



# **SOCIO – CULTURAL AND SPIRITUAL ASPECTS OF HIV/AIDS CARE**



# OBJECTIVES



- I. Understand the *cultural aspects* of HIV/AIDS care and treatment
- II. Understand the *spiritual importance* of HIV/AIDS care and treatment



# PALLIATIVE CARE



*An approach of care that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and assessment and treatment of pain and other problems, physical, psychosocial and spiritual*

WHO definition, 2002



# CULTURE



- Refers to pattern of learned behaviors and values which are shared among members of a designated group
- Transmits within a group through time  
*Leininger (in Frank & Miramontes)*
- Includes, but is not limited to, geographic origin, language, traditions, values, religion, food preferences, communication, education, life style



# BEING “CULTURALLY COMPETENT”



- Health care providers must achieve a level of **cultural competence** in their practice to be able to develop intervention strategies that take into account cultural differences between clients
- Involves **recognition, understanding, and sensitivity** to ethnic and lifestyle differences



- **Cultural diversity** influences perceptions about illness and wellness as well as healing beliefs and practices
- Understanding these variations is critical in developing culturally competent HIV/AIDS care, treatment, and support
- It is important for health care providers to be self-aware of their **cultural bias** that could potentially impact the helping relationship



# FACTORS TO NOTE FOR QUALITY CARE



- Age
- Religion
- Ethnic group/tribe
- Language differences
- Belief systems
- Gender
- Traditions/ customs/values
- Educational level
- Food preferences
- Communication styles



# ACTIVITY



What are some of the beliefs you have about

- Chronic and life threatening illness
- Pain
- Suffering
- Dying
- Death

In your age group?

Religion?

Tribe?

Gender?

Tradition/customs?



# THE CULTURAL UNIQUENESS OF NIGERIA



- Nigeria is a “religious” country, i.e. virtually everybody belongs to one religion or the other
- Two main religions in the country are Islam and Christianity
- These religions are held in very high esteem
- Christianity accommodates faith healing, and many patients turn to the church or healing homes to seek cures



# RECOGNIZE OTHER RELIGIONS



African Traditional Religion—unique to all ethnic groups due to various beliefs and customs

- Interact with their leaders to assist the patient and their families
- Use opportunity to determine usefulness of herbal/traditional medicines
- Understand and determine if local rituals affect care and treatment



# HOME REMEDIES



**HOME REMEDIES** can be used by home care givers to treat some minor ailments at home.

These remedies may be useful/helpful if taken in acceptable amounts



# FOOD SUPPLEMENTS OR “BOOSTERS”



**FOOD SUPPLEMENTS** are usually in the form of multivitamins or supplements that provide necessary nutrients in the body.

- Patients that can afford them should always inquire before using. They should speak to the doctor to ensure that the supplement does not interfere with ARV treatment
- Such supplements like the theanshen products, NGLD, vitamins, etc generally do not cause any interference with the ARVs. But a patient should talk to the doctor before starting the supplements.



# TRADITIONAL MEDICINE OR LOCAL HERBS



**TRADITIONAL MEDS OR LOCAL HERBS** are concoctions prepared by some healers in which the components are not always known. Such preparations may have very serious adverse effects with ARVs and can interfere with HIV/AIDS treatment.

- It is the duty of the care providers to educate the patients clearly and fully on such likely problems that can result in ineffective treatment.
- It is also important to note that alcohol can interrupt adherence in whatever capacity it is taken.



# THE CULTURAL UNIQUENESS OF NIGERIA



- Because of the deep-seated belief in the religions, many times patients **believe their pastors rather than medical practitioners** for treatment
- You find patients spending an enormous amount of time and resources in healing homes, with the religious leader “praying and laying on of hands” and pronouncing patients as being cured



# THE CULTURAL UNIQUENESS OF NIGERIA



- Some believe that sickness or disease is a punishment from gods or ancestors
- Many stop taking their drugs because they have “faith” that they have been cured
- Others visit traditional religionists where “religious” rites and traditions are mixed and used to “cure” patients
- Generally, patients seek faith healing and healing by traditionalists with dire consequences



- Cultural uniqueness of each community often determines how spiritual support is structured and provided
- With the Nigerian setting:
  - Include religious leaders in each site to offer spiritual counseling
  - Have the local church/mosque representative involved in the care strategy for a patient



# COMPASSIONATE SPIRITUAL ASSESSMENT



- Discuss spiritual concerns in a respectful manner and as directed by the patient
- Providers can pray with the patient and his or her family
- Integrate pastoral care into the health care team's overall strategy



# SPIRITUAL CARE



- How can we offer spiritual support?
  - Collaborate with FBOs to give support to the patient and family
  - Incorporate pastoral counseling on the staff which can help PLWHA and family to prepare for death
  - Assist with funeral rites and provide on-going counseling to the bereaved

# SIGNS OF SPIRITUAL DISTRESS

<u>Symptoms</u>	<u>Descriptions</u>	<u>Best response from caregiver</u>
Abandonment	By family, friends, medical team, religion	Take notice of person, be human towards patient
Anger	Directed or undirected	Urge expression and accept feeling
Betrayal	“By God/Allah’s unfair punishment”	Contact clergy if patient/family agrees
Despair	Without hope	Contact clergy if patient/family agree
Fear	Of dying process or of death	Explain dying process; contact clergy
Guilt	Concern over misdeed	Urge to seek forgiveness; contact clergy/social worker
Meaningfulness	Life without purpose	Validate life accomplishments
Regret	Dreams unfulfