

## Religion, Spirituality and Resilience of HIV Positive Children in Zimbabwe

Seneliso Mpofu<sup>[a]</sup>; Vincent Mabvurira<sup>[b],\*</sup>; Trevor Chirimambowa<sup>[c]</sup>

<sup>[a]</sup>Social Work Intern, Million Memory Project Zimbabwe, Bulawayo, Zimbabwe.

<sup>[b]</sup>Research Associate, Department of Social Work, University of Limpopo, Polokwane, South Africa.

<sup>[c]</sup>Coordinator, Million Memory Project Zimbabwe, Bulawayo, Zimbabwe.

\*Corresponding author.

Received 25 September 2019; accepted 10 December 2019  
Published online 26 January 2020

### Abstract

HIV has widely affected many people including children and young people and has posed a threat to their lives. Various studies have, therefore, focused on bringing about interventions directed at improving the lives of people living with HIV. Religion and spirituality emerge as other factors enhancing the coping capacity of children living with HIV. The study aimed to explore the impact of religion and spirituality on the resilience of HIV positive children in Zimbabwe. The study was qualitative in nature and it targeted clients of a not for profit organizations (NPO) that provides psycho-social support to HIV positive children in Bulawayo, Zimbabwe. The study was informed by the resilience theory which explains the importance of the coping capacity of children in adverse situations. A sample 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 findings reflected that religion and spirituality are crucial in offering psychosocial support to HIV positive children. The key findings indicated that religion and spirituality help with emotional healing, acceptance of HIV status, conflict resolution and strengthens bonds promoting their resilience. 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. It was therefore recommended that there is need to create platforms for

child participation, promote inclusion of children in religious organizations and sensitize religious leaders on HIV and its effects on the lives of children infected.

**Key words:** Religion and spirituality; Resilience; HIV positive children; Resilience theory

Mpofu, S., Mabvurira, V., & Chirimambowa, T. (2020). Religion, Spirituality and Resilience of HIV Positive Children in Zimbabwe. *Canadian Social Science*, 16(1), 1-10. Available from: <http://www.cscanada.net/index.php/css/article/view/11341>  
DOI: <http://dx.doi.org/10.3968/11341>

### INTRODUCTION AND BACKGROUND TO THE STUDY

According to UNICEF (2015), by the end of 2011 roughly 17.3 million children from the ages of eighteen and below lost one or both of the parents to HIV. This leads to family stresses and pressures, excluding the fact that these children have to also cope with their illness. Children living with HIV face numerous challenges which are economic, social, and psychological in nature hence there is need to build and maintain their resilience. Anand (2006) cited in UNESCO (2010), asserts that HIV infections can damage the neurological development of children, some experience loss of speech and adaptive and social skills and may have less interactions with the environment. HIV virus disrupts the developmental milestones that children have to go through, in some making them to have stunted growth with a short height, always susceptible to infectious diseases such as Tuberculosis, flue, headaches and diarrhea (Hein, Dell, Futterman, Rotheram and Shaffer, 2000). This at times causes infected children not to attend school like other children, and not to engage in other activities at school due to the virus.

According to Nyesigomwe (2005), the absence of parents or caring caregivers exposes HIV positive children

to extensive poverty, abandonment and they are prone to exploitation and abuse. UNICEF (2015), states that by 2010, 25 million children were orphaned by HIV and AIDS. This reveals that many children find themselves with no one to turn to and are left without support. Some end up being raised by extended family members who do not want to take care of them, some in foster homes and some may be adopted. Some live with grandparents who are not able to provide for all their needs especially nutritional requirements for their successful development (Nyesigomwe, 2005). There is a need for more psychosocial support and care to be given to children living with HIV, from the early years for them to grow up well.

Children with chronic illness, specifically those living with HIV are vulnerable to psychiatric problems due to emotional and behavioral problems associated with HIV, such as depression, anxiety, inferiority complex and feeling isolated. Issues of disclosure become a problem for the parents or guardians as they fear the response, reaction of children after disclosing to them. Therefore, some do not tell children their status and they hear it from health practitioners or other family members or at churches. This leads to children having heartbreaks and being in a state of depression which some are not able to recover from at times. This reduces their confidence and also contributes to failure to cope in dire circumstances.

