



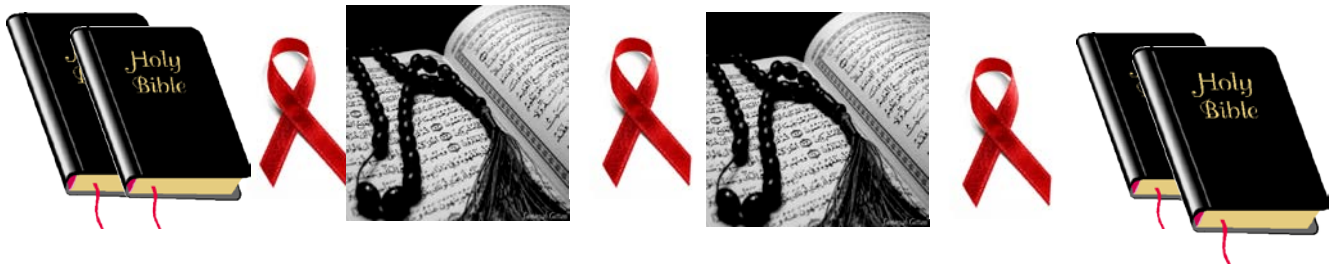
# African

HIV Policy Network

*empowering African communities affected by HIV*

## **HIV** delivered in Faith

A research paper on the HIV interventions provided by Christian and Muslim organisations in the United Kingdom



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# ABOUT THE AFRICAN HIV POLICY NETWORK

The African HIV Policy Network [AHPN] is an umbrella organisation of mostly African-led community based organisations that enables Africans to speak with a collective and representative voice on matters of HIV and sexual health, with a mission to advance the health and well being of Africans living in the UK.

The organisation is focused on:

- **Policy:** influencing, initiating, advocacy and campaigning
- **Research:** engaging in evidence-based researches and contributing to the body of knowledge
- **Membership:** developing a network of community based organisations, individuals and corporate organisations
- **Voice:** working with a network of Africans in the UK living with and affected by HIV, informing policy and research
- **Projects & programmes:** acting as a strategic bridge and leader in coordinating national and regional projects and programmes

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## ACRONYMS

AHPN	African HIV Policy Network
AIDS	Acquired Immune Deficiency Syndrome
FBO	Faith-Based Organisation
HIV	Human Immunodeficiency Virus
PLWH	People Living with HIV

## ACKNOWLEDGMENTS

We would like to thank all the faith leaders and staff of the various faith organisations that were contacted and participated in the study.

We would also like to thank Taiwo Makanjuola for his suggestions and for starting off the data collection.

# EXECUTIVE SUMMARY

## Background

Faith is an important element in the lives and a source of strength and wellbeing of many people in African communities. It is also recognised that faith leaders are powerful, influential and have good understanding of the communities they work in<sup>i</sup>. Therefore it is vital to AHPN to expand its understanding of the scope, range, and complementarities of HIV-related interventions undertaken by Faith Based Organisation's (FBOs) in the UK, and to be familiar with some of the challenges that they face.

## Purpose

This report,

- indicates the types of existing HIV- related services provided by FBOs in the UK, informing a directory that will be published and made available in hard and soft copies and shared with African communities and practitioners
- highlights some of the challenges that FBOs face when working with HIV and HIV-related issues
- aims to serve as a tool for the African HIV Policy Network to advocate for the need to work with FBOs, develop strategies to approach FBOs, share insight with commissioners and other health bodies, seek further funding to do more work in this area, and possibly adapt this model to research other health issues among Africans in the UK living with and affected by HIV.

## Findings

- The survey results revealed a higher response from Christian FBOs.
- The findings from the survey suggest that out of the FBOs that provide HIV related services, the common services provided are counselling, one-to-one emotional support, promoting HIV testing, and home visits.
- Stigma and discrimination against people living with HIV (PLWH) were the main challenges put forward by the FBOs.
- The Muslim faith based organisations were more reluctant to discuss issues related to HIV than Christian organisations.
- The FBOs willing to carry out more HIV related work in the future highlighted their need for training and resources.
- Researchers learned the importance of being culturally and religiously sensitive while carrying out such work, and also to approach various churches and mosques on an individual basis, and not assume that they have the same policies with regards to HIV work.

# CHAPTER 1

## INTRODUCTION

### *1. PURPOSE OF THE RESEARCH*

It is recognised that faith is an important part of many African people's lives and a source of strength and wellbeing. Over 60% of African communities in the UK go to church and 30% go to Mosques (Census, 2001). Therefore, for purposes of this research, focus is mainly on Christian and Muslim faiths only.

With this in mind, AHPN was commissioned by Abbott pharmaceuticals to develop a directory aimed at improving the understanding of the scope, range, and complementarities of HIV-related interventions undertaken by <sup>1</sup>Faith Based Organization's (FBOs) in the UK.

The directory aims to increase the extent to which voluntary and statutory service providers are able to refer African people in the UK living with and affected by HIV to a provider that can appropriately address their HIV prevention, support or other needs in a faith-based setting.

This report however aims at providing an insight to HIV services offered by FBOs in the UK. It shares some of the key learning of and by the researchers while conducting this survey. It also aims to serve as a tool for the African HIV Policy Network to advocate the need to work with FBOs. This will be beneficial for developing strategies to approach FBOs, seeking further funding to do more work in this area, sharing insight with commissioners and other health bodies, and possibly adapting this model to research other health issues among Africans in the UK living with and affected by HIV.

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<sup>1</sup> Faith Based Organisation (FBO) for the purpose of this report refers to churches and mosques in the UK whose congregations include Africans.

## 2. KEY FINDINGS

- 2.1 The survey results revealed that a higher response was received from Christian FBOs.
- 2.2 The Muslim faith based organisations were more reluctant to discuss issues related to HIV than Christian organizations.
- 2.3 The results suggest that of the FBOs that provide HIV related services, the most common services offered are counselling, one-to-one emotional support, promoting HIV testing, and home visits.
- 2.4 Stigma and discrimination against People living with HIV (PLWH) were the main challenges put forward by the FBOs.
- 2.5 The FBOs willing to carry out more HIV related work in the future highlighted their need for training and resources.
- 2.6 Researchers learned the importance of being culturally and religiously sensitive while carrying out such work, and also to approach various churches and mosques on an individual basis, and not assume that they have the same policies with regards to HIV work.
- 2.7 Analysis of responses to the 'specific needs or challenges' revealed the underlying need to;
  - raise awareness within faith communities
  - address ignorance among the faith communities, i.e. limited awareness of HIV
  - address stigma related to HIV within faith communities
- 2.8 Resource constraints were an issue for a few FBO's, coupled with the need for capacity-building, as many are not equipped to provide services or support.

### **3. KEY RECOMMENDATIONS**

From this study, we put forward the following recommendations;

- 3.1 Funding and resources should be directed to provide support to FBO's engaging in HIV-related work.
- 3.2 Learning should be shared with health and social care organisations and commissioners.
- 3.3 Faith leaders should be given HIV awareness training. Awareness initiatives should focus more on Muslim communities and faith leaders, as they indicate lower levels of awareness of HIV issues.
- 3.4 There are proportionately very few FBOs in general that undertake HIV related interventions as compared with the total numbers of FBOs in the UK. More FBOs need to engage in HIV related interventions to break the loud silence around HIV among faith communities.
- 3.5 Any learning about working with FBOs should be shared with service providers and commissioners to inform engagement.
- 3.6 FBOs that provide a few services should be encouraged to cover other major services.

### **4. LESSONS LEARNT**

- 4.1 The most common HIV related services provided are one-to-one emotional support, promoting HIV testing, and home visits.
- 4.2 Stigma and discrimination against People living with HIV (PLWH) are still the main challenges faced by faith leaders.
- 4.3 FBOs willing to carry out more HIV related work in the future are in need of training and resources.
- 4.4 The research experience with the Christian FBOs was very informative and educative.
  - One important lesson learnt was to approach each church parish or diocese individually, and not assume that individual churches have similar policies, just because they happen to fall under the same umbrella.
  - This issue was highlighted, for example, by the Baptist Union and the Church of England, where the 'Head Offices' could not speak for the various parishes, with regards to HIV services offered, and urged us to

contact them directly. They also explained that because of this, it would be difficult to make a statement for the church as a whole.

- 4.5 The experiences drawn from engaging with the Muslim FBOs are enlightening and informing, regarding future engagement with Muslim FBOs.
- The Imams responded more actively when initial conversation focused on known health conditions like diabetes, obesity, cancer etc before gradually proceeding towards preaching of Islam and importance of abstinence.
  - Positive responses were received from faith leaders by not using the word 'survey', whilst at the same time attempting to gather all the necessary data/information through conversation.
  - Some Imams were more responsive if spoken to in Urdu, Arabic, and Bengali, therefore, an understanding of 'native' languages helps.
  - The timing of the engagement and conversation is very important while conducting a survey. We found that the Imams were usually out of the institutions in the afternoon so morning is a better time to converse with them.
  - Very few mosques out of those we contacted had email addresses, so telephone may be the best means of communication.
  - Greeting in Arabic - "Assalamu alaikum" - will always be advantageous before starting conversation.
  - The Imam may not be the decision maker but more likely the implementer so any decisive questions are always answered by a 'Chairman' or equivalent. The Committee member cannot comment on the decisive questions unless discussed at the committee meeting. Therefore, researchers should endeavour to speak to the lead person or 'Chairman' directly to influence the actions of the mosque.
- 4.6 For both faiths, cultural and religious sensitivity is key when engaging them in such work. An example of this was experienced when attempting to carry out surveys just before Easter. Some of the Christian FBOs did not respond to the survey because they were busy with Easter preparations, and so had to be contacted after the festivities.

## ***5. SUGGESTED AREAS OF FUTURE RESEARCH***

- 5.1. More work needs to be done to identify FBOs in the UK, especially those that are not registered on online directories.
- 5.2. Resources are required to develop a comprehensive repository of all FBOs that Africans living in the UK are affiliated to and/or associated with. This will enable better tracking of services provided and support them in becoming agents for support and where appropriate service delivery and care.
- 5.3. There is a need to update the 2001 census data on the faith affiliations of Africans in the UK.
- 5.4. For both communities, future work should concentrate on HIV stigma reduction and raising HIV awareness.

## CHAPTER 2

### METHODOLOGY

A time-limited qualitative study of existing HIV-related work taking place within faith organisations was carried out during a period of 3 weeks. A questionnaire (designed earlier while developing the directory) was used as a tool to capture information about current work undertaken by FBOs in relation to HIV.

Focus was on two main faiths, Islam and Christianity, because over 60% of African communities go to church and 30% go to Mosques<sup>ii</sup>. April 2001 census data was also employed in selecting the areas with the African population in the range of 0.1-5% of the total population<sup>iii</sup>.

The two methods used to capture the data were email and phone interview.

An extensive contact list of Christian and Muslim organisations was provided by the AHPN. To expand this list, the following sources were explored:

- Online Muslim and Christian directories
- Google search for new additions to the list
- Some organisations working in the HIV sector also recommended other FBOs
- In addition, we contacted “Head Offices” of the main Christian denominations in the UK including Pentecostal churches of which many are black-led. The respondents were mainly Pastors, Bishops, Imams, Religious Teachers, Committee members, and clergy men from Christian and Muslim faith based organisations.

### Demography

- London has the highest numbers of ethnic minority populations
- 45% of minority ethnic groups reside in London (Census 2001)
- Out of this, 78% are Black Africans (Census 2001)
- 13% of minority ethnic groups live in the West Midlands and out of this, 27.2% of the ethnic minorities are Black ; African, Caribbean and other (Census 2001)
- 8% of ethnic minority communities live in South East England, with a black population making up 14.92% ; Black African, Caribbean and other (Census 2001)
- 8% live in North West England, and 7% live in Yorkshire and the Humber (Census 2001)
- Wales, Scotland and Northern Ireland were also included in the selected area

## CHAPTER 3

### FINDINGS

Table 1: Response rate from Different FBOs

<i>Faith</i>	Total Number of FBOs enlisted in Black online directories	Number contacted (a)	Numbers of respondents that completed the survey(b)	Percentage response (b/a x 100)
<i>Christian</i>	1363	250	18	7.2%
<i>Muslim</i>	600	392	43	11%
<i>Total</i>	1963	642	61	18.2%

### 3.1 CHRISTIAN FAITH BASED ORGANISATIONS

#### 3.1.1 Sample size and methodology

A total of 250 out of 1363 Christian FBOs enlisted in the Black Majority Church Directory<sup>iv</sup>, and Black UK Christian Directory<sup>v</sup> were contacted both by phone and by email. Surveys were initially sent by email to 55 organisations, subsequently 7 FBOs responded after follow up phone calls.

For the purpose of this study, non- response includes unavailable or incorrect telephone numbers, phone calls not being answered, and persons other than the Faith leaders responding to the call. In total, 34 FBOs responded to the survey, however, out of this number, only 18 of the respondents that answered the phone or email were Faith Leaders, so the rest were not included in the survey. The results of the responses to Christian FBOs are shown in table 2 and figure 1.

