# The impact of faith-based 'healing' and 'cure' claims on Africans living with HIV in the UK



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## Background

Faith plays a vital role for many African people and communities - the 2001 UK census shows that approximately 69% of Africans living in the UK identify as Christian, and 20% as Muslim. In terms of health, faith and prayer can be a source of strength and support for people living with HIV, however there can be negative consequences of the interaction between faith and HIV.

## Results

Phase 1: Survey
The survey recruited 14 AHPN member organisations to respond to questions about

Phase 3: Qualitative Interviews This phase of the project is still ongoing. Case studies gathered so far include:

#### <u>Y: an African man living with HIV</u>

Attends services at a charismatic African church, where he has witnessed 'healing' claims.
Gave the example of a young couple both living with HIV. The woman "was told she was healed" and stopped taking her medication for about 6 weeks. Her husband also stopped taking his, and eventually passed away.
"He continued to come to church while he was able. But then he couldn't walk, and he refused to be hospitalised...You cannot force them to take [medication]. The medics could not force him."

There are increasing reports of faith 'healing' and 'cures', where people living with HIV are told by faith leaders that they no longer have HIV thanks to prayer or 'healing' activities. 'Healing' and 'cure' claims can be associated with pressure to disengage from clinical care and discontinue medication, with a clear potential to negatively affect the health of individuals affected.

Over the past 18 months AHPN has carried out a programme of research to investigate the impact of these claims. As many of the cases of faith 'healing' claims being made and the impact they had that were made known to AHPN were anecdotal, the research study has enabled us to gather and corroborate evidence in order to establish the extent and impact of the issue for African people living with HIV in the UK. faith healing with reference to the service users of their organisations.

• Of the respondents, 7 were aware of cases of people being told they had been 'healed' and being told or pressured to stop taking medication by faith leaders (3 answered no, 4 did not answer).

• Most respondents answering 'yes' knew of more than one case of faith 'healing' claims; one knew of 5 cases.

• At least 15 separate cases were identified. Cases were reported in London (Finsbury Park, Tottenham, and Woolwich), Manchester, Leeds and across the North West.

• In some cases treatment was restarted, but in others the health and mental health of clients declined, in some cases leading to death.

Some indicative examples included: "Regrettably one of the clients deteriorated mentally and is now in a care home. The other client recently restarted treatment." "On 5 occasions. One of my clients travelled to Manchester and was told by the pastor that they

# S: an African man living with HIV

• Active in HIV organisations. At a church he used to attend, he disclosed his HIV status.

"Nobody has the power to heal. But the church I went to was very persuasive, a charismatic church. You are told to come to the front and they will pray for you, and then they tell you you're healed...They prayed for me and told me I was healed, but all the time I was getting bad. They told me not to take my medication. You go to church and you think that the pastor has all the power."

H: an African woman working with an African CBO



This research study was undertaken in order to:
Establish whether faith 'healing' is an issue for African people living with HIV in the UK
Explore the extent of the problem and the impact that it has

 Ascertain the views and experiences of a broad range of affected individuals and groups, including those involved in responding to the needs of Africans living with HIV

 Establish an evidence base and generate recommendations for policy and practice in responding to faith 'healing' and 'cure' claims

# Methods

The research was conducted in three phases.

Phase 1: an online-based survey of communitybased and other service provider organisations working with Africans living with HIV, conducted between May and July 2012. were healed and did stop taking HIV drugs."

Further findings from the survey indicate that individual community organisations are attempting to respond to these cases but there is a lack of guidance or best practice on how best to do so. Participants also pointed to challenges in identifying the churches and/or faith leaders responsible for making 'healing' claims, as individuals are reluctant to provide identifying information. This is a significant barrier to addressing the issue.

Phase 2: Expert Seminar

The faith 'healing' and HIV expert seminar brought together thirty participants with experience of faith and health, with representatives from statutory, voluntary, academic and clinical sectors. The seminar provided an opportunity to hear the research, experiences and recommendations for best practice from a range of experts.

Presentations at the seminar included: the impact of faith 'healing' on children and young people; community and faith-led projects to improve health; and responses to faith 'healing' in other health conditions. Findings from the presentations and subsequent discussions included the extent to which faith 'healing' is recognised at different levels, and the need for concerted and coordinated responses. • Reported the case of E, which she stated was typical of her experiences with others.

• E's HIV status was known in her church and she was seen to be "doing well", so the pastor held her up to show the power of prayer.

• The pastor persuaded her she was 'cured' and should stop taking medication; she stopped her treatment and eventually died.

"These people who have died have been on medication for a long time. They are not new cases. The minute they say I am feeling OK, healed, the pastor steps in, and the problems begin."

# Conclusion

• Cases of faith 'healing' claims are widespread across the UK, and appear to be becoming more common.

• The nature and impact of these claims varies, but in all cases pose a potential risk to the heath and wellbeing of individuals affected.

More research is needed to explore conflicting

Phase 2: an expert seminar, held in June 2012, which brought together a multi-sectoral group of individuals with representatives from statutory, voluntary, academic and clinical sectors to share experiences and expertise on faith 'healing'.

Phase 3: Qualitative interviews conducted with relevant individuals, including representatives of African community based organisations with experiences of supporting people affected by 'healing', and African people living with HIV who had been affected by 'healing' claims. Participants then worked to develop recommendations to effectively respond to faith 'healing', for six key actors or sectors represented in the seminar. For example, clinicians were recommended to increase their awareness of and ability to engage with their patients' faith. evidence around the impact of faith on health.

• There is a lack of joined-up approaches or consensus in responding to the issue, which needs to be addressed.

Further and more expansive research is needed to explore the issue in more detail.
AHPN's forthcoming report will include broad

recommendations to support this

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