

# The Participation of Religious Organisations and Their Contributions to the Countermeasure of HIV/AIDS in Indonesia

Junaidah<sup>1\*</sup>, Andi Faisal Bakti<sup>2</sup>

<sup>1</sup> UIN Syarif Hidayatullah Jakarta, Indonesia; e-mail: junaidahusda@gmail.com

<sup>2</sup> UIN Syarif Hidayatullah Jakarta, Indonesia; e-mail: andi.faisal@uinjkt.ac.id

\* Correspondence

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**Abstract:** Several works available on religion and HIV/AIDS indicated that several religious groups in the world, including Indonesia, are still reluctant to be involved in the prevention of HIV/AIDS. However, the involvement of the two largest religious organisations in Indonesia, Nahdlatul Ulama (NU) and Moluccas Protestant Church (Gereja Protestan Maluku/GPM) in combating HIV/AIDS for the last ten years deserve to be investigated and studied, as new evidence which refutes the above studies. The result of this study shows, *first*, the involvement of NU and GPM in the prevention of HIV/AIDS showed the potential of religious organisations in health development, particularly as a progressive strength in the fight against pandemics such as HIV/AIDS. *Second*, the most fundamental forms of involvement are changing religious views about HIV/AIDS as a cursed disease into a disaster or a test that requires patience. NU and GPM also organise social activities, public education, and policy advocacy for HIV/AIDS programs. *Third*, although this article has not been able to present the decrease of HIV/AIDS prevalence in Indonesia as a result of religious organisations involvement such as NU and GPM, however, at least there have been some contributions from both organisations toward the decrease of negative stigmatisation to people living with HIV/AIDS.

**Keywords:** GPM; HIV/AIDS; NU; religious organisation; stigmatisation.

**Abstrak:** Beberapa penelitian terkait agama dan HIV/AIDS menunjukkan bahwa hampir kebanyakan agama di dunia, termasuk Indonesia, masih enggan untuk terlibat dalam pencegahan HIV/AIDS. Namun, keterlibatan dua organisasi keagamaan terbesar di Indonesia, Nahdlatul Ulama (NU) dan Gereja Protestan Maluku (GPM) dalam memerangi HIV/AIDS selama sepuluh tahun terakhir patut untuk diteliti lebih jauh sebagai bukti baru yang membantah studi di atas. Hasil penelitian ini menunjukkan, *pertama*, keterlibatan NU dan GPM dalam pencegahan HIV/AIDS menunjukkan potensi organisasi keagamaan dalam bidang kesehatan, khususnya sebagai kekuatan progresif dalam memerangi pandemi seperti HIV/AIDS. *Kedua*, bentuk pelibatan yang paling mendasar adalah mengubah pandangan agama tentang HIV/AIDS sebagai sebuah penyakit terkutuk menjadi pemahaman tentang musibah atau ujian yang membutuhkan kesabaran. NU dan GPM juga menyelenggarakan kegiatan sosial, pendidikan publik, dan advokasi kebijakan untuk program HIV/AIDS. *Ketiga*, meskipun artikel ini belum mampu menyajikan penurunan prevalensi HIV/AIDS di Indonesia akibat keterlibatan organisasi keagamaan seperti NU dan GPM, namun, setidaknya ada beberapa kontribusi dari kedua organisasi terhadap penurunan stigmatisasi negatif terhadap orang yang hidup dengan HIV/AIDS.

**Kata Kunci:** GPM; HIV/AIDS; NU; organisasi keagamaan; stigmatisasi.

## 1. Introduction

Until 2010, several studies performed regarding religion and HIV/AIDS still record the existence of religious groups (religious organisations, leaders, and communities), including in Indonesia, still considered Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) as a cursed disease for despicable and sinful human behavior (Madyan, 2008). Various sexual deviant practices contributing to the growth of HIV/AIDS, such as homosexuality, lesbianism, anal sex, and extramarital sex (free sex) are justified as the key factors reinforcing the negative stigma of religious groups towards people with HIV/AIDS (Madyan, 2008; Speakman, 2012). This phenomenon has either directly or indirectly prevented religious groups from being involved in HIV/AIDS prevention and countermeasure efforts.

In general, religious groups only condemn the behavior of people living with HIV/AIDS (PLWHA) and they have not been involved in concrete prevention movements. Studies conducted by researchers such as Ahmad Syam Madyan (2008), stated that Islamic organisations in Indonesia still provide limited responses, such as moral calls to prevent HIV/AIDS which are usually inserted in sermons and lectures, or religious fatwas such as those issued by the Indonesian Ulema Council in 2005. Madyan (2008) also noted a fatwa on several technical aspects issued by Nahdlatul Ulama (NU), such as related to some clues regarding PLWHA, or taking care of the bodies of those who died. Similarly, it also occurs among the churches such as the Moluccas Protestant Church, which until 2010 still tended to be conservative. Unfortunately, these various religious responses are assessed not only to have not had a significant impact on HIV/AIDS prevention but also indirectly trigger negative stigmas that continue to discriminate against PLWHA.

However, these findings need to be re-examined, since several religious organisations have begun to show concern for the issue of HIV/AIDS. The phenomenon of Islamic organisations such as Nadhatul Ulama (NU) and Christian religious organisations such as the Moluccas Protestant Church, which in the last ten years began to actively participate in the HIV/AIDS response movement, deserves to be noted as an interesting new development. In fact, since 2013, Islamic organisations such as NU have started to build religious movements to prevent the disease. For example, the seriousness to discuss the issue of HIV/AIDS in a special discussion of several problems activities (*bahtsul masail*), changing the view of HIV/AIDS as a curse to *al-dharar al-amm* (global danger), so that it was agreed to be fought (*jihad*) (PP LKNU, 2014).

We can also find the same development in the Moluccas Protestant Church (GPM), which in recent years has begun to pay serious attention to HIV/AIDS. Since 2010, GPM has initiated several mentoring programs to prevent the spread of HIV/AIDS. GPM has included the issue of HIV/AIDS in official church documents, encouraged HIV/AIDS screening programs among the congregation, provided religious assistance (Pastoral Counseling) for victims of HIV/AIDS, and changed the designation of People with HIV/AIDS to Brothers with HIV/AIDS (SADHA: Saudara dengan HIV/AIDS). A more inclusive HIV/AIDS theme adorns various church religious texts and is used as a reference for pastors in sermons in churches and services at the community level. According to GPM records, SADHA (Brothers with HIV/AIDS) has succeeded in finding and assisting about 20% of the total number of PLWHA in Ambon City (Pesiwerisa, 2015). A quite significant number for the action of a religious organisation that is just starting its steps.

Based on this view, this article explores three main problems. First, what is the rationale for the participation of NU and GPM in HIV/AIDS prevention? Second, what are the forms of participation developed by NU and GPM in efforts to tackle HIV/AIDS? Third, how is the contribution of NU and GPM in dealing with HIV/AIDS in Indonesia? By examining some of these key questions, it is hoped that this study can identify changes in perspective and a significant shift in attitudes from religious organisations toward the issue of HIV/AIDS as a health problem that has been morally complex. This can be a best practice to encourage other religious organisations in Indonesia to participate more in HIV/AIDS prevention and countermeasure activities.

This paper was a part of a study qualitatively conducted between 2019 and 2020. The data source in this study was grouped into two forms, they were the primary one coming from direct observation

results in the National Board of Nahdlatul Ulama (PBNU) and GPM Synod, and observation in several regions and branches of NU as well as the management of GPM at the 'Klasis' and Congregation levels which were chosen purposively. Primary data was also obtained from in-depth interview processes with several key figures at PBNU who were the initiators of the HIV/AIDS prevention program. The same thing happened at the Moluccas Protestant Church Synod. While the secondary data sources were information in the mass media, or other research reports having relevance to this research. This included data on the development of HIV/AIDS in Indonesia.

## 2. The Controversy of HIV/AIDS, Between Moral and Health Problems

The phenomenon of HIV/AIDS as a controversial sexual disease has attracted the attention of inviting conceptual debates, both from a moral and health perspective. The debate is mainly related to how to view the existence of PLWHA in people's lives, whether they are victims who must be helped and given attention or PLWHA are sinners who must be confronted. The debate is caused by the fact that HIV/AIDS is not only related to immune disease, but it is also closely related to moral issues of religion, culture, economy, and even politics (Burchardt, 2009; Hasnain, 2005). It is not surprising that Paula Treichler (1999) once referred to HIV/AIDS as an epidemic of signification since as noted above HIV/AIDS has not only emerged as a medical issue but also a disease that has given rise to a kind of "accusation politics," in which black people in Africa, homosexuals and the poor are accused of being the "ringleaders" of this crisis.

When it is carefully observed, since HIV/AIDS first emerged as a global pandemic, there have been two major groups who have different views on this disease. The first group is, of course, those who are referred to as "health perspective opinions." This group is considered secular as its character is aggressive, dynamic, and pragmatic and tends to be considered a violation of religious/moral teachings and rules (Madyan, 2008). According to health opinion groups, HIV/AIDS is a public health problem and needs to be resolved in ways that are following health rules. The strategy developed is to teach the method of gradual behavior change and position every group in the community to have the same risk in the issue of HIV/AIDS. Until now, the health perspective has been campaigned by world health institutions such as the World Health Organisation (WHO) and international AIDS donor agencies such as AusAID or American AIDS. This group tends to prioritise medical efforts as an effective way to prevent the development of HIV/AIDS. They offered five ways to prevent HIV transmission, which became known as the ABCDE strategy. "A" is Abstinence meaning "no sex at all". "B" is Be faithful which means a recommendation to "be faithful and not change partners and sex partners." "C" is Condom use which means a recommendation to "use a condom whenever you have risky sexual behavior." "D" is no Drug which means a recommendation to "avoid and leave drugs, especially injecting drugs." "E" is Education which means a recommendation to "enhance insight and open knowledge, especially those related to reproductive health and sexually transmitted diseases" (Hawari, 2006; Madyan, 2008). For health opinion groups, excessive moral campaigning tends to discriminate against PLWHA groups in society. By stating that HIV/AIDS is a moral problem, then it will only affect government policies in increasing HIV/AIDS prevention efforts.

The second group is categorised by the moral perspective opinion. The main basis of this group's opinion is the religious norms, customs, and culture of the community which considers that HIV/AIDS is a direct result of deviant social behavior and is contrary to religious values, norms, and rules. HIV/AIDS is seen as a curse disease and sin for the behavior that has been undertaken by people who suffer from it. It is viewed like the Leprosy disease in the past which was seen as a curse. The groups of injecting drug users, female sex workers, same-sex community groups (gay), shemale are the most opposed behaviors and must be avoided. The only way to avoid contracting HIV/AIDS is to return to religious teachings and not engage in behaviors that are opposed by religion. Many Muslim intellectuals and clerics support the moral view of HIV. For example Badri Malik, a doctor, psychologist, and Muslim intellectual from Africa who works and lives in Malaysia. In general, the idea developed by Badrie (2000) considers HIV/AIDS as God's punishment because of human-made moral

corruption. Badri represents the views of some Muslims who believe that HIV/AIDS is a disease that originated in the West and then spread throughout the world.

In 1995, the Indonesian Ulema Council (MUI) issued a fatwa in which it essentially asked every Muslim to stay away from sinful acts that could lead to HIV/AIDS. Likewise, religious groups such as NU and Muhammadiyah consider HIV/AIDS as a disease caused by sin. Ahmad Syam Madyan (2008) mentioned that the Islamic thought about HIV developed by Badri and religious organisations belongs to the behaviorist moral school, which put morality as the standard for assessing people with HIV/AIDS. Madyan (2008) believes that the implication of thinking containing morality as discussed above is the emergence of blasphemy and discrimination faced by people living with HIV/AIDS. In many Islamic countries, people living with HIV are treated inhumanely as they are considered the ones who have been cursed by God. Even the research results by Monshipouri and Trapp (2012), showed that the discrimination process has been considered normal, including in health institutions.

Among Christians (and possibly other religions) there is also a similar debate. Two Christian theologians Izak J. van der Walt and Jacobus M. Vorster (2016) summarised the debate in their article "The relationship between moral intervention strategies and the stigmatisation of people living with HIV-A Christian perspective." At the beginning of the emergence of HIV/AIDS, many Christian religious leaders considered their victims as immoral, involved in adultery and illicit sex. A study by the World Council of Churches (2007) suggests that the Church has contributed to bad stigmatisation, since the church has also strengthened the notion that all people infected with HIV/AIDS has resulted of their deviant sexual orientation (not following religious morals), addicted to alcohol, illegal drugs, and prostitution. Many of those infected with HIV/AIDS are afraid to reveal their status as they are afraid of being ostracised by the church community.

As a self-criticism toward the view that applies excessive religious moral standards in dealing with HIV/AIDS and PLWHA, since 2000 there has also been a more constructive religious outlook in viewing PLWHA. The change initially came from Christians and Catholics who began to realise that the HIV/AIDS phenomenon could not be understood as merely a violation of religious norms. Moreover, along with the increasingly clear information regarding HIV/AIDS, the church has also begun to develop a theology of compassion model. Church leaders call on all Christians to take a more active part in HIV/AIDS prevention efforts, especially helping those who have been infected and who generally come from poor African countries (Dube, 2007). The church's campaign has been quite effective in reducing the negative stigma on PLWHA in recent years.

Among Muslims, there have also begun changes, although in a limited context. Especially among progressive Muslim scholars as represented by Farid Esack (2006) or Amina Wadud (2003). For Esack and Wadud, the dissemination of HIV/AIDS is indeed a violation of religious morality, but they reminded us that religious morality alone is not enough, a multi-dimensional and complex approach is needed. According to Farid Esack, HIV/AIDS is not only related to exclusive religious life but more than that, it is a discriminatory structural issue. This is shown by the situation in Africa where HIV/AIDS has developed as a very deadly and massive disease in recent decades. Poverty and low education have resulted in many women in Africa becoming prostitutes or living in conditions at risk of being infected with HIV/AIDS. Therefore, in this progressive approach, it is necessary to change the structure and improve welfare to fight HIV/AIDS. As for those who are infected with HIV/AIDS or PLWHA, they are not people who should be shunned or avoided, but they need to be embraced and pitied (Esack, 2006).

Scholars such as Farid Esack or Amina Wadud, reject the simplistic understanding of the HIV/AIDS problem related to the low understanding of religion alone, but also the structural problem, namely poverty and ignorance that plagues many poor countries in Asia and Africa. While in the West, which is known for its free social life, the development of HIV/AIDS can be suppressed. This can happen because they have succeeded in building a health system that can protect and suppress the prevalence of AIDS dissemination. This study utilises the basic concepts of constructive thinking and combines them with the theorisation of resource mobilisation which is usually known in social movement theory.

### 3. The Participation of NU and GPM in HIV/AIDS Prevention

This section will present several NU and GPM participation findings in preventing HIV/AIDS in Indonesia. The aspects put forward here are NU and GPM's view and all changes that occurred, up to the programs developed by NU and GPM in efforts to prevent and control HIV/AIDS, which have been implemented in the last ten years, both independently and in collaboration with various parties (stakeholders).

#### *NU Participation in HIV/AIDS Prevention*

Among NU, until 2007, HIV/AIDS issue was only discussed once, and even then the discussion is related to *fiqh* (Islamic jurisprudence) issues based on the study of classical books such as *Asnal Matha*, *Mugni Al-Muhtaj Al-Hawasyil Madaniyah* and *Almahll bi Hamisy Al-Qalyuby* (Madyan, 2008). All of these books do not contain any contemporary issues, even though the issue of HIV/AIDS is included in the category of contemporary discourse. At that time, the NU view equated AIDS with leprosy, showing a classic pattern of outlooks on diseases that were stigmatised as something bringing disgrace. This gives rise to a lot of discrimination experienced by people with HIV/AIDS or PLWHA.

However, since the end of 2007, marked by the HIV/AIDS epidemic development that was reported to have entered the fourth wave, new cases have increased growth in the family environment where housewives and even babies born are already infected with HIV/AIDS. This has attracted attention and debate among NU circles, especially among NU youths. The subtle issues of discrimination experienced by PLWHA have also begun to be discussed sharply in various NU forums. In a discussion at NU's Institute for the Study and Development of Human Resources (Lembaga Kajian dan Pengembangan Sumber Daya Manusia/LAKPESDAM) around 2010, a recommendation was made that PBNU should address specific health issues such as HIV/AIDS, the development of which is increasingly worrying in Indonesia.

The discourse of the young NU began to attract the attention of senior NU kyai (religious leaders), especially those within the PBNU structure. The phenomenon of HIV/AIDS started to be included in several important PBNU activities, especially the NU *bahtsul masail* activity which was held ahead of the 32nd NU Congress in Makassar in 2010. At the *bahtsul masail* held at the Cempaka Hotel, Jakarta, NU Kyai from all provinces in Indonesia for the first time discussed the issue of HIV/AIDS with a more open view. At that time, opinions began to emerge about *dharar al-am* (global emergency conditions) related to HIV/AIDS. So NU makes HIV/AIDS a field of *jihad*. According to Sana Loue (2011), the concept of *jihad* in fighting a disease is a breakthrough in health development in Muslim countries.

According to Mrs. Anggia from LKNU (Personal Communication, August 12, 2020), after the 2010 NU Congress, LKNU actively began exploring opportunities for collaboration with various parties to finance HIV/AIDS campaigns among NU residents. The evidence of NU's participation in accommodating the PLWHA can be seen in NU's *bahtsul masail* documents after 2010.

The reality on the ground shows that HIV/AIDS is not only suffered by people having sex that violates religious teachings. Housewives can also be infected with HIV because they have sex with their husbands who were previously infected with HIV, innocent children and babies can also get HIV/AIDS. Even because of unsterilised syringes, even a good person can be infected by this disease. That is why the assumption that HIV/AIDS is a curse from God is not entirely true. As viewed from the transmission process, housewives are not included in the group who behaves at high risk of being infected with HIV because their activities are only at home (PP LKNU, 2014).

Therefore, there is a keyword that emerged in the new outlook of NU regarding HIV/AIDS, which is *slander*. This term replaced the previous term used by the NU community of calamity and *bala'*. *Slander* is an exam (test) from Allah SWT as a warning addressed to his servants. In addition, if the warning is not heeded then Allah will send even bigger slander. Besides, slander doesn't only afflict the wrongdoers, but it can also happen to good people, as quoted from the Qur'an (Q.S. Al-Anfal: 25). NU believes that eventually, people infected by HIV/AIDS are not the subject committing actions contrary to religion or what is commonly called potential groups, such as adulterers, drug users, and

same-sex enthusiasts, but also those who know nothing of the aforementioned practices. Hence, HIV/AIDS phenomenon is more accurately referred to as slander (trial), to test the quality of one's faith. HIV/AIDS's position as slander is also an affirmation that if NU and other Islamic organisations do not care about the HIV/AIDS prevention effort having infected some Muslims in Indonesia, then Allah may send an even greater slander to Muslims in Indonesia.

Since then, NU is increasingly open to HIV/AIDS issues and mobilises various potentials, especially the internal one (from within), i.e. NU structure systematically disseminated from the center to the regions. NU also utilising the ulemas network which generally has a strong cultural influence and leads Islamic boarding schools throughout Indonesia. Institutionally, NU has Nahdatul Ulama Health Institute (Lembaga Kesehatan Nahdlatul Ulama/LKNU) as the spearhead and coordinator for many HIV/AIDS prevention programs. LKNU coordinates several autonomous institutions such as Muslimat NU and Fatayat NU. Moreover, LKNU also builds cooperation with some institutions concerned with HIV/AIDS prevention efforts, especially with the Ministry of Health and the Global Fund providing a lot of budget support.

Several other activities conducted by PBNU are: *first*, dissemination and education related to *fiqh* law to combat HIV/AIDS. The next step is to train NU cadres consisting of young progressive Kyai, leaders of Islamic boarding schools, activists, and representatives of the NU women's organisation to become HIV/AIDS counselors. In an interview, LKNU leader, KH. Hisyom (2015-2020) explained,

...to drive the HIV/AIDS prevention program, we continue to socialise and conduct cadre training throughout Indonesia." (Interview with KH. Hisyom Said Budairi). The tasks of the cadres are becoming a counselor for HIV/AIDS and providing the right information to people about HIV/AIDS (Hisyom Said Budhairi, Personal Communication, July 23, 2020).

*Second*, NU also conducts government policy advocacy. It is carried out in the form of proposals and encouragement to the government, particularly the Ministry of Health. Similarly, advocacy is also performed by local governments in various regions, so that they can make policies supporting efforts to measurably and sustainably prevent and control HIV/AIDS. In this regard, LKNU and NU administrators have also advocated for the formation of regional regulations on HIV/AIDS in many areas, as happened in the formation of regional regulations on HIV/AIDS in East Java and West Java. In East Java, LKNU also encouraged the local government to amend Regional Regulation no. 5 of 2004 concerning the prevention of HIV/AIDS, which is considered not to accommodate the latest steps in dealing with HIV/AIDS, particularly for the legal developments and community needs. The regional regulation was replaced with Regional Regulation No. 12 of 2018 concerning HIV/AIDS Prevention (Ulul, Personal Communication, March 12, 2020). Meanwhile, in West Java, NU advocated the issuance of regional regulations on HIV/AIDS in Cirebon and Bogor Regency. According to the explanation of the head of the LKNU Bogor regency, NU Bogor was actively involved in pushing for the issuance of Regional Regulation No. 9 of 2015 concerning HIV/AIDS Prevention and Control in Bogor regency (Neneng, Personal Communication, June 7, 2020).

NU certainly realised that although the organisation has many members and they are spread throughout Indonesia, as well as a network of supporting organisations or autonomous bodies having segmentation in all fields, in the context of HIV/AIDS prevention efforts in Indonesia, NU is late enough. NU also has problems with supporting resources; both human resources who are proficient in HIV/AIDS prevention efforts, as well as financial resources to finance various programs already launched. Therefore, NU and LKNU developed a cooperation scheme to overcome the existing problems.

Based on the interview results with several sources and various existing cooperation documents, it was noted that two institutions that were having quite important cooperation, namely the Ministry of Health of the Republic of Indonesia and the international organisation Global Fund. According to the former head of LKNU, KH. Hisyam Said Budairi collaborated with NU and the Ministry of Health, especially in promoting Clean and Healthy Behavior (PHBS) and the Healthy Living Community Movement (GERMAS), as well as the TB-free Indonesia campaign, their campaigns were focused on Islamic boarding schools in various regions in Indonesia. There were 151 Islamic Boarding Schools that

were the subject of the cooperation program (Ulul, Personal Communication, June 12, 2020). This collaboration was considered important by NU as it would improve the quality of health in Islamic boarding schools, in which so far they had received a lot of negative attention regarding their cleanliness and health. The second collaboration was the one between NU and the Global Fund, specifically in financing the TB-free Indonesia campaign and overcoming HIV/AIDS. The Global Fund is an international non-governmental organisation working in the health sector, aiming to attract, distribute and manage resources to countermeasure HIV/AIDS, TB, and Malaria (ATM). The partnership between NU and the Global Fund started in 2003; however, the HIV/AIDS prevention program was only agreed upon in 2010. At that time, the Executive Director of the Global Fund, Michel Kazatchkine, made an official visit to the PBNU office, to sign a financial aid commitment of USD 2,966,594. The collaboration program was entitled "Indonesian Response to HIV/AIDS: Government and Civil Society Partnership in 21 Provinces" (NU Online, 2010). The funds were used for various campaign programs to stop the rate of HIV/AIDS infection in Indonesia as announced by the Global Fund.

The organising pattern of the HIV/AIDS program between PBNU and the Global Fund was that the PBNU was the Main Recipient and the Global Fund was the fund provider. NU supervised three sub-recipients (SR), namely the Spritia Foundation, the Pelita Ilmu Foundation, and the Kusuma Buana Foundation. In turn, each of these SRs would oversee local SSRs (sub-sub-recipients) in each work area. During its tenure, NU with its SR and SSR had implemented HIV and AIDS program interventions in 21 provinces. One of them was the establishment of a drug rehabilitation center. In addition, there was also a program to integrate HIV and AIDS education in Islamic boarding schools. For example, injecting drug users can be referred to certain Islamic boarding schools aiming to obtain religious counseling. This shows the connection between NU as a religion-based organisation and its contribution to community-based health promotion, namely the HIV and AIDS prevention program.

#### *The GPM in Preventing HIV/AIDS*

The development of HIV/AIDS cases in Indonesia has attracted the attention of Christian religious organisations, especially churches that are members of the Indonesian Church Association (PGI). Some view it negatively, as a disease that is cursed by God and equates it with leprosy as narrated in the Old Testament. This contributes to the spread of HIV and triggers discrimination in the name of religion. The church admits that the lack of knowledge about the disease has created a negative and discriminatory view of PLWHA (Kambodji, Gosal, Simatupang, Sumampouw, & Tampubolon, 2012). This is also what happened to the pastors of the Moluccas Protestant Church (GPM). Many view HIV/AIDS as a dangerous disease, causing fear. Pastors do not want to pray directly for PLWHA who died. Some of them are prayed behind a limiting curtain.

However, the increasing prevalence of HIV/AIDS in Indonesia has changed the church's view of the disease and has encouraged the church to be more concerned and involved in preventing and controlling this disease. This is also the case with GPM, which found that many of its congregations in Ambon City and the Aru Islands were infected with HIV/AIDS and had problems in social interaction. Ironically, for a decade, the Church has become a part of the stigmatisation and discrimination that afflicts PLWHA.

Broadly speaking, the main ideas built by the church to mobilise concern in helping PLWHA are centered on divine messages. The Church realises that man is the image of God, one of whose duties is to heal his people, as part of adapting God's attitude as stated in the Book of Exodus (15:26) "... I, the Lord, have healed you." This healing task is interpreted by the Church as part of a divine task, as Jesus had done throughout his life, namely preaching, teaching and healing. Therefore, the church's concern for people infected with HIV/AIDS is considered part of the continuation of the mandate of Jesus Christ the Savior, to fight for life for every human being, who is sick, infected with certain viruses, who are marginalised, and who do not have public access (Kambodji et al., 2012).

Since 2010, the priests began to renew their religious views and began to put forward the theology of liberation based on love. People living with HIV are not considered merely as sinners, but as helpless

people who need help to live a normal life. It doesn't matter if he got infected because of casual sex or some other reason. But for Christian theologians, there needs to be empathy to help them. As a priest at the Moluccas Protestant Church said,

Christian ethics (a branch of practical theology) emphasises caring in the form of direct action without questioning why he was infected with this deadly virus. As the Lord Jesus healed people affected by leprosy, he did not ask why they had the disease, but the action taken was to heal them. We may not be able to heal them physically but what can be healed is their spirituality, by changing their paradigm and providing direction and guidance regarding the right lifestyle (Hendriks-Ririmasse, 2020)

The view of Margaretha M. Hendriks-Ririmasse priest represents the new spirit of Christian theologians, especially in the Moluccas Protestant Church. This change in perspective has a significant impact on the willingness of a religious group to deal with a social phenomenon such as HIV/AIDS. This is also referred to by some church activists, such as Rudy Rahabeat (Personal Communication, June 17, 2021) as contextual theology. The theological idea publishes a more loving attitude and approaches to dealing with HIV/AIDS. This is similar to the ideas of the church in Latin America, in defending the poor in America which is rooted in the theology of compassion or the spirit to give empathy and love to each other (Badrie, 2000).

From 2010 to 2017, GPM began to initiate various AIDS care activities in the Moluccas. Starting from seminars and workshops on HIV/AIDS and publishing a sermon module on HIV/AIDS. The most amazing thing is the community assistance actions at the church level which are quite effective in registering PLWHA and providing assistance to PLWHA with various needs. Including treatment, and religious consultation, to fight discriminatory social stigma. The negative stigma that has been a scourge for PLWHA in various places has been successfully suppressed by the church because the theological approach has succeeded in convincing the congregation in the Moluccas that they should not judge arbitrarily. PLWHA must be seen as relatives and close people who need help. This approach gave birth to a more friendly term for PLWHA, namely Brother with HIV/AIDS or SADHA.

This transformation marks a new era of Christian theology in GPM which is more transformative and contextual. The theological spirit believes that serving God is by serving the weak and marginalised by economic, social, political, and cultural structures. People infected with HIV are weak people who must be helped because they are weak and hopeless. Church attendance is expected to provide them with psychological, spiritual, and social comfort. This will indirectly help them in living a normal and productive life as human beings. Theological understanding that is increasingly transformative by prioritising the theology of love for PLWHA is then poured into various church documents. Since 2010, GPM has incorporated the issue of HIV/AIDS into its various programs and activities. This can be seen from official documents such as the Church Doctrine, Master Development Plan (RIP), and Strategic Plan (RENSTRA) of GPM since 2010. HIV/AIDS is considered a community problem that requires church involvement.

GPM also initiated a special pastoral counseling program for PLWHA. Pastoral activities are consultations and guidance for the congregation/PLWHA to have more confidence in living their lives (Pesiwerisa, 2015). Several GPM priests have been specially educated to be able to do a Partial about HIV/ADIS. Special education in the form of pastoral counseling for priests is recognised by several NGO activists, successfully changing the mindset of priests in GPM from being so resistant to PLWHA to being more loving.

Another movement from GPM that has received widespread appreciation is the Friends with HIV/AIDS (SADHA) movement which was spearheaded by the Ministry of Evangelism & Service of Love of the Moluccas Protestant Church Synod (GPM). The term changing from People with HIV/AIDS to Brothers with HIV/AIDS, marks an important transformation and change in viewing PLWHA as close people, no longer other people. Through SADHA, every priest and assembly is reminded to always be close to SADHAs as people who need help. Priests are asked to identify each SADHA in their community and try to help them as much as possible to carry out regular health checks and provide religious assistance to strengthen their mentality and mental condition. SADHA who was accompanied

socially and spiritually then gained new energy to live a normal life, and some were even able to become activists of the HIV/AIDS prevention movement in the city of Ambon.

As part of the preparation for the public campaign, GPM priests are equipped with knowledge of HIV/AIDS through various modules distributed by the church and they are individually and collectively required to encourage their congregations to carry out regular HIV/AIDS checks. The examination process is carried out confidentially and takes into account the personal needs of church members. If a church member is found to be HIV positive, the church priest will report it to the GPM Synod and then carry out religious assistance and then continue with assistance in the treatment process. Several PLWHA who receive assistance from the Priest is known to have a better quality of life. Because through religious consultations provided by the priest and the support of the congregation, PLWHA obtain moral support and mental strength to live normally in society. They are no longer afraid of being antagonised or discriminated against in a social environment.

Another important activity is incorporating the theme of HIV/AIDS into the sermon module in the church and congregational groups. This module is published by the GPM Synod (a kind of central board in Ambon) and then disseminated to GPM administrators at the branch and branch levels throughout the Moluccas and North Moluccas Provinces. The module is also made in a light and easy language to understand even by ordinary people. And in important months like December, which coincides with World AIDS Day, all churches in the Moluccas will deliver sermons on HIV/AIDS, organise an HIV screening process, and raise funds for assistance to people who have been infected.

Priests who are also AIDS care activists in GPM go deeper by initiating various material assistance for SADHA/PLWHA in the form of the "Thousand Rupiah Movement for SADHA". The GPM priests who observed PLWHA found that most of the PLWHA came from poor communities who could not fulfill their nutritional needs to maintain their immune condition, so they would not get sick easily and become AIDS. They are also unable to access ARV drugs, because of the high cost of the PLWHA body-strengthening drugs. Like the story of Priest Sandra in the book "AIDS and Us, Sharpening Conscience Grows Empathy".

.....we found a big problem faced by SADHA, namely their economic limitations to meet the needs of nutritious food and education. For example, there is a SADHA child aged 1 year and 8 months, whose physical condition is very worrying. Parents of children living with HIV/AIDS and unable to work optimally, so their children's medical needs are very limited (Pesiwerisa, 2015).

With these facts, Priest Sandra and GPM church activists began to be encouraged to invite church members to be more concerned about the condition of SADHA regardless of their social status. The provision of cash assistance was also chosen as one way that is considered effective and can help SADHA/PLWHA. So it started collecting donations in churches to help poor people infected with HIV/AIDS. During the celebration of World AIDS Day on December 1, 2012, donations collected through the participation and care of church members were given to about 20 SADHAs, both domiciled in Ambon and outside Ambon, and even to SADHAs who were Muslim. The great concern and enthusiasm of the church members are certainly potential, and entry point to bring about changes in social relations with SADHA without discrimination.

Donations of One Thousand Rupiah may be viewed by some as a currency that has very little value or even no value at all. However, this number can be a moral marker bringing about a big change in the views of the church community towards people infected with HIV/AIDS. Since the start of this movement, Priest Sandra and her friends from GPM Klasis Amboina have managed to collect more than 20 million rupiahs which were distributed to help PLWHA who are poor and underprivileged. Given the limited number of donations, Sandra and the GPM youth set the following prerequisites for recipients of assistance; SADHA from groups of children, children who are still undergoing education, children who no longer have both parents or are only a single person, and children whose parents do not work.

#### 4. NU and GPM Contributions in Eradicating Negative Stigma

Data published by the Ministry of Health of the Republic of Indonesia, as well as the Department of Health in the Moluccas and North Moluccas, showed that the development of HIV/AIDS has not drastically decreased. This means that in general HIV/AIDS is still a pandemic threatening people's lives in various regions. Data published by the National Data Center of the Ministry of Health of the Republic of Indonesia showed developments that still tend to increase from year to year. Although the number of HIV/AIDS infection rates in Indonesia is quite low compared to neighboring countries such as Thailand or the Philippines, which have infection rates above 15,000 cases every year. The five provinces with the largest number of infections are still dominated by East Java, DKI Jakarta, West Java, Central Java, and Papua. Although the Moluccas is ranked 15th in terms of quantity, its growth ratio is quite high.

The interesting thing lately is, however, although the data on people infected with HIV continues to increase every year, the data on AIDS, or those who suffer from various diseases caused by HIV infection, continues to decline. In other words, the development of HIV/AIDS in Indonesia, which continues to increase, is certainly not a reason to show the failure of the involvement of religious groups in HIV/AIDS prevention (see figure 1). Since the variable for reducing HIV/AIDS is certainly very complex, it includes many things, such as government policies on health, access to health facilities, budget, ability to reach potential groups and key populations, injecting narcotics, and much more. This means that the decline in HIV/AIDS prevalence is not only determined by social movements carried out by religious organisations such as NU and GPM.

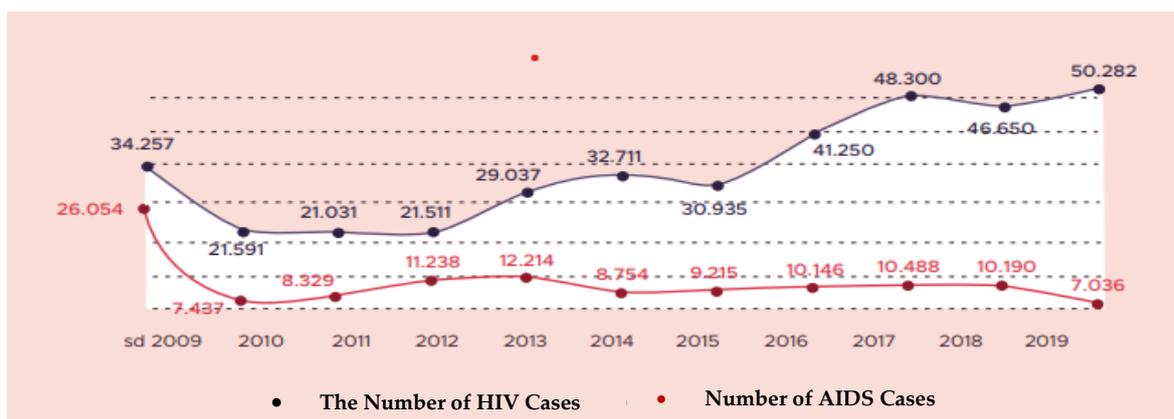


Figure 1 The number of HIV/AIDS cases in Indonesia by year

Source: Kementerian Kesehatan (2019, p. 159)

The more accurate assessment is by associating it with the developing negative stigma reduction in society. One of the biggest obstacles in the prevention and control of *Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome* (HIV/AIDS) in Indonesia is the high stigma and discrimination against people living with HIV/AIDS (PLWHA) (Kristianto, 2021; Shaluhyah, Musthofa, & Widjanarko, 2015). Stigma originates from an individual or people's thinking who believes that AIDS disease is a result of immoral behavior that cannot be accepted by society.

Stigma on PLWHA is pictured in the cynical attitude, excessive fright, and negative experience toward PLWHA. Many assumed that people infected with HIV/AIDS deserved to get a penalty as a result of his/her own behavior. Such outlook usually comes from religious groups, tended to bring a morality view (Madyan, 2008; Ochillo, Van Teijlingen, & Hind, 2017; Olaore & Olaore, 2014). They also considered that PLWHA is the people's responsible for HIV/AIDS transmission (Maman et al., 2009). This is what causes people with HIV infection to receive unfair treatment, discrimination, and stigma because of their illness. Social isolation, HIV status dissemination, and resistance in various society activity scopes such as education, and health services are forms of stigma that frequently occurred.

The massive resistance among society and the environment to the presence of people infected with HIV/AIDS has caused some people living with HIV to hide their status. Stigma against PLWHA has a major impact on HIV/AIDS prevention and control programs, including the quality of PLWHA life. The risky populations will be afraid to take an HIV test because if the results are revealed to be reactive it will cause them to be ostracised. People living with HIV are afraid to disclose their HIV status and decide to delay treatment if they are sick, which will have an impact on their declining health and uncontrollable HIV transmission. The impact of stigma and discrimination on pregnant PLWHA women will be greater when they do not want to seek treatment to prevent transmission to their babies.

Given that religious groups are one of the factors producing stigma against PLWHA for various moral reasons, their involvement in educating the public about HIV/AIDS is very necessary. As far as can be noted in this study, although the involvement of religious groups has not had a direct impact on the prevalence of HIV/AIDS in Indonesia, as shown in the data above, the encouraging thing is that the public is becoming increasingly aware of HIV/AIDS, the triggering factors and efforts that need to be done together in the prevention and control of HIV/AIDS. This has also resulted in the reduction of negative stigma about people living with HIV/AIDS (PLWHA).

In Jakarta, a PLWHA with the initials IN who was successfully interviewed told his experience during the last seven years of facing stigma and discrimination from society. He told me that at the beginning, being a PLWHA seven years ago was very difficult. Many stay away, and even their own families did the same. But as time went on, the more people understood the pattern of the spread of this disease, they began to respect him. IN is now even a motivator among his friends, so he can live life with enthusiasm (IN, Personal Communication, June 27, 2021). In Malang City, East Java, a 30-year-old man who was infected with HIV in 2018, admitted that he was still reluctant to reveal his status as PLWHA since according to him there was still discrimination. Even so, he has begun to be accepted by his family. Family support is also very important to help him live a normal life. NU and GPM programs targeting socialisation in the family are of course very relevant to the recognition of PLWHA above, as family support will help PLWHA to regularly access health facilities.

In another case, a PLWHA named IR (Personal Communication, March 12, 2021), who was interviewed successfully stated that although stigma still exists in society, the level of discrimination is decreasing, along with various efforts made especially from influential religious figures. There is even a Pondok Pesantren in Megamendung Bogor, which helps PLWHA in their area. This helps reduce the psychological burden for IR as PLWHA, at least he feels cared for by his environment. IR's confession was confirmed by the KPAD in Bogor Regency, who stated that there was a change in the views of the community regarding negative stigmas after various parties, including religious organisations were involved in the process of socialisation and education about HIV/AIDS (KPAD, Personal Communication, March 17, 2020).

Another study conducted by several researchers informed the strong role of religious leaders in reducing the negative stigma. For example, the publication of research results from the Faculty of Public Health, Diponegoro University in Grobogan Regency, Central Java, shows the role of religious leaders in reducing the stigma against PLWHA (Shaluhayah et al., 2015). Examples of decreasing negative stigma about PLWHA can also be found in the efforts made by GPM in the Moluccas and North Moluccas. Priests and congregations who were previously so afraid of the presence of PLWHA in their environment, have started to feel comfortable interacting with the community. Usually, there are church cadres who help people living with HIV in contact with health facilities, both those owned by GPM and those managed by the government. According to PLWHA named AL (Personal Communication, March 22, 2021), the presence of the priests provided comfort for their friends as PLWHA. Moreover, the church in the Moluccas has a pastoral model or special consultation for PLWHA like him. Likewise, with IA (Personal Communication, June 7, 2021) in Ternate, he also feels that there is protection from the church when he gets a rejection from the community. The story about the stigma and changes in the views of the Moluccas people can be read in a book written by PLWHA survivors entitled "We Are Fine; Voices of People With HIV/AIDS in the Moluccas," published by the Beta House Foundation and supported by the Moluccas Protestant Church (Salampessy, 2020).

We can also find a stigma reduction in the family in a study conducted by Daniel Nanlohy, et al. (2019), from the Faculty of Health, Indonesian Christian University, Moluccas. According to the results of his research, there has been a change in the family's perception of HIV/AIDS, firstly, families whose members are infected with HIV/AIDS claim that they will do anything to help their HIV-infected child or family even though they admit that there is no cure for this disease. Second, all respondents who were sampled in the study claimed to assist by helping PLWHA in obtaining health services and giving love and enthusiasm to PLWHA to be able to live their lives. Third, several PLWHA who were interviewed specifically in the study stated that their experience of getting attention from their parents and close family made them much stronger than their previous condition.

The success of reducing the negative stigma against PLWHA can be seen in the reduction in the number of AIDS, or people suffering from various symptoms of the disease due to being infected with HIV. According to data from the Ministry of Health in 2020, there was a decrease in AIDS cases as many as 3154 cases in 2019, and it tends to decrease every year (Kemenkes RI, 2019). Reducing negative stigma helps PLWHA not to worry about social discrimination in their environment. Even in the case of NU and GPM, AIDS care cadres in the two religious organisations help PLWHA to access various health facilities, including assisting PLWHA to take anti-retroviral virus drugs. This phenomenon is one of the important contributions of religious groups in efforts to countermeasure HIV/AIDS in Indonesia. As reducing stigma is one of the steps toward a significant reduction in HIV/AIDS. Of course, further studies are needed to determine whether the efforts to reduce stigma having been carried out by religious groups such as NU and GPM have had a direct impact on the prevalence of HIV/AIDS in Indonesia.

Studying the participation of NU and GPM in dealing with HIV/AIDS illustrates that if religious resources can be utilised optimally, then religious institutions can make a greater contribution to handling HIV/AIDS (Manurung, Wahyuni, & Probandari, 2020). Indonesia has six official religions and more than hundreds of religious organisations. To name a few of them, for example among Islam there are other large organisations such as Muhammadiyah, Al-Irsyad, Persis, Al-Washliyah, Hidayatullah, and so on. Among the Christians, there are Huria Kristen Batak (HKBP), Banua Niha Keriso Protestant (GMI), the Indonesian Methodist Church (GMI), and various Christian churches which are members of the Indonesian Church Association (GPI). Likewise among Catholics, Hindus, Buddhists, and Confucians. In addition, there are also hundreds of traditional beliefs that still live in various regions.

What NU and GPM have done over the past decade should be an important lesson, which needs to be imitated and transmitted to other religious organisations. NU and GPM must build partnerships with religious organisations in Indonesia, to strengthen religious movements in the fight against HIV/AIDS. Religious organisations such as NU and GPM need to spearhead an interfaith coalition in dealing with HIV/AIDS. Such as the Indonesian Interfaith Networking on HIV/AIDS (INTERNAS), which was formed by the Ministry of Health around 2007. The involvement of religious institutions, including the use of religious arguments to tackle the HIV and AIDS epidemic, is important because the majority of Indonesians are connected to institutions, religion, and its teachings in a structural, communal, and even psycho-cultural sense.

## 5. Conclusion

The participation of the Islamic religious organisation Nahdlatul Ulama (NU) and the Moluccas Protestant Church (GPM) Christian religious organisation in various efforts to countermeasure HIV/AIDS in Indonesia over the past ten years has given its colour in encouraging HIV/AIDS prevention efforts. Based on the various data and discussions presented in this paper, several findings can be used as conclusions.

*First*, the involvement of NU and GPM in dealing with HIV/AIDS in Indonesia is a response to the increasing prevalence of HIV/AIDS and the concern that the development of HIV/AIDS is also legitimised by the moral stigmatisation associated with religion. Therefore, NU and GPM try to develop new views based on Islamic and Christian teachings to reduce the negative stigma. *Second*, the participation of NU and GPM through the initiation of various educational programs, outreach, and

advocacy as well as collaboration with several stakeholders; government, and donor agencies. *Third*, what NU and GPM have done is a phenomenon of the transformation of religious views and their relationship with the involvement of religious organisations in public health issues. NU and GPM have contributed to reducing the negative stigma against PLWHA who have been reported as objects and subjects of discrimination.

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