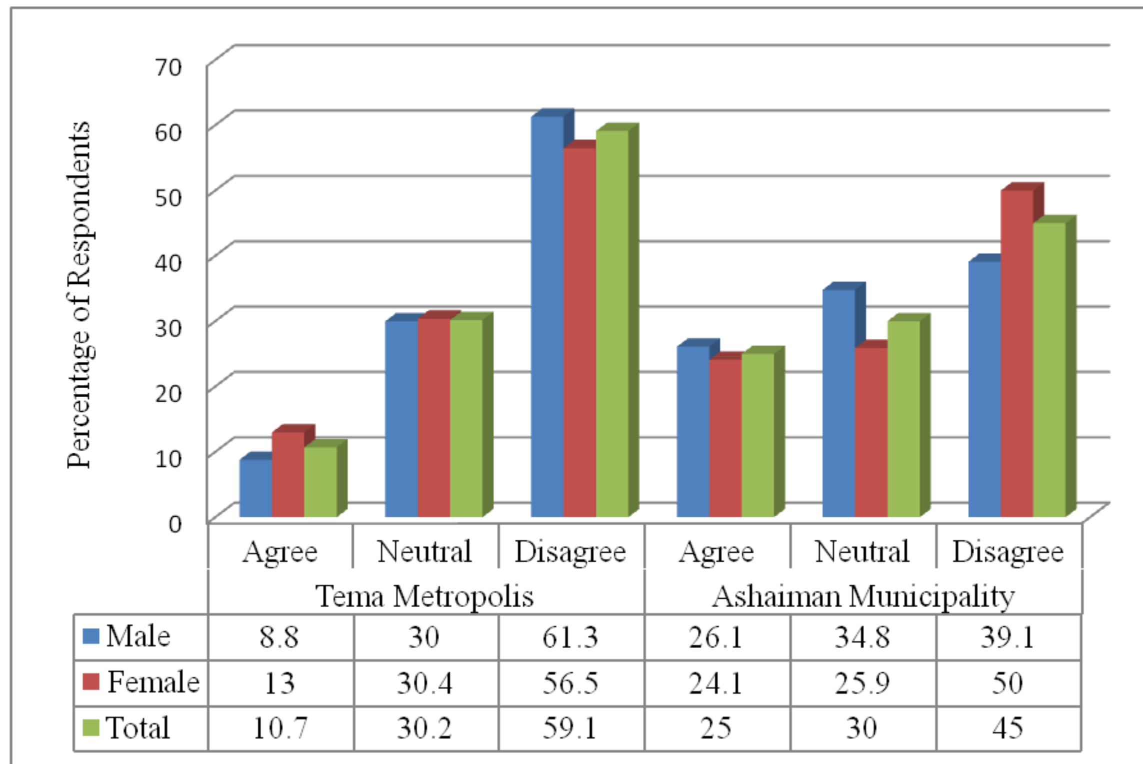
LEVEL OF EDUCATION	PLWHA HAVE FOLLOWED THE WORD OF GOD					
	TEMA METROPOLIS			ASHAIMAN MUNICIPALITY		
	AGREE	NEUTRAL	DISAGREE	AGREE	NEUTRAL	DISAGREE
No Education	33.2% (2)	66.7% (4)	0 %(0)	50.0 %(6)	41.7% (5)	8.3% (1)
Primary	0% (0)	47.4%(9)	52.6 %(10)	55.6%(10)	27.8% (5)	16.7% (3)
Secondary	20.3%(12)	22.0 (13)	57.6%(34)	17.4%(8)	32.6 %(15)	50.0%(23)
Tertiary	3.4%(2)	29.3%(17)	67.2 %(39)	4.2 %(1)	20.8% (5)	75.0%(18)
Total	11.%2(16)	30.3% (43)	58.8% (83)	25.0%(25)	30.0%(30)	45.0%(45)

SOURCE: Fieldwork, 2010

In terms of gender, more female respondents (13%) than males (8.8%) in Tema Metropolis agreed that PLWHA had not followed the word of God as shown in Fig. 4.6. An equal percentage (30%) of males and females however could not agree or disagree with the belief. In the case of Ashaiman Municipality the same percentage of male and female respondents (30%)

agreed with this belief. However, more female respondents (50%) than males (39%) disagreed with this belief.

FIGURE 5: PERCEPTIONS OF RESPONDENTS ON THE BELIEF THAT PLWHA HAVE NOT FOLLOWED THE WORD OF GOD BY GENDER



	Tema Metropolis			Ashaiman Municipality		
	Agree	Neutral	Disagree	Agree	Neutral	Disagree
Male	8.8	30	61.3	26.1	34.8	39.1
Female	13	30.4	56.5	24.1	25.9	50
Total	10.7	30.2	59.1	25	30	45

SOURCE: Fieldwork, 2010 NOTE: Figures presented in percentages

6. Measures to address Stigmatizing attitudes towards PLWHA

An in-depth interview technique was used to solicit the views of key stakeholders in the two study areas as to what religious traditions could do to address the problem of HIV-related stigma. Among the peoples interviewed were HIV/AIDS Focal persons in the two study areas, Medical Officers at the Fever Unit at the Tema General Hospital, Presidents of HIV/AIDS support groups in the two study areas, and heads of some religious groups in the two study areas. This section examines the various views put forward by them.

1 .Education: Most of the stakeholders expressed the view that religious leaders needed to use the pulpit to address the problem of HIV related stigma. One of the HIV focal persons had this to say: *"Open forums should be organized periodically for religious adherents to discuss issues related to HIV-related stigma during the forenoon services'.*

One medical officer also had this to say:

'Medical officers should be invited regularly to give up-to-date information on the disease to religious organizations.'

Some of the Religious leaders also stressed the need to be educated about the disease. One of them hit the nail right on the head when he confessed that:

'Most religious readers do not know much about the HIV/AIDS there is therefore the need to include HIV-related subjects including counseling skills in the pre and in-service training programmes of religious leaders and those working in faith-based organizations.'

2. The need to show love and compassion to PLWHA by the religious community was also made. One of the PLWHA support groups' President said:
'We need to be offered love, compassion, acceptance and forgiveness and not judgment'
One of the HIV focal persons for the study areas also buttressed this point when he said:
'We need to hear stories of PLWHA who suffer from prejudicial attitudes and actions so that we will be moved to show love and compassion'

3. The need for religious leaders to fight against HIV-related stigma by advocating and supporting laws that protect the rights of PLWHA was also brought to the fore. It was stressed that the laws must insist on medical confidentiality, protection of employment of PLWHA, free medical treatment for PLWHA and the punishment of those who harass PLWHA.
One medical officer stressed advocacy role of religious organizations when he said: '*They need to preach from the pulpit that HIV is not a punishment for the sexually immoral but a virus which can be prevented'*.

4. The need to do away with religious languages which are stigmatizing was stressed. One of the HIV/AIDS Focal persons for the study areas said: '*The time has come for religious leaders to identify religious languages and doctrines that are stigmatizing and promote alternative language that is caring and non-judgmental*.'

7. CONCLUSIONS

Expression of negative attitudes towards PLWHA is endemic in the two study areas among religious adherents. Religious adherents in both study areas exhibited attitudes of fear of physical contact with PLWHA, HIV-related shame stigma and blaming or judgmental attitude towards PLWHA. Religious adherents in Tema Metropolis were more likely to exhibit attitude of fear of physical contact than those in Ashaiman Municipality. Denominationally, traditional worshippers were found to be more likely to express an attitude of fear of physical contact towards PLWHA in both study communities. With respect to HIV-related shame stigmatizing attitude, religious adherents from Ashaiman Municipality were more likely to express it than those from Tema Metropolis. The study further established that religious adherents in Ashaiman Municipality were more likely to exhibit blaming or judgmental attitude towards PLWHA than those in Tema Metropolis.
On the basis of the findings made, there is the need for government agencies such as Ghana AIDS Commission and other non-governmental organizations to sensitize religious leaders and religious communities about the HIV/AIDS epidemic and related issues of HIV related stigma. This means that concrete sensitization programmes need to be put in place in our religious

organizations. It is important for religious organizations or groups to have an in-built HIV/AIDS programmes as part of their religious activities to increase the knowledge level about the epidemic. Furthermore, the study opens the avenue for further research into the underlying causes of the HIV-related stigmatizing attitudes exhibited by the various religious adherents of the two communities.

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