Religion and spirituality are fundamental factors for the development of children as it helps with social, psychological and emotional support (UNICEF, 2003). Religion and spirituality are essential aspects of African life which have influenced and shaped the lives of many children, youths and elders. Klocker, Trenerry and Webster (2011) assert that religious beliefs may reduce stress, provide opportunities for people to connect socially and secure social support, and is associated with positive emotions and cognitions. However, religious discrimination produces negative outcomes which manifest as psychological effects such as stress and depression, hence it lowers the resilience of people.

Smith (1995:183) cited in Newman (2004) views religion as “systems or structures that consist of specific kinds of beliefs and practices that are related to superhuman beings or deity”. On the other hand Spirituality is regarded as an intrinsic process where an individual takes part in search of meaning and purpose in life (Galea, 2008; Ryan, 1998). These terms may be used interchangeably as religion and spirituality overlap and complement each other. The two cannot be separated as some may find their spirituality inside religion, hence they go hand in hand. For the purpose of this research study religion and spirituality were taken as being involved in an organized group whilst believing in a higher deity or a Supreme Being such as God.

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## POSITIVE IMPACT OF RELIGION AND SPIRITUALITY ON ILLNESS

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In recent years it has been discovered that many religious sectors have made a positive contribution in the lives of people living with HIV in the developed world. In America, studies revealed that people with HIV who are more spiritual show improvements in life satisfaction, functional health status, health-related quality of life and overall well-being than those who are not religious and spiritual (Klocker et al,2011). Szaflarski (2017) notes that religion and spirituality lessen psychological stress, depression and anxiety among people that have been diagnosed with HIV, based on the study done in United States of America. Religion and spirituality may have a dual role acting as a coping mechanism or a stressor to different individuals (Szaflarski, 2017).

Manzou, Schumacher and Gregson (2014), note that religious organizations have become key sources of care and support for people including children living with HIV in various regions in Africa. A study done by Bazant and Boulay (2007) revealed that religious sectors in Ghana were a significant foundation where people living with HIV got their material and social support. In Swaziland in 2002, both traditional and religious leaders enlightened people on moral obligations and social services that were to be provided to orphans. These improved to 38% which was twice what was provided before with regard to HIV among children and young people (UNICEF, 2003).

Zou et al (2009) noted that religious beliefs and organizations have the potential to either mitigate or exacerbate shame-related HIV stigma. In a study done in Tanzania, it was noted that disclosing one’s status to a Pastor could facilitate emotional healing and support, as Pastors are also good in giving counseling which can promote resilience (Zou et al, 2009). Therefore, it was revealed that religion and spirituality have assisted people living with HIV to cope through engagement in various behavioral change activities, decreasing anxiety and psychological problems that often rise due to their HIV status (Zou et al, 2009).

According to Mupambireyi, Bernays, Bwakura and Cowan (2014), children living with HIV have found support groups as a forum where they find coping mechanism more than in the community and in religious sectors in Zimbabwe. This is because in support groups they meet children like them and hence there is no stigma nor discrimination. Therefore there is a need for support groups to be held also in churches to reduce stigma and integrate services for HIV positive children within the churches. HIV comes with pain, hence, religion and spirituality become a place of solace and enable one to accept their condition and move towards healing and restoration of their hearts.

## NEGATIVE IMPACT OF RELIGION ON CHILDREN LIVING WITH HIV

UNICEF (2003), notes that at a world conference held with various religious leaders who are part of Religions for Peace and the Joint United National Programme on HIV/AIDS (UNAIDS), the religious leaders acknowledged their role in increasing the transmission of HIV and discrimination of people living with it. It was noted that through refuting its existence or hiding it or by being judgmental to those that have been infected, many religious leaders have reduced the resilience of children living with HIV. In Nigeria a study done by Adegoke (2015), it was found that the history of HIV has fostered negative beliefs about the disease which in turn has led to stigmatization and discrimination of those living with HIV. Adegoke (2015) also found that some religious sectors have been responsible for perpetuating negative perceptions about HIV and hence affecting the resilience of adolescents living among the Yoruba tribe. These beliefs have reduced the resilience of HIV positive children, as they experience stigma within church settings and fail to find joy in life.

Many studies have focused on religion affecting older people and neglecting the fact that children also have been caught in this web of HIV transmission. According to AVERT (2017), it was discovered that 65% of people living with HIV has experienced stigma and discrimination showing that it is still a struggle for people to accept others living with HIV, even within the religious sectors. This reveals that children also experience stigma and discrimination caused by HIV.

Igo (2005:7), states that HIV is a virus that “eats away dignity and self-respect. It causes people to face fear, guilt, anger, regret, denial, stigma and discrimination”. For children living with HIV their self-esteem, personality and behaviours are affected. However, when religious sects isolate and discriminate them they are bound to be lost and feel helpless. Kgalemang cited in Dube and Kanyoro (2004), argues that HIV is a punishment from God and an outcome of sin and immorality. A child living with HIV is viewed as a result of parent’s immoral behaviors, therefore this reduces their resilience as they are treated as such. Some believing that they have been healed find themselves stopping ARV treatment, exposing themselves to infections and other diseases. This reduces their morale and they may not be able to participate in community or family activities, making them not to be resilient. Due to being sick constantly, some fail to make friends and hence are filled with loneliness. Thus, when they are at churches they may fail to contribute or join in any ministry and in turn when the church is not accommodative it further leads the children being depressed and anti-social.

## INTERFACING RELIGION AND SPIRITUALITY IN THE FACE OF HIV AND AIDS

Li, Chi, Sherr, Cluver and Stanton (2015), assert that the resilience of children is nurtured by different factors which may include religion and spirituality, family, community, peers, school, parents or caregivers. Several studies have shown that there is a high correlation between people who are too religious and spiritual, as they are more resilient. Li et al (2015), argues that religion and spirituality offer children alternative strategies to enduring and overcoming the different challenges that they face. This in turn makes them to be resilient as they perceive challenges as opportunities for personal growth and development (Pienaar, Swanepoel, van Rensburg, and Heunis, 2011 cited in Li et al, 2015).

Pionaar (2012) cited in Mabvurira (2016), is of the view that it is significant to support resilience in people living with HIV as it contributes to positive results. Igo (2005), states that through offering spiritual support of prayer, word of God and ministry of healing and listening, people living with HIV may live positively with determination and real hope. This promotes their resilience towards the adversities of life. Religion and spirituality can therefore be considered as essential sources for promoting resilience.

It is argued that one cannot talk about resilience, without discussing about the levels of resilience that include the individual, family and community resilience that are important (Hooper, 2009)). Individual resilience, has to do with an individual having the capacity to bounce back on their own in face of adverse situations and being able to move on to another stage (Hooper, 2009). Spirituality maybe considered as contributing to the resilience of an individual when facing difficult times, a person may engage in prayer and fasting believing to be healed on their own by God.

Family resilience, is related to the positive behavioral patterns and functional competence individuals and the family unit exhibit under traumatic conditions, which determines the family’s capability to recuperate as a unit and where necessary enhancing the well-being of the individual (McCubbin and McCubbin, 1992, pp. 155-156). The family becomes a stepping stone for improving resilience within a child, as they act as a support system in which the child learns to participate in religious activities. Families are part of socialization agencies and hence may socialize a child into being involved in a religious organization. Therefore, a family can foster resilience in children to withstand the negative effects of HIV through caring, supporting and encouraging participation.

Community resilience is defined as the society’s capability to use its resources such as the individual, collective and institutional and competence to survive

with, adjust to, and develop from the difficulties and changes and challenges faced before, during and after adversity (Daly, Becker, Parker, Johnson and Paton, 2009). The community is thus responsible for creating environments that are conducive for the realization of children's resilience. Communities have a bearing on the resilience of children, as it accommodates the different types of religious gatherings, which in turn builds or destroy the capacity of children. Therefore, because children depend on their spirituality, families, community and religious sectors when they are faced with difficult circumstances, it is vital that resilience is discussed in relation to these factors.

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## THEORETICAL FRAMEWORK

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The study was informed by the resilience theory. Holling (1973) first introduced the resilience theory in the ecological concept where he elaborates on the flexibility of the ecosystems and resilience being a driving factor in attaining sustainable ecosystems. The relevance of the theory was uncovered growing to be one of the central concepts within the ecological studies, making it one of the most contested theories across disciplines (Harlow, 2005). The theory became famous within the Psychology discipline also making Norman Garmezy to be well known as the pioneer and the Father of Resilience. This is because of his studies at the University of Minnesota which focused on the effects of adversity on people living with mental illness. Due to his studies in the areas of schizophrenia, he paved a way for the studies of resilience on children in adverse situations (Harlow, 2005). The Resilience theory was utilized as it investigates and explains the capacity of people to withstand hardships. The theory was used to explain how religion builds and destroys resilience of children living with HIV. Van Breda (2018), states that resilience theory owes its origin to the study of adversity and an interest in how adverse life experiences impact harmfully on people. The risk studies revealed that vulnerability factors can be internal or external that affect the resilience of children.

According to MacCallin (2005) in Adegoke (2015), resilience is viewed as a process through which people comprising of children, have the capability to endure or recommence a long term positive tendency in development and adaptation, despite their experience to adversity. The term process points out that resilience is a progressing aspect, ongoing active ability that children develop throughout their lifetime. It is dependent on interactions between individuals and environment, and established and maintained through relationships (Adegoke, 2015). This brings out the significant point that for children living with HIV there is need for continued support coming from the family and community.

According to Van Breda (2018), resilience theory has three components that include adversity or risks, outcomes and mediating factors. These help to show the difficult conditions that children live through due to having HIV, and the outcomes maybe positive or negative as one tries to find the coping mechanisms. The mediating factors will include supporting systems which children get that assist them to adapt or overcome the distressing condition.

The resilience theory enables one to understand how an individual's perception on life challenges, affect their experience of and the way they will respond to it (Van Breda, 2001). According to several longitudinal studies done on resilience for children born with different risks such as terminal illness, it was discovered that many children by the time they reach adulthood they had developed to be competent and confident people (Saleebey, 1996). This reveals that even children living with HIV have the capacity to endure and withstand any challenges that they may face in their lives. These studies include that of Werner and Smith (1992) study in Kauai, Hawaii, which began in 1955, done with children born at risks. Van Breda (2001) notes that through this research it can be observed that there are elements that protect susceptible children from dysfunction. The author also poses that one cannot determine "the life course of a vulnerable person in childhood as it can change".

According to various authors such as Benard and Marshall, 1997; Bogenschneider, 1996; Butler, 1997; Hawley and De Haan, 1996 cited in Van Breda, 2001), there are some factors which show resilience in children which include being active, asking for support when needed, having high self-esteem, good positive coping skills and seeing themselves as competent. Children therefore, are not defenceless, as there are certain factors that can help to buffer them against traumatic life conditions (Rutter, 1985). For the purpose of this research the resilience theory focused on the outcome of having a higher level of adaptation than before (Masten, 2011 cited in Van Breda, 2018). This includes being able to overcome stigma and discrimination, depression, anxiety and being able to bond with others and form bonds with peers even within their different religious sectors.

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## RESEARCH METHODOLOGY

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The study employed the qualitative approach and a phenomenological case study design based on the support groups conducted by not for profit organization based in Bulawayo Zimbabwe. Neville (2007), assert that phenomenological approach focuses on understanding participants' behavior from their own point of view. Phenomenological design was appropriate for the research study as it entails collecting in depth information through the use of discussions, interviews, participant observations which are some of the data collection

methods for qualitative research (Lester, 1999). The study targeted HIV positive children who were beneficiaries of a Not for Profit Organization based in Bulawayo Zimbabwe and their care givers. Due to the descriptive nature of the research study, purposive sampling was used for selecting children living with HIV and their care givers. The researchers engaged a sample of 24 children and 3 caregivers. Data were collected through in-depth interviews and focus group discussions. Data was analyzed using the content analysis, for all the information that was obtained from in-depth interviews, key informant interviews and focus group discussions. Moore and McCabe (2005), noted that through this method information is categorized into themes and sub-themes. This made it easy for the information to be simplified and easily identified with. Research ethics of confidentiality, informed consent, anonymity and least harm were observed throughout data collection process. The researchers gained consent from the caregivers for children to participate in the study. The children were given parental consent forms to be signed by guardian before data collection started. The study was explained, its nature and purpose of the study.

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## SETTING OF THE STUDY

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Data collection was done at a not for profit organization which offers psychosocial support to HIV positive children. The organization is based in Bulawayo Zimbabwe and is located at a government referral hospital. The setting of the study allowed the participants to be in an environment that is not altered that they are used to, hence reducing chances of them changing their behaviors or responses due to the change of environment. The NPO was formed in 2004 in response to the numerous problems encountered by children and young people living with HIV who often are victims of abuse, stigma and discrimination within the society.

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## PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

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### Demographics

The researchers engaged with participants who were aged from 13-17 years of age, and these were regular attendees of the support groups. There were 12 boys and 12 girls with varying ages from 13 to 17 years of age, coming from different locations of Bulawayo. Four boys were fourteen years of age, and six of them were sixteen and the other two were seventeen. Four girls were fifteen and four were aged thirteen and the other four were seventeen. The children belonged to various Christian denominations including Baptist, Pentecostal, Roman Catholic and Methodist and only two belonged to African Traditional

Religion. Eighteen children stayed with caregivers who were not their biological parents while only six stayed with at least one biological parent.

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## POSITIVE IMPACT OF RELIGION AND SPIRITUALITY ON THE RESILIENCE OF HIV POSITIVE CHILDREN

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Religion was shown to be of utmost important to as the children noted that it assisted them to accept their status and it acted as a source of comfort and strength. Through religion and spirituality HIV positive children are motivated to realize their talents by participating in various activities such as bible quiz, helping elders in the community. Religion also helped others in their relationships with family and assisted them in conflict resolution.

### Source of strength and comfort

The findings of the study confirmed that religion and spirituality were a source of strength and comfort to the HIV positive children. This is because the participants were supported and received love and from their religious community. The children specified that being a member of a religious organization was very helpful for them. Some of the children stipulated that they received help both from the church and the other church members. They articulated that the church has social networks and works with various organizations to assist vulnerable children, including those that are living with HIV. The help that was received was in form of food vouchers and clothes at times. The food comprised of basic food stuffs such as mealie meal, kapenta, soya chunks, cooking oil, sugar, washing soap, beans, porridge and flour. This act was interpreted as a sign that some religious sectors are committed in promoting the resilience of children by supporting them and their families with food assistance.

Religion was shown to be effective in making CLWH not to feel that much pain due to HIV, as they were comforted. The findings of the study factors religion and spirituality as a solace for CLWH, as through going to church, praying, praising and worshipping they felt their problems were nothing and looked forward for tomorrow. According to another participant who was a Christian,

“Life is worth living with Christ, no matter what I face in life”.

That was her motto for living and this signifies that religion and spirituality enhances the resilience of children in adverse situations.

### Spiritual up-liftment

From the in-depth interviews with caregivers it was highlighted that children should be allowed to participate in religious activities and be very spiritual. This empowered them spiritually and gave them confidence to face the daily challenges that came with HIV. According

to this study it was observed that CLWH also believe that they have eternal life, due to believing in Jesus. One of the respondents' explained that the church assisted him to see that HIV was just a virus that weakens their immune system that should not affect their spiritual life. The knowledge they got that there was life even after death, an eternal life. This strengthened them to live with hope knowing that the earthly body was temporary. Religion uplifted them and motivated them to live expecting a better life ahead of them. Therefore, through this it can be deciphered that religion and spirituality have a positive impact on the lives of CLWH as it strengthened them and thus making them resilient. These findings concur with the findings of Arreyl, Bilsen, Lacor and Drescheppe (2016) on the study done in Belgium which showed religion and spirituality as a source of resilience, strength and promoting the wellbeing of people living with HIV.

### **Conflict resolution**

The research findings indicated that religious organization help CLWH in resolving conflicts both intra and interpersonal. The church has proven to be a medium of peace between children and their families. Some of the interviewed participants revealed that they had internal conflict where they did not know whether to forgive their parents or not. Through pastoral counselling they were assisted to make peace within themselves and to forgive their parents. Some of the male participants pointed out that they did not have good relationships with their caregivers, as they were prone to being in disagreements. One of the male participants indicated that he was always facing challenges with his grandmother,

"I love football so much that at times I escaped from doing my chores at home and came late. This made my grandmother very angry and she cursed me a lot. However, I asked one member of my church to help me ask for forgiveness from my grandmother as she was threatening to throw me out. My church Aunt was able to communicate with her on my behalf and since then I do my duties first before going with my friends to play football.

Therefore, it was indicated that religion and spirituality transform and can make some children become mature as they exhibit good behaviours. Furthermore, they learn to respect other people especially elders, as they believe in God. Religion and spirituality also enabled HIV positive children to resolve their inner conflict, as one of the participants stated,

"Knowing about my status broke my heart, was in a confused state. I struggled inwardly not knowing how I was infected who was responsible for my situation. Being filled with hatred, anger and resentment towards my late parents for infecting me. Due to this I was always sad and did not associate with others. However, the counseling I got from church was of vital assistance as I dealt with my inner struggles and progressed gradually with resolving the anger that I had for my late parents"

This revealed that religion and spiritual counselling contributed towards resolving of conflicts for CLWH and also helped them psychological and social, strengthening

their relations. The findings also suggest that caregivers meet challenges in caring for HIV positive children, they also need to be supported and offered counselling. Among the caregivers one of them highlighted that they felt guilty about transmitting the virus to their children. However, through religion and spirituality they asked for forgiveness from God and the children and they also had to forgive themselves. Igo (2005), accedes to this as he notes that Christian religion engages individuals on a journey of compassion and resolution. This revealed that religion and spirituality also impacted positively on the lives of caregivers of CLWH.

### **Acceptance of HIV positive status**

The findings infer that to be religious and spiritual especially for CLWH, is pivotal in helping children accept the chronic condition and attain a support system. Through being religious and spiritual some children have adopted certain coping mechanisms, to help them in adapting to being HIV positive. These coping strategies include being very active within the community and in their churches. Helping other people and the elderly, with some chores, running errands. One participant mentioned that,

"Knowing about God helped me to accept my status because he created us differently. Through counselling given by my Pastor I was able to see that HIV was not going to change the purpose that God had for my life. I was always sad because of being HIV, but after having a relationship with God, my life changed. Being at church and having a relationship with God made me not to have any worries because I knew he cared for me. My favorite verse in the bible is Romans 8 vs 28, which says all things work together for good, for those that love God and are called according to his purposes. It encouraged me that even being HIV positive was going to work for my good because I love God. I know that I am a child of God and HIV does not change who I AM".

These findings coincide with Igo (2005), as he states that Christianity gives one an opportunity to accept what has happened and move on in their lives through the help of the Holy Spirit. Acceptance led to them attaining a self-identity knowing who they were and where they belonged. Religion transformed the perspective that the children had on HIV, it made the virus a reality that they had to live with. Despite serving a higher deity they were enlightened that HIV was a challenge and a problem they had to live with and manage, but it would not deter them from succeeding in life.

### **Social support**

It was indicated that religion and spirituality contributed to some children becoming socially active and confident about themselves. Through giving children a chance to be active in church programs, their resilience has been promoted. According to another participant, though he was HIV positive, he was a representative of his church at Bible quiz and used to recite verses. He managed to have friends and had support even when he was admitted in hospital. Another participant, mentioned that his church

was very support and there were different groups that were very active and gave them a platform to exercise their talents and have confidence. Another participant stated that,

“At my church am one of the children that goes to competitions and am very active. At church I have got aunts, mothers, friends, brothers and fathers that care for me. When I get sick they visit me at the hospital and bring me food and pray for me to get well. This encourages me and when I get well, I go to church because it makes me happy and I have people that support me. Sometimes, they visit my family and stay at my place for the whole day we will be chatting and laughing. This helps me emotionally and I do not have stress, when I think about my status because I have another family at church that supports me and cares for me”.

Therefore, it was noted that religion and spirituality was effective in helping CLWH to attain social support, also making them assertive and to believe in themselves. This finding tally with the findings done in Ghana by Bazant and Boulay (2007) that revealed that religious sectors were a significant foundation where people living with HIV got their material and social support.

## **THE NEGATIVE EFFECTS BROUGHT ABOUT BY RELIGION AND SPIRITUALITY ON THE RESILIENCE OF CHILDREN LIVING WITH HIV**

The results of the study indicated that religion and spirituality had negative consequences on the lives of HIV positive children, considering the experiences of some participants who revealed that they were stigmatized and discriminated. It was also discovered that at times their faith in God was questioned by the church members and the Religious leaders who considered themselves powerful enough to heal HIV. Due to being HIV positive they were also taken as people who did not have faith in God and his healing power. For some respondents it was found out that at times religion and being spiritual makes people to do unreasonable acts. Those of stopping medication without the doctor's instructions, believing they were now HIV negative. These findings agree with the findings of UNICEF (2003), which stated that HIV was not only a health problem but a crisis even to religious leaders who viewed it as spiritual and social and economic responsibility, affecting them spiritually, as they were drivers in stigmatizing PLWH. Therefore, the lives of HIV positive become adversely affected by this, as they are drawn back by the behaviours of religious people whom they look upon in terms of being motivated and supported.

### **Involuntary disclosure**

The study indicated that involuntary disclosure is one of the major challenges facing CLWH, as other people disclose their status. Involuntary disclosure refers to a situation whereby someone discloses or tells people about

one's HIV status without their permission or knowledge. From the focus group discussions it was discovered that other children are not involved in religious or spirituality activities due to the Caregivers, Pastors and religious leaders publicizing their personal information. This causing them heartaches and anxiety and depression and some get to an extent of wanting to commit suicide. One of the female respondents stated that,

It was noted that due to this happening in a religious setting it sharply hurt the children as that is a place where they are free and do not expect to be afflicted with pain. This reduced these children's resilience as they lost trust in people and lost confidence, poor participation. These factors fostered stigma and CLWH felt incapacitated. According to another participant,

“It was when I visited my aunt and I went with her to their church. When the pastor called those who needed prayers, I did not go yet my aunt stood up and said out loud that I was HIV positive. This was a devastating moment and I will not forget it as I responded by getting out of the church that minute. I felt my world crumbling down as there were many people at that church and my aunt had to disclose my status even though it was not her place to disclose as I had accepted and had lived with the virus. I felt like ending my life because of what my aunt did, and it took time before I visited her again.

This shows that HIV positive children should be allowed to disclose on their own without any adult doing it on their behalf, as this leads to depression and anxiety and draws them back socially. The way people relate to them becomes different and thereby they should be allowed to disclose on their own time as it shows that they are confident.

### **Depression and anxiety**

Evidence from the research related that not many churches help and support HIV positive children, rather they led to children experiencing depression and anxiety. Due to this not many children and people in church were open about their status as they would be said not to have faith and they did not believe in God. For the other children it compelled them to fully adhere to their treatment so that they will not get sick and be said not to have faith in God. For some respondents, religion and spiritual sectors negatively enforced them to live a positive life. According to one of the participants,

HIV is a virus which needs one to have good adherence, so that you do not get sick regularly. When I take my pills on time, I look healthy like everyone and no one can tell that am HIV positive and this helps me to identify with everyone at church. I fellowship at one Pentecostal church in town, so that no one can notice that am sick nor HIV positive I have good adherence. I do not disclose my status because of fear of being discriminated, against. I already have so many friends at church and cannot risk being stigmatized because of being HIV positive, as some were isolated. I am actively involved in church and I sing with the Praise and worship team”.

This reveals that in many religious sectors, HIV positive children are not open about their status because

of how they may get treated. There is need for religious sectors to make people with different illnesses to feel safe and create a warm environment where people may be able to be open and honest.

### **Defaulting and poor adherence to medication**

The findings brought out that religion has a negative impact in CLWH shown through defaulting, poor adherence to medication and high viral loads of some children that are too religious and spiritual. The influence maybe direct or indirectly coming from the caregivers who may not be there to give care and support and monitor children as they take their medication. According to one caregiver,

“A certain child’s viral load was very high and it was discovered that the grandmother was always not around going to church conferences and meetings, leaving the grand child alone at home to care for the other children. The children were unattended to and left without enough food and the child was not given transport money for hospital reviews”.

It can thus be deduced that because people experience various problems, religion becomes their hiding place making them not to come up with strategies and solutions. This shows that religion may lead to a dependency syndrome as people no longer try to work out for their situations to be better, but they focus on going for religious events only. It can thus be argued that religion blinds people from the reality, making them susceptible. The above case the caregiver was encouraged and given some counselling and enlightened on the effects of poor adherence to medication and how it affects the immune system of a child. The caregiver was also encouraged to provide transport money for the child not to miss reviews, as they were important just like going to church.

### **CONCLUSIONS**

It can be drawn from the study that religion and spirituality have both a positive and a negative impact on the lives of children living with HIV. The findings indicated that religion and spirituality are the major factors contributing to the resilience of children living with HIV, as they facilitated the acceptance of their status. Through the findings of the study it became evident that many children living with HIV were resilient due to the spiritual support they receive through their religions. The relationship they have with a Supreme Being contributes towards being very active, taking part in community activities, having friends and bonding with their peers as some said they were part of soccer teams in their neighborhood. Therefore, religion and spirituality form the foundation for the development of resilience in individuals. It can be concluded that there is need to utilize religious membership to promote the resilience of children living with HIV and AIDS. Parents, caregivers and guardians should ensure that their religious and spiritual beliefs do not negatively influence the lives

of CLWH, so as not to suppress them but they should be guided and directed properly when they are not living in the right ways. Caregivers, parents and religious leaders are encouraged to uphold the value of confidentiality and privacy, as this draws children from being resilient within their communities and it is within their rights.

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