Table 2: Response of Christian FBOs to Questionnaire

Total no. of FBOs in directory (a)	1363
Total number of FBOs contacted either by phone or email (b)	250
Number of surveys completed by Faith Leaders out of total responses (d)	18
Number of FBOs that responded to survey (c)	34
Number of FBOs that did not respond	216
Response rate of FBO (c/b)*100	14%
Response rate of faith leaders (d/b)*100	7%

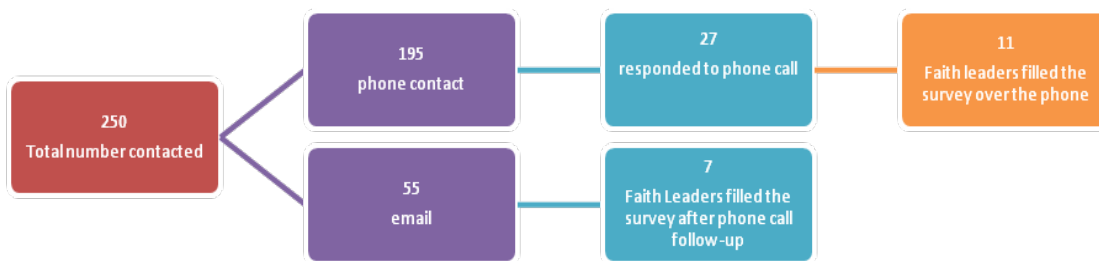


Figure 1 Response of Christian FBOs to questionnaire

Responses were received from 18 faith leaders out of 34 respondents, therefore a 7% response rate.

### 3.1.2 Survey Findings

The response rate of 7% is disappointingly low; however, there was a good representation of different Christian FBO denominations, each providing varying HIV services. Attempts to contact the heads of major denominations in UK were made.

These included:

- The Office of the Archbishop of Westminster for the Roman Catholic Church
- The Office of the Archbishop of Canterbury for the Church of England
- The President of the Methodist Conference for the Methodist Church of Great Britain
- The Baptist Union of Great Britain for the Baptist Church
- The Seventh day Adventist Church
- In addition, Pentecostal churches that are mainly black-led were contacted.

From the major denominations, a representative from the Baptist Union and from the Church of England responded to the questionnaire. The number of churches having HIV services within the major denominations is indicated below.

**Table 3: Distribution of Churches with HIV Services by Type of Denomination**

Denomination	Number of FBOs that responded to the survey (n=18)
Evangelical	2
Pentecostal	12
Baptist	2
Catholic	2

The survey collected information regarding types of HIV services provided by FBOs as well as needs, challenges and existing HIV work. The majority of the FBOs offered a number of services, the most common ones are;

- Counselling
- One-to-one emotional support
- Promoting HIV testing
- Home visits.

4 of the 18 respondents held workshops/training on HIV, 4 also made resources about HIV available, though not necessarily on a regular basis. 5 provided HIV treatment and 'healing' information. 4 of the 18 respondents advocated for safer sex as well as abstinence. 2 of the FBO's had support groups, and 10 Christian FBOs provided spiritual support and prayer. Only 2 Christian FBOs had a specific programme on HIV.

Table 4: Of those that provide services, percentage distribution of Christian FBOs by type of service

Types of Services	Number of FBOs that provide services (n=18)	Percentage of FBOs that provide services (n=18)
Workshops/training	4	22.22%
Counseling/advice	11	61.11%
Promoting HIV testing	8	44.44%
Promoting Safer Sex	4	22.22%
Abstinence	13	72.22%
Support Groups	2	11.11%
Home Visits	11	61.11%
One-to-one emotional support	16	88.88%
Resources and Information Available	4	22.22%
HIV treatment and healing Information	5	27.77%
Spiritual Healing and Prayer	10	55.55%

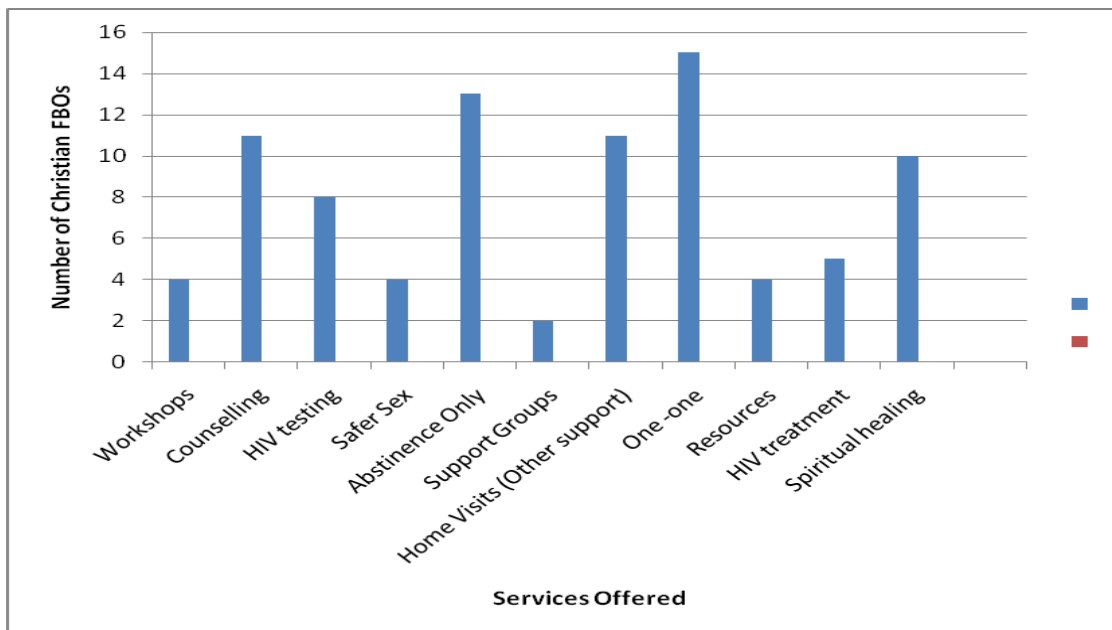


Figure 2: Graph showing Distribution of Services among Christian FBOs

### 3.1.3 Nature of intervention

Only 2 Christian FBOs had a specific programme on HIV. One mentioned Community Health Action Trust (CHAT) as a partner, and the other has partnered with Leicester City Council to work with people living with or affected by HIV.

### 3.1.4 HIV engagement

12 of the 18 Christian FBOs contacted were keen to engage in further HIV related work. Common themes included;

- signposting
- awareness raising
- addressing stigma
- health education for faith leaders and
- partnerships with organisations working in HIV

*“We would like to have workshops and trainings that are informative and educative to people in the community, beyond our church walls”* Harmony Christian Centre

*“We would like to be able to partner with organisations that work in HIV such as AHPN; and we are hoping to start a HIV counseling service with a trained psychologist”* Christian Life Centre, Birmingham

### 3.1.5 Issues and challenges

Analysis of responses to the ‘specific needs or challenges’ section of the questionnaire revealed the underlying need to raise awareness within faith communities:

*“Ignorance is an issue; people are still not aware of the disease”* South Birmingham Evangelical Church

*“There is a high level of cultural unawareness, and people are afraid to come to Pastors”* Christian Life Centre, Birmingham

*“Generally faith organisations can be fairly ignorant of the issues and not used to dealing with these issues”* Baptist Union of Great Britain

Stigma was another issue highlighted by many Christian FBO's

*"One of the specific needs and challenges we have is breaking the cultural barriers and stigma"* Liberty Christian Fellowship

*"We need to make Church members aware of HIV, and the stigma associated with it"* Bible Study Network Centre

*"Stigma in the Church needs to be tackled and we need to help people to cope with this issue through the teachings of the Christian gospel"* Wolverton Evangelical Church

*"Challenges are always present, due to the stigma attached to AIDS and HIV. Discrimination is also a constant battle for HIV and AIDS victims, this is why we are willing to support those affected to overcome. We believe and teach the language of love to all, regardless of their race, color or creed. This is the basis of the Christian faith we profess"* Harmony Christian Centre

*"HIV positive people need to have the confidence to come to Pastors with their issues"* Jesus Kingdom City, Bristol

Resource constraints were an issue for a few FBO's

*" We do not have many facilities available to put up training and awareness activities"* London Baptist Association

*"We are not equipped to carry out HIV services"* St Mary-the-Virgin, Keaton

### 3.1.6 Lessons Learnt

- The survey strengthened the fact that faith leaders should not be contacted for research work during religious festive seasons. We carried out the survey during the Easter period, and this may have contributed to the low response rate.
- The Baptist Union and Church of England educated us on the approach to parish churches; one should not assume that all the parishes and dioceses have the same policies, just because they happen to fall under the same umbrella. Each diocese should be approached individually.

### 3.1.7 Challenges

Researchers faced difficulty in the initial phase of the survey to get clear answers to the question framed to assess whether or not an FBO encouraged patients to stop taking their medication and rely solely on spiritual support and prayer.

We articulated the meaning of this question clearly over the phone, and came to the conclusion that while Christian FBOs encourage prayer and believe in spiritual healing, respondents by no means advise clients to stop their medication.

The low level of responses was partly attributable to seasonal factors as the survey was conducted during the Easter period. Given the limited time frame, many of the FBOs were busy with the Easter preparations. Despite the Easter festivities, some faith leaders were persuaded to respond to the survey.

### 3.2 MUSLIM FAITH BASED ORGANISATIONS

#### 3.2.1 Sample size and methodology

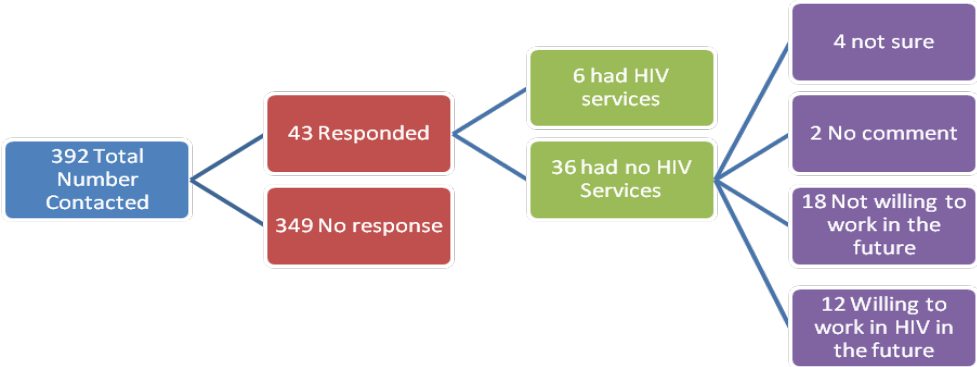
A total of 392 out of 600 Muslim FBOs enlisted in the Muslim directory<sup>vi</sup>, and in AHPN’s faith directory were contacted either by phone or email over a period of three weeks. All the questionnaires were completed by researchers over the phone on behalf of respondents as 43 out of the 392 FBOs responded over the phone. The results of the responses are shown in table 5 and figure 3.

Table 5: Responses of Muslim FBOs to Questionnaire

Total no. of FBOs in directory (a)	600
Total number of FBOs contacted either by phone or email (b)	392
Number of FBOs that responded to survey questions either by phone or email (c)	43
Number of responses received by faith leaders out of total responses (d)	43
Number of FBOs that did not respond	349
Response rate of FBO (c/b)*100	11%
Response rate of faith leaders (d/b)*100	11%

Of the total respondents (n=43), 14% provide some form of HIV related services.

Figure 3: Response of Muslim FBOs to questionnaire



The response rate for Muslim FBOs is only 11 % but there was a good representation of FBOs from all over the UK. The survey collected information regarding types of HIV services provided by FBOs as well as needs, challenges and existing HIV work.

Out of the 43 respondents, only 6 provided any HIV services. All 6 offer counselling, one-to-one emotional support and recommend/preach abstinence. Only one Muslim FBO organises workshops/training, and another had resources available on their website about HIV prevention. The respondents were mainly Imams, teachers, chairmen and committee members. The distribution of services among Muslim FBOs is shown in table 5 and figure 3.

**Table 6: Muslim FBOs providing services, percentage distribution of Muslim FBOs by type of service**

Types of Services	Number of FBOs that provide services (n=6)	Percentage of FBOs that provide services (n=6)
Workshops/training	1	16.66%
Counselling/advice	6	100%
Promoting HIV testing	0	0
Promoting Safer Sex	0	0
Abstinence	6	100%
Support Groups	0	0
Home Visits	0	0
One-to-one emotional support	6	100.0%
Resources and Information Available	1	16.66%
HIV treatment and healing Information	0	0
Spiritual Healing and Prayer	0	0

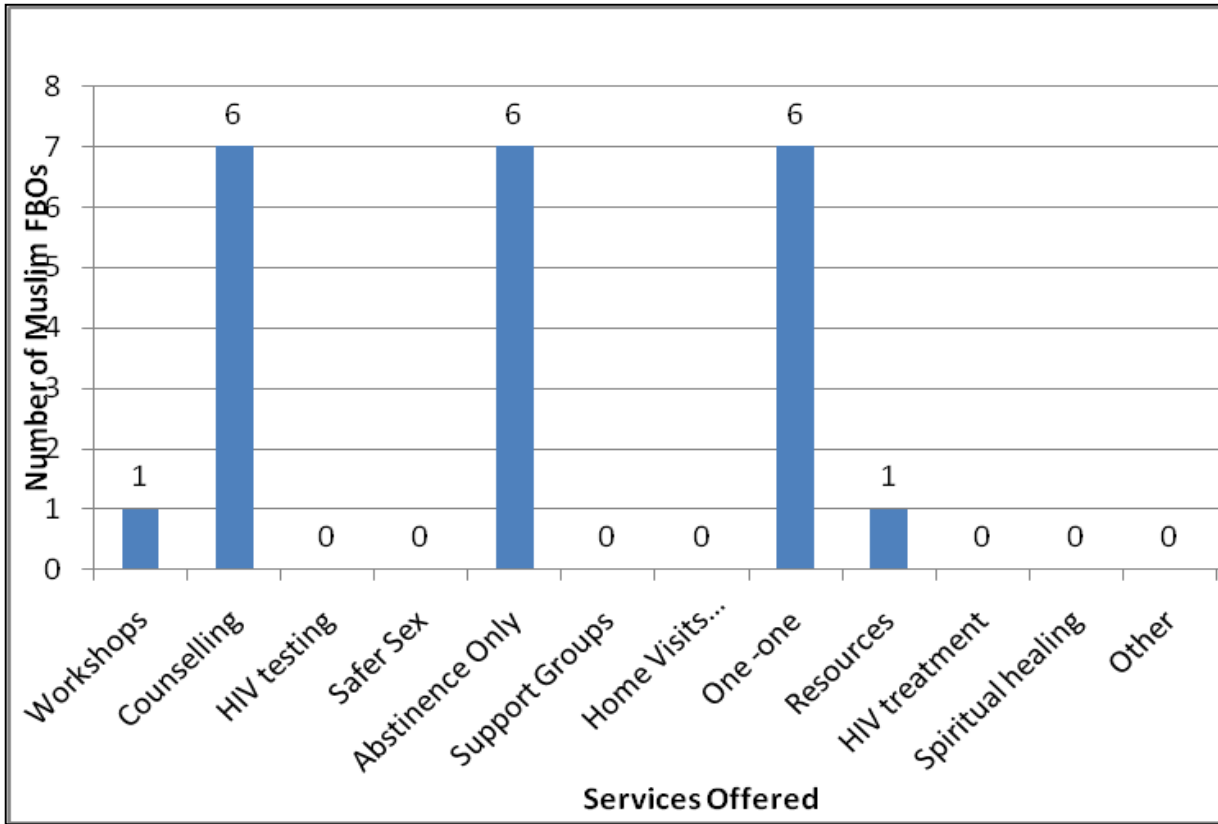


Figure 4: Distribution of Muslim FBOs by Types of Services

18 FBOs out of the 36 non-HIV service providing FBOs were not interested in future HIV related work, and 4 were not sure whether they wanted to work in future HIV related work. 2 of the 36 non-HIV service providing FBOs responded that they cannot comment as they are not decision makers. The reasons for not working in future are shown in Table 7.

Table 7: Percentage distribution of Muslim FBOs by reasons for not being interested in future HIV related work

Reasons for not interested in future HIV related work (n=18)	Number	Percentage distribution of FBOs (%)
Mosque is a prayer place	6	33.3
Never heard of HIV	6	33.3
It should be the work of Dept. of Health	1	5.55
Never felt the need for HIV-related work in Muslim community	3	16.6
Not interested in future work, giving no reason(s)	2	11.1
<b>TOTAL</b>	<b>18</b>	<b>100.0</b>

12 out of the 36 non-HIV service providing FBOs showed interest in future HIV-related work. However, they all expressed the need for training and resources to raise awareness among Muslim communities about HIV related issues.

### 3.2.2 Nature of intervention

Out of all Muslim FBO respondents, none had specific HIV programmes in place at the time of interview.

### 3.2.3 HIV engagement

The responses varied for those who were willing, and those not willing to engage in future HIV related work. All Muslims highlighted the fact that sex outside or before marriage is not permitted in Islam, and therefore HIV is not an issue among them. A few claimed they had never heard of the term 'HIV', and others expressed their need for HIV related training.

*“Oh! Certainly we would like to engage in this activity. We preach to people about abstinence during Friday prayers but we can talk about HIV if we can get training and materials.” Shah Jalal Mosque and Islamic Center, Chester*

*“Being Muslim we do not indulge in sex outside marriage or sex before marriage so we can never get HIV infection” HazraShahzul Mosque, Swindon*

*“What are you talking about? I have lived in this country for 40 years and in my life time I have never come across a single Muslim living with HIV.” Ihsan Mosque and Islamic Cultural Center, Norwich*

*“A Muslim will commit suicide if he/she has HIV rather than coming to mosque.”  
Jamia Masjid Bilal, Cardiff*

*“Can you tell me what HIV is? I have never heard about it? Jamia Islamia, Central Mosque, Manchester*

*“Are you Hindu? Don’t you know that mosque is a place of prayer? We cannot talk about sex and HIV in mosque. This is the work of Department of Health.” Dar-ul-Uloom Islamia Education and Cultural Center, Manchester*

#### **3.2.4 Issues and challenges**

Analysis of responses to the ‘specific needs or challenges’ section of the questionnaire revealed the need to tackle stigma related to HIV within Muslim faith communities, and the need for capacity-building.

*“We can disseminate information but you know how difficult it is to talk about these issues due to stigma. We can talk about it but we need training for that. If you give us resources like leaflets we can distribute it.” Banbury Madni Masjid, Banbury*

*“Yes I agree that religious leaders should preach about abstinence to young people because they have become westernised and are involved in all sorts of bad practices. We need resources to educate them” Dar-ul-uloom Qadiria Jilania, Ashton underTyne*

*“At present we work with NHS to deliver services related to depression, smoking. We can also work in this issue. We need to build capacity of our staff.” Muslim Welfare House, Nottingham*

#### **3.2.5 Lessons Learnt**

The experiences drawn from the survey were useful and relevant for future engagement with Muslim FBOs.

- We did not use the word “survey” at the start of conversation, but at the same time captured all information through generic discussion
- The Muslim respondents, in particular the Imams, were more responsive if spoken to in Urdu or Bengali - for those that converse in these languages
- Timing is also important when conducting a survey with FBOs. The Imams were usually unavailable after noon. Very few mosques have emails, so telephone is the best means of communication
- Greeting in Arabic “*Assalamu alaikum*” is very advantageous before starting a conversation
- The Imam seems not to be the decision maker, but the implementer, so decisive questions are always answered by the Mosque committee Chairperson [or their equivalent]

### 3.2.6 Challenges

The survey for Muslim faith based organisations presented some challenges as most of the faith leaders put down the phone receiver when the conversation started with sex and HIV. Researchers had to engage them in conversations on other public health issues, such as diabetes and cancer, before broaching HIV as a topic for discussion or conversation.

### 3.2.7 Limitations to the study:

The following were identified

- Low survey response
- Language barrier
- Limited time period
- Most of the Muslim FBOs did not have email addresses, so we had to complete the responses over phone
- Many FBOs did not answer the phone calls
- There were many incorrect or unreachable numbers
- Some emails also bounced back due to wrong listed email addresses.

## CHAPTER 4

### CONCLUSION

Many Christian FBOs expressed interest in signposting. Resources from organisations such as AHPN should be made available for such organisations. Support should be extended to some FBOs that expressed interest in partnership work with AHPN (Dominion parish, Christian Life Centre). Mapping Muslim FBOs in the areas with high African population will open the avenue to engage more FBOs in HIV interventions, thus increasing both the strength and coverage of the service. A few Muslim FBOs were interested in providing HIV related services but did not have the capacity to implement the HIV programme. The faith leaders and decision makers of such FBOs should be trained to address issues related with HIV.

We recommend that faith leaders should be highly engaged in HIV related interventions. To assist with this, funding and resources should be directed to provide support to FBOs. In addition, faith leaders should be given access to HIV awareness training. Any learning about working with FBOs should be shared with service providers and commissioners to inform engagement. More FBOs need to engage in HIV related interventions to break the loud silence around HIV among faith communities. AHPN continues to work in conjunction with faith leaders to provide support and training in HIV related issues, and to influence policy.

## Appendix- Questionnaire

### Connecting with faith: HIV interventions undertaken by Christian and Muslim organisations in the United Kingdom

1. Name of faith based organisation (FBO):
  2. Faith: Christian          Muslim
  3. Denomination:
  4. Contact details:
    - + Contact person: .....
    - + Position in organisation.....
    - + Address: .....
    - + Telephone number: .....
    - + Email: .....
    - + Website: .....
  5. HIV services offered by your organisation. (please tick any that apply to you):
    - Workshops/training
    - Counseling/Advice
    - Promoting HIV testing
    - Promoting safer sex
    - Abstinence
    - Support groups
- Type of group:.....
- Other support i.e. Home visits
  - One to one emotional support
  - Resources and information available on a regular basis
  - HIV treatment and healing information
  - Spiritual Healing and prayer (not HIV treatment)
  - Other (please specify).....

6. Do you have any specific HIV programme(s) Yes or No

a) If yes, and you are working in partnership with any other faith based organisation(s) please specify their name, address, and contact details.

.....

b) Please describe the programme(s) in brief:

.....

7. Would your organisation like to engage in more HIV related work? Yes or No  
If yes what work and what support would be helpful?

.....

8. Are there any specific needs or challenges you would like to highlight and state what you consider to be the appropriate response of FBOs?

.....

9. Are you aware of any other FBOs working with African Communities that you recommend we contact (please give details)

.....

10. Other comments:

.....

*Consent to include your faith based organisation in the AHPN faith and HIV directory as been given by*

Name (please print):

Signature and date:

## REFERENCES

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<sup>i</sup> Connecting with Faith : HIV interventions undertaken by Christian and Muslim organisations in United Kingdom ,Brief Report -October2009, Taiwo Makanjuola

<sup>ii</sup> Source: Census, April 2001, Office for National Statistics. Published on 13 February 2003 at 11:00 am

<sup>iii</sup> Ibid

<sup>iv</sup> Online Directory of Black Majority Churches UK, available online at <http://www.bmcdirectory.co.uk/>

<sup>v</sup> Black UK Christian directory, available online at <http://blackchristiandirectory.com/>

<sup>vi</sup> Muslim directory, available online at <http://www.muslimdirectory.co.uk/searchmosques.php>