



# THE CONTRIBUTION OF SPIRITUAL SUPPORT TO THE WELLBEING OF PEOPLE LIVING WITH HIV AND AIDS (PLWHA) IN MBALA DISTRICT OF ZAMBIA

Kunda Elasto Mattias<sup>1</sup>, Daniel Ndhlovu<sup>2</sup>

<sup>1</sup>Student Research Scholar, University of Zambia, Zambia

<sup>2</sup>Prof. Research Supervisor, University of Zambia, Zambia

## ABSTRACT

*The purpose of the study was to explore how Spiritual Support contribute to the wellbeing of People Living with HIV and AIDS (PLWHA) in Mbala district of Zambia. A phenomenological research design was used to unveil how Spiritual Support contributes to the wellbeing of People Living with HIV and AIDS (PLWHA) in Mbala district of Zambia. The study population included the PLWHA in Mbala district. The total sample was eight (8) participants supported by the Faith-Based Organisation in Mbala District. The study found that the PLWHA find comfort when they attend communal biblical counselling where biblical verses are used to encourage the patients. The Spiritual Support is realised through fellowshiping and hope preaching by the Church and through the Faith Based Organisation operating under the Church and its partnerships with Donor Agencies. The Donor Agencies have provided more than Spiritual Support to the PLWHA in the Zambian community. The study recommended that there is need for the Ministry of Health to ensure that they provide funding to the clinics so that more community health providers are employed to help with the home visits. This will increase the rate of adherence to medication and schedules which are given to the PLWHA in the Zambian communities.*

**KEY WORDS:** *Spiritual Support, People Living with HIV and AIDS (PLWHA), Mbala district*

## 1. INTRODUCTION

From the Demography and Health survey (2018), HIV testing among pregnant women at antenatal clinics has increased significantly, with 9 out of 10 pregnant women getting tested and almost all (more than 95 percent) of those diagnosed with HIV (at the antenatal clinic) being initiated on treatment (ARVs). However, there is a large gap around children; with about 71 percent of HIV exposed children ((born from a mother living with HIV) receiving early infant diagnosis, and 79 percent of children 0-14 years living with HIV are on treatment. Despite an increasing trend of HIV testing and update of voluntary medical male circumcision (VMMC) among adolescents and young people, condom use by sexually active adolescents remain low. The 2018 Demographic and Health survey reported that only 49 percent and 30 percent of adolescent boys and girls aged 15-19 years old respectively used a condom at the last higher-risk sexual intercourse. Although 65,000 (females 40,000 and males 25,000) adolescents are estimated to be living with HIV, only about 60 percent are on HIV treatment. According to the Demographic and Health survey (2018); only 6 in 10 adolescent girls and 5 in 10 adolescent boys aged 15-19 years have ever been tested for HIV and know their HIV status.

In exploring the Mbala District Annual Integrated Plan (2010), HIV and AIDS has contributed to high poverty levels among People Living with HIV and AIDS in Mbala district of Zambia thereby negatively affecting their wellbeing. In order to address the problem of managing the wellbeing of People Living with HIV and AIDS, there are various organisations providing different types of HIV and AIDS related support services in Mbala district (Sikazwe, 2013). The Ministry of Health mainly

provides clinical (treatment) support; the Ministry of Community Development and Social Welfare mainly provides economical support and Non-Governmental Organisations mainly provide spiritual and economical support. The problem which this study explored was on how Spiritual Support contributes to the wellbeing of People Living with HIV and AIDS (PLWHA) in Mbala district of Zambia.

## 2. STATEMENT OF THE PROBLEM

According to Mbala District Annual Integrated Plan (2010), HIV and AIDS has contributed to high poverty levels among People Living with HIV and AIDS in Mbala district of Zambia thereby negatively affecting their wellbeing. In order to address the problem of managing the wellbeing of People Living with HIV and AIDS, there are various organisations providing different types of HIV and AIDS related support services in Mbala district (Sikazwe, 2013). The Ministry of Health mainly provides clinical (treatment) support; the Ministry of Community Development and Social Welfare mainly provides economical support and Non-Governmental organisations mainly provides spiritual and economical support. However, despite the current interventions being employed in managing the wellbeing of People Living with HIV and AIDS, their lived experiences on how the spiritual support have contributed to their wellbeing were not known. Neglecting this knowledge gap may perpetuate not knowing how the spiritual support received have contributed to the well-being of the PLWHIV in Mbala district of Zambia. The results of this study may benefit partners and stakeholders supporting PLWHA by enabling them to come up with holistic support interventions or activities. It is



therefore this knowledge gap which had made the researcher to carry out this study in Mbala District.

### 2.1 Theoretical Framework

The study was guided by the health belief model developed in the 1950s by social scientist whose interest was to advance the need to improve public health services in the United States of America. This theory is a behaviour change model that has been used widely because of its principles that make it easy to incorporate it into interventions to increase knowledge of health challenges, enhance perceptions on issues of personal risk, encourage actions leading to reduced or complete elimination of risk, and build a sense of self efficacy to take responsibility for the needed changes (Green et al, 2020).

The key elements in this model of behaviour change speak to the individuals' beliefs about health conditions that in turn tend to have a bearing on that individuals' behaviours (Green et al, 2020). The health belief model (HBM) defines six key factors or constructs that influence health behaviours. The six constructs of the health belief model are used as benchmarks to explore and interpret the findings of this study on the lived experiences of PLWHA in Mbala District on how clinical, spiritual and economic support have contributed to their wellbeing. These benchmarks include Perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action and self-efficacy.

Perceived susceptibility refers to individual's subjective perceptions of views about the risk of acquiring an illness or disease (Green et al, 2020). Individuals are likely to hold different or variations in the way they view their personal vulnerability to illness or diseases. From this principle, the study used this narration to see how the PLWHA perceive the risk of living with the disease for a long time and its effect on their economic status. This principle helped the researcher to understand how the PLWHA have been risking in the process of ensuring that they find a better living plan in the community without being victimised.

The principle of perceived severity speaks to the way individuals feel about their likely hood of contracting an illness. This goes even further to how they may act once they detect the disease, whether to seek treatment or leaving it untreated (Green et al, 2020). This principle is used to understand how the PLWHA are made aware of their condition and how they react thereafter. It is used in this study to investigate how the PLWHA are viewed by the community, especially when they struggle to make a living and how such rejection make them become strong in life. Through this, their views and life experiences are examined through their ability to stand strong despite their condition in the community.

The principle of perceived benefits looks at how individuals view the effectiveness of various actions that are available to reduce the threat to sickness or diseases. This goes further to views on possible cure of illness or diseases through other means which can either be medical or social (Green et al, 2020). This principle is used to assess how the PLWHA have benefited

from the different programs which are floated to them by the government and other organisations which aim at improving their wellbeing in the communities they live. Since different communities have access to different organisations who sponsor the PLWHA, it is important that these are evaluated so as to access how they make the people benefit from such programs in their communities.

While perceived barriers are about how an individual feel on the barriers or obstacles to performing a recommended health action, which may even include cost benefit analysis (Green et al, 2020). This principle is used in the study to see how the PLWHA are unable to have access to their personal and community empowerment due to their condition. Also, how the PLWHA are being segregated or the challenges they are facing in the process of being in their condition. This knowledge enabled the study to learn from the lived experiences of PLWHA and be able to make decisions which can help the PLWHA in other communities to find ways of living a better life in their condition.

The principle of cue to action is about the stimulus that triggers the ability to choose a process to accept a recommended action to health action (Green et al, 2020). How the health facilities are working to make the PLWHA accept their condition is what this is looking at. The way the PLWHA are being assisted through the clinic and its recommendations is what this study has shown in the Zambian community.

While the principle of self-efficacy is all about the individual's confidence in his or her ability to respond successfully in carrying out a behaviour, the people should ensure they show they are worthy standing for their beliefs. Whether the individual will perform the behaviour advised successfully or not. This principle is used to assess how the PLWHA gain confidence through the empowerment which is given to them by the communities and the organisations responsible for that. Confidence is only shown to the people through different challenges, and they come to overcome such in their communities. This is through empowerment of different kinds.

### 2.2 Geographical Location of Study Sites

Mbala is Zambia's most northerly large town and seat of Mbala District in Northern Province, (Carte et al,1996), occupying a strategic location close to the border with Tanzania and controlling the southern approaches to Lake Tanganyika, 40 km by road to the north-west, where the port of Mpulungu is located. It had a population of about 20,000 in 2006. Under the name Abercorn, Mbala was a key outpost in British colonial control of this part of south-central Africa (Hope & Gamwel, 2007). Mbala was chosen as a study site because of the prevalence of HIV and AIDS; availability of people living with HIV and AIDS, availability of healthy facilities where People Living with HIV and AIDS (PLWHA) seek medical treatment (clinical support); availability of support groups of PLWHA in targeted communities and availability of organisations that provide HIV and AIDS services in Mbala District.



### 3. LITERATURE REVIEW

Chaiyasit et al (2020) conducted a study on the spiritual well-being and predicting factors of spiritual well-being among people living with HIV/AIDS (PLWHA) in Thailand. 138 participants were selected using a simple random sampling technique from one tertiary hospital in the northeast region of Thailand. The study found that spirituality has played an important role among PLWHA because it can promote peace and happiness, inner strength, understanding of the illness and self-acceptance, self-health care, a sense of compassion, purpose in life, hope, relationships and connection with a higher power divine or God. Further findings established that spiritual well-being could assist PLWHA to confront their disease and stressful life events. Three of the highest scores of spiritual well-being were that religion could assist people for well-being ( $4.28 \pm 0.80$ ), religious practices could assist people to find a peaceful life ( $4.25 \pm 0.84$ ), and a joyful life ( $4.25 \pm 1.07$ ). It can be explained by the fact that all of the participants in the study were Buddhists while this study involved Christians in the Zambian society.

A study conducted by Afriyanti & Wenni (2018) looked at the effects of Spiritual and Emotional Freedom Technique (SEFT) in the self-concept of breast cancer patients in Nigeria. The study found that Spiritual Support and Emotional Freedom Technique (SEFT) is a therapy that combines spiritual energy and psychological power by putting forward or utilizing the forces that have existed in the human body which will cause multiple strengths and can cure all problems faced by humans by empowering themselves with energy and strength.

A study was conducted by Mpfu, Mabvurira & Chirimambowa (2020) on Religion, Spirituality and Resilience of HIV Positive Children in Zimbabwe. The sample consisted of 24 HIV positive children and three caregivers participated in the study. Data were collected through in-depth interviews, focus group discussions and key informant interviews. The study found that religion and spirituality are crucial in offering psychosocial support to HIV positive children. They argued that religion and spirituality help with emotional healing, acceptance of HIV status, conflict resolution and strengthens bonds promoting their resilience. Earlier, Waines (2011) noted that faith in church brought about the vulnerable and marginalised people like the PLWHA in the church to have support and this ensured their physical and spirituality is supported by their fellow believers. However, it was shown that they also have negative impacts including involuntary disclosure, stigma and discrimination, poor adherence to medication and caused depression and anxiety. The study was conducted on children while this study was conducted on adults in Zambia.

Chaiyasit et al (2020) who indicated that highest scores of spiritual well-being were that religion could assist people for well-being ( $4.28 \pm 0.80$ ), religious practices could assist people to find a peaceful life ( $4.25 \pm 0.84$ ), and a joyful life ( $4.25 \pm 1.07$ ) and all the three were not significant. In the centrally, Eriksson, et al (2011) found that for some Christians, HIV prevention is understood as a moral issue, while for others, it is

a public health problem, a gender issue or a social justice problem. Mubita et al (2018) argued that some women who were involved in these traditional activities were not aware that the activities had health benefits and anti-aging properties. Traditional games were necessary to help the rural communities in being health since they were not a cost to run and implement. This can also be linked to the PLWHA in that they can also find comfort in the use of traditional games as a way of being accepted in the community with their status.

In Mississippi, a study was conducted by Sprague et al., (2020) who looked at Experience of religion and spirituality among socially marginalised people living with HIV. Using grounded theory and qualitative methods, the study investigated the experience of health and illness of a low-income, socially marginalised population living with HIV in two locations. The study found that church as community, depicts church communities as providing strong external sources of support among this socially marginalised diverse sample of low-income participants that included individuals who were gay, bisexual and heterosexual, with incarceration and substance use histories.

Chant (2010) holds that the assorted qualities of the different meanings of spirituality and religion and the numerous implications are recognized and talked about in their noteworthy and helpful paper. Late understandings of most profound sense of being as discrete from religion are recognized and talked about with the acknowledgment of the social issues supporting these creating bits of knowledge. Chant (2010) indicated that Christian counsellors are active representatives of God because they give hope to the people who need it at the right time. Counsellors should convey their healing message in the restorative experience and search for God's managing hand in each directing circumstance.

Sholehah et al (2018) conducted a study on understanding house wife spirituality and stigma related to people living with HIV/AIDS in Indonesia. The research applied descriptive correlation design with cross sectional approach. The sampling was conducted for 84 house wives who were reached by using proportionate random sampling. The findings argued that the perception of negative treatment was in the form of avoidance, humiliation and rejection in social interaction. Viljoen (2013) also indicated that there is need for the Faith Based Organisations to ensure that they organise enough food, clothing and finances to help the PLWHA because they have no capacity to fend for themselves when they get sick and their children tend to suffer. Perception was changed through the religious beliefs which people shared from their religious gatherings. How the Zambian religious groupings contributed to the well-being of the people living with HIV/AIDS is what this study investigated.

### 4. MATERIAL AND METHODS

A phenomenological research design was used to unveil how Spiritual Support contributes to the wellbeing of PLWHA in Mbala district of Zambia. The study population included the PLWHA in Mbala district. The total sample was eight (8) participants supported by the Faith-Based Organisation in



Mbala District. The participants were interviewed from their place of comfort to ensure they were ready to provide the relevant information for the study since the topic was sensitive. Data was collected for a period of six weeks as the participants were supposed to create time when they felt they were ready to be talked to especially that snowball sampling was used. Explaining the procedures was a way of making them understand that the study was academic and not funded by anyone which made them realise the need to be part of it.

Data was analysed thematically which involved different procedures. The researcher organised the collected data into themes through the following steps. Firstly, data collected was transcribed from audio into text. The transcribed data was synthesised into common heading which were leading the data set which were now called themes. The next stage was to organise the text under the created themes which have emerged from the data so that it can make sense. Through this procedure, data from all participants was organised under the themes the data represented, and this enabled the researcher to present data in the findings using the identified themes at analysis. In order to also show data authenticity, common responses were synthesised into verbatim to bring out the actual voices of the participants in the study. Through thematic analysis, data was presented to represent the actual findings of the study as collected from the different participants who took part in the study.

To ensure that the ethics of the study are followed, the study was approved by the ethical committee at The University of Zambia (UNZA) before conducting the study. In addition, the researcher wrote to the relevant stakeholders to seek permission to conduct research on the sampled PLWHA. Data collection only commenced after approval was done by the relevant authorities. The participants were not enticed to take part in the study or to be forced, but they were informed on what the study was about, and they volunteered. To ensure confidentiality and anonymity, the identity of the respondents regarding their names, status, age and any kind of data they provided were not exposed to any person. In data analysis, the names of the facilities, participants and research areas were not named so as to protect the image and integrity of the respondents in case of whatsoever type of results that may come out.

## 5. RESULTS

To determine how Spiritual Support contributes to the wellbeing of PLWHA. The study revealed that the wellbeing of PLWHA they were spiritually supported through Communal Biblical Counselling, Fellowshiping and Hope Preaching and Through Church and its Partnerships as main theme of the study.

### 5.1. Communal Biblical Counselling

In view of how the spiritual support contribute to the wellbeing of PLWHA, the study findings revealed that the PLWHA were spiritually supported through the church gatherings which were specifically designed for them in the different churches and by some Faith-Based Organisations which dedicated some time to encourage them in their condition. Participant 6 said:

*“Some of our friends come for services with the mind that they will die soon since the drugs are not there to cure the condition. Through intensive counselling and use of biblical verses, people come back to normal and accept their condition. Some come at the blink of committing suicide, but through communal counselling and when they see how many people are affected, they change their mind and accept their condition”.*

Participant 2 also added that:

*“I have also come to learn the benefits of being faithful in the process of living with this condition in our community. I have also learnt that we need to become responsible for our actions and become more concerned with how we should help others who are not in our condition not to find themselves into this condition. I have to be a living example to them so that they can avoid life threatening activities which may make them contract the HIV virus and this is what I have been preaching”.*

Spiritual contribution is seen to bring about emotional support from the people around the congregation and community prayer grounds. Therefore, spiritual contribution is a positive move to making PLWHA feel loved and safe in the global world of today.

### 5.2 Fellowshiping and Hope Preaching

The study found that through fellowshiping and hope preaching in congregations, churches and Support Groups formed by PLWHA in different communities, the PLWHA were able to encourage each other concerning their condition. It was learnt that continuous prayers, words of faith and sharing biblical messages helped the PLWHA overcome the mental and social challenges which they were going through on a daily basis. Participant 2 added that:

*“The sight of people coming to see me and give a prayer was the biggest hope which encouraged me to be strong despite my sickness. The gifts which they brought were small like drinks, food packs and water and that made me survive because I was economically down, and I could not even know what my children would eat the following day. The love which was shown to me through gifts has made me also provide the same gifts to friends who are in hospital because I have experienced how it feels to be visited and receive a gift from friends. It’s a support which makes someone become healed spiritually”.*

Study findings on the fellowshiping and hope preaching established that the spiritual support which the PLWHA received was extended from reading the bible to being practical and realise the need for being self-sustaining. Participant 5 said:

*“Every time church members and the people I hardly expected to come and see me came by, I became healed and strengthened just by their sight and the few gifts which they made to me and my family. At times, I did not even know where I would get a bottle of water but seeing people bring to my bed and even shake my hand despite my condition, it was a healer and motivating time for me. They did not know that such presents were the medicine which made me become confident and get healed”.*



The study also found that the spiritual support which contributed to the wellbeing of PLWHA was differently considered. It was learnt that at church level, the church preaches sermons that deals with the issue of stigma reduction by other church members by accepting PLWHA and incorporating them into church leadership and other activities without discrimination. Participant 3 said:

*"It is not easy to come out in the open and talk about being HIV positive for the first time because of the stigma which the disease surrounds itself with. As much as the church provides comfort for me and my friends to live a better life through biblical sharing, we have received more help through our women group prayers which happen regularly in our communities and amongst ourselves as PLWHA".*

Spiritual belief has a strong effect on psychological function in PLWHA and spiritual support is key in making the PLWHA became positive about their lives and themselves in the church and communities they lived.

### 5.3 Church and its Partnerships

The other spiritual support established in the study was that the church partnered with the local health clinic and the staff from the Department of Health under the Faith-Based Organisation to enable routine counselling to be offered to PLWHA even if they know God was in control. This has enabled most of their friends who only believed in God also realise that they need to be talked to by professionals on how to live a positive life. This has even reduced self-stigma which was common amongst themselves. Participants 2 said:

*"Apart from the prayers which the main church gathering provided to us PLWHA, I can also indicate that more support through encouraging literature from the Bible is shared time and again. At times, we have people coming from other organisations who come to share with us their experiences and how best we can make use of our meetings to also realise that we can do better".*

Findings of the study further revealed that Faith-Based Organisations deal with stigma reduction at family and community levels respectively so that the church and communities can work without segregating anyone. When stigma is worked on by the people around those living with HIV and AIDS, it becomes simple for them to lead a normal life like any other person in the community. Participant 5 added that:

*"The pastors should also talk about stopping stigmatising the PLWHA because it is just a condition like being married, single or having any other disease. Churches should encourage loving each other in all circumstances so that we can feel loved as well. This will sustain our lives in the community and through church".*

In addition, the study found that the PLWHA have been encouraged by the Faith-Based Organisation to grow their spiritual faith and look beyond the messages and get motivated to work hard in life since disease is in every person. Chronically ill PLWHA who are bed ridden in their homes receive some food supplements which include High Energy Protein Supplements (HEPS), sweet beans, sugar, and cooking oil. The

food supplements are distributed to the homes of chronically ill PLWHA by staff from the Faith-Based Organisation and the Care givers from the PLWHA Support Groups found in different communities, which were established by the Faith-Based Organisation on behalf of PLWHA. Participant 7 added that:

*"We have been encouraged by the Faith-Based Organisation to grow our spiritual faith and look beyond the messages and get motivated to work hard in life since disease is in every person. Some of the PLWHA who are chronically ill (who are bedridden) receive some food supplements which include High Energy Protein Supplements (HEPS), sweet beans, sugar and cooking oil. The distribution of food supplements is done in most cases as we meet in our Support Groups, which encourages the few of us who are unable to have good food for the drugs we take".*

The food supplements help chronically ill PLWHA to take their drugs properly. As much as the church is there to help, food supplements and spiritual help go along together and help the poor to even get encouraged that they are considered by the church.

## 6. DISCUSSION

The study revealed that the wellbeing of the PLWHA were spiritual supported through Communal Biblical Counselling, Fellowshiping and Hope Preaching and Through Church and its Partnerships as emerged main theme of the study. In view of how the spiritual support contribute to the wellbeing of PLWHA, the study findings revealed that the PLWHA were spiritually supported through the church gatherings which were specifically designed for them in the different churches and by some Faith-Based Organisations which dedicated some time to encourage them in their condition. This type of support meant that the PLWHA who belonged to these congregations were people who matter, hence they had time reserved for them. The results of the study are supported by Chaiyasit et al (2020) whose study found that spirituality has played an important role among PLWHA because it can promote peace and happiness, inner strength, understanding of the illness and self-acceptance, self-health care, a sense of compassion, purpose in life, hope, relationships and connection with a higher power divine or God. It was then noted that spiritual well-being can assist PLWHA to confront their disease and stressful life events. Other scholars Afriyanti & Wenni (2018) also support that Spiritual and Emotional Freedom Technique (SEFT) is a therapy that combines spiritual energy and psychological power by putting forward or utilizing the forces that have existed in the human body which will cause multiple strengths and can cure all problems faced by humans by empowering themselves with energy and strength. This SEFT combination therapy process effectively stimulates PLWHA to be relaxed and self-reliant to control themselves so that based on the post-test results to follow-up there is a significant decrease in the level of depression for PLWHA. Spiritual contribution is seen to bring about emotional support from the people around the congregation and community prayer grounds. Therefore, spiritual contribution is a positive move to making PLWHA feel loved and safe in the global world of today.



The study found that through fellowshiping and hope preaching in congregations, churches and Support Groups formed by PLWHA in different communities, the PLWHA were able to encourage each other concerning their condition. It was learnt that continuous prayers, words of faith and sharing biblical messages helped the PLWHA overcome the mental and social challenges which they were going through on a daily basis. Commenting on the findings, Mpofu et al (2020) agree to these findings when they contended that religion and spirituality are crucial in offering psychosocial support to HIV positive children. They argued that religion and spirituality help with emotional healing, acceptance of HIV status, conflict resolution and strengthens bonds promoting their resilience. Earlier, Waines (2011) noted that faith in church brought about the vulnerable and marginalised people like the PLWHA in the church to have support and this ensured their physical and spirituality is supported by their fellow believers. Church becomes one community where hope is cultivated in the marginalised in the community as the church always encourages the oppressed to have faith after they are shown love and care. This is the primary responsibility of church members and its leadership to ensure that the members are well talked to using the Bible and its teachings. When this is done effectively, peace is achieved in the church and every congregant feels safe to talk about their condition since they have found help.

Study findings on the fellowshiping and hope preaching established that the spiritual support which the PLWHA received was extended from reading the bible to being practical and realise the need for being self-sustaining. These findings contradict the views of Chaiyasit et al (2020) who indicated that highest scores of spiritual well-being were that religion could assist people for well-being ( $4.28 \pm 0.80$ ), religious practices could assist people to find a peaceful life ( $4.25 \pm 0.84$ ), and a joyful life ( $4.25 \pm 1.07$ ) and all the three were not significant. In the centrally, Eriksson et al (2011) found that for some Christians, HIV prevention is understood as a moral issue, while for others, it is a public health problem, a gender issue or a social justice problem. Perhaps the main problem for the theological discussion on HIV prevention is that topics which have been taboo within the Christian tradition must be addressed. These include sex and sexuality, gender inequality, violence, drugs, homosexuality and promiscuous lifestyles as these need to be resolved in church so that every person is included in the programs without stigma as they are all one in the eyes of God. In this case, the PLWHA needs to be embraced in the church and prayed for so that they can realise that their condition is understood by every caring member of the church. This is one of the spiritual supports which needs to extend to the entire congregation and community so that the PLWHA can find comfort in attending fellowshiping and hope preaching meetings in the church and beyond, although other studies find this otherwise.

The study also found that the spiritual support which contributed to the wellbeing of PLWHA was differently considered. It was learnt that at church level, the church

preaches sermons that deals with the issue of stigma reduction by other church members by accepting PLWHA and incorporating them into church leadership and other activities without discrimination. The results of the study concur the findings of Ardan et al (2019) who found that spiritual therapy creates a relaxation and health response, which can lead to confidence in self-care, and is beneficial to anxiety and panic in terminal patients that can lead to calmness. Further, Sprague et al., (2020) agree with the findings when they found that church as community, depicts church communities as providing strong external sources of support among this socially marginalised diverse sample of low-income participants that included individuals who were gay, bisexual and heterosexual, with incarceration and substance use histories. Spiritual belief has a strong effect on psychological function in PLWHA and spiritual support is key in making the PLWHA became positive about their lives and themselves in the church and communities they lived.

The other spiritual support established in the study was that the church partnered with the local health clinic and the staff from the Department of Health under the Faith-Based Organisation to enable routine counselling to be offered to PLWHA even if they know God was in control. This has enabled most of their friends who only believed in God also realise that they need to be talked to by professionals on how to live a positive life. This has even reduced self-stigma which was common amongst themselves. From these findings, it can be seen that a Christian life is a guide to assisting the poor and mistreated people. To support the findings, Chant (2010) indicated that Christian counsellors are active representatives of God because they give hope to the people who need it at the right time. Counsellors should convey their healing message in the restorative experience and search for God's managing hand in each directing circumstance. The spiritual interaction with the PLWHA taps into the counsellor's capacity to make spiritual evaluations and intercessions and gives a structure for looking at the patient's background. The nexus between the church and the local health practitioners is a better way of providing both spiritual and medical help to the PLWHA because medical services are found in the clinic while faith and hope is provided by the church counsellors. The combination of the two make this collaboration stand to both physically and spiritually contribute to the wellbeing of the PLWHA in the Zambian community. If the clinic and the faith organisations do not work together, the patients may have challenges in ensuring that they are well attended to by the clinic and its counsellors.

Findings of the study further revealed that Faith-Based Organisations deal with stigma reduction at family and community levels respectively so that the church and communities can work without segregating anyone. When stigma is worked on by the people around those living with HIV and AIDS, it becomes simple for them to lead a normal life like any other person in the community. The findings are supported by Sholehah et al (2018) who argued that the perception of negative treatment was in the form of avoidance, humiliation and rejection in social interaction. Negative treatment arises from fear of contracting, where a person is uncomfortable at



direct contact with PLWHA. Perceptions about HIV and AIDS patients was improved by the faith from the religious scriptures which made the people live as one family despite the condition. Perception was changed through the religious beliefs which people shared from their religious gatherings. It is clear that the Faith Based Organisations have a bigger role to make sure that stigma is eliminated from the community of believers and beyond through showing love to each other and not showing that individual status of disease was a factor. This would bring more people to the church since they are receiving spiritual and emotional counselling at that level of engagement in life.

In addition, the study found that the PLWHA have been encouraged by the Faith-Based Organisation to grow their spiritual faith and look beyond the messages and get motivated to work hard in life since disease is in every person. Chronically ill PLWHA who are bed ridden in their homes receive some food supplements which include High Energy Protein Supplements (HEPS), sweet beans, sugar, and cooking oil. The food supplements are distributed to the homes of chronically ill PLWHA by staff from the Faith-Based Organisation and the Care givers from the PLWHA Support Groups found in different communities, which were established by the Faith-Based Organisation on behalf of PLWHA. The food supplements help chronically ill PLWHA to take their drugs properly. The study findings are in line with Viljoen (2013) who indicated that there is need for the Faith Based Organisations to ensure that they organise enough food, clothing and finances to help the PLWHA because they have no capacity to fend for themselves when they get sick and their children tend to suffer. Being part of the children of God, it is the role of the Faith Based Organisations to ensure that the church members have enough food, shelter and love from the people they worship with so that they are able to feel loved and consequently build their faith in believing in one God with their help. As much as the church is there to help, food supplements and spiritual help go along together and help the poor to even get encouraged that they are considered by the church. Prayer without food does not make the faithful become more faithful as they need to eat as much as they pray. The PLWHA needs to eat for them to work extra hard.

## 7. CONCLUSION AND RECOMMENDATIONS

The study investigated the way spiritual support contributed to the wellbeing of the PLWHA. The new knowledge which has been brought to this academic world is that the PLWHA find comfort when they attend communal biblical counselling where biblical verses are used to encourage the patients. The spiritual support is realised through fellowshiping and hope preaching by the church and through the Faith Based Organisation operating under the Church and its partnerships with Donor Agencies. The Donor Agencies have provided more than spiritual support to the PLWHA in the Zambian community. Based on the results on Spiritual Support contributes to the wellbeing of PLWHA presented, the study recommends the following:

- ❖ There is need for the Ministry of Health to ensure that they provide the funding to the clinics so that more

community health providers are employed to help with the home visits. This will increase the rate of adherence to medication and schedules which are given to the PLWHA in the Zambian communities.

- ❖ There is also need for the Church and its partners to increase the coverage of their economic assistance so that all vulnerable church members and other vulnerable members in the communities can have access to the empowerment. The service should not be limited to the church members only, but every person who is disadvantaged in the community. This will enable the communities to be economically independent and support others in the Zambian community.

### Conflict of Interest statement

The authors declare no conflict of interest

### ABOUT THE AUTHORS

**Elasto Mattias Kunda** has recently retired from a Faith-Based Organization which he had headed as Director for the past 14 years (2008-2022). He is an experienced professional with a demonstrated history working in the Non-profit Organization management industry. He is skilled in public speaking, planning, proposal writing, general and project management and leadership. He has a bachelor's degree in Project management from Cavendish university. He is a business oriented professional with a Master degree in Business Administration from Cavendish University. He is an Industrial Science Technologist with vast experience (15 years) working in the Chemical and Agricultural processing Industries. Presently finalizing his PhD in Guidance and Counseling with the University of Zambia. His areas of interests are Guidance and Counselling PLWHA.

**Prof. Daniel Ndhlovu** is a Professor of Guidance and Counselling at the University of Zambia and found in the Department of Educational Psychology, Sociology, and Special Education. He has written and published in international peer reviewed journals. He has co-authored four books and single authored one book currently used in schools, colleges and universities. He has so far supervised and examined more than 100 masters and PhD students. His areas of interests are Guidance and Counselling and Special Education, He has more than 36 years of teaching and administrative experience.

### REFERENCES

1. Afriyanti, E., & Wenni, B. P. (2018). *The Effect of Spiritual Emotional Freedom Technique (SEFT) on the Self Concept of Breast Cancer Patients with Mastectomy*. *Journal Keperawatan Padjadjaran*, 6(3).
2. Carte R. T. M. (1996). *Afrique Centre et Sud*. Paris
3. Chaiyasit, Y., Kunakote, N., Kotta, P., Chanbunlawa, K. and Piboonrungrroj, P. (2020) *Predicting Factors of Spiritual Well-being among People Living with HIV/AIDS*. *The Bangkok Medical Journal* 16(1), 26-34
4. Chant, V. A. (2010). *The Integration of Spirituality in the Practice of Christian Counselling*. *PhD thesis, Melbourne College of Divinity*.



5. *Demography and Health survey (2018). Mbala District Health Office Report. Mbala*
6. Eriksson E, Lindmark G, Haddad B, and Axemo P. (2011). *Involvement of religious leaders in HIV prevention, South Africa. Swedish Missiological Themes, 99(2), 119-135.*
7. Hope, L. and Marion G. (2007). *The History of Abercorn. The Northern Rhodesia Journal, Vol 4 No 6 (1961) pp. 515-527.*
8. *Mbala District Annual Integrated Plan (2010). Mbala District Health Office Annual Plan. Mbala*
9. Mpopfu, S., Mabourira, V., and Chirimambowa, T, (2020). *Religion, Spirituality and Resilience of HIV Positive Children in Zimbabwe. Canadian Social Science, 16 (1), 1-10.*
10. Mubita, N., Nyimbili, F., Tembo, B., Phiri, D. and Chakanika, W. "Health and Anti-Aging Benefits of Sports among Women of Siavonga District, Zambia". *International Journal of Humanities Social Sciences and Education (IJHSSE), vol 5, no. 6, 2018, pp. 1-8.*
11. Sholehah, W., Rifai, A. and Zulfatul, M. (2018) *Understanding House Wife Spirituality and Stigma Related People Living With HIV/AIDS in Indonesia. Digital Repository Universitas Jember, 15: 12-21*
12. Waines, D. (2001). *An introduction to Islam. Cambridge: Cambridge University Press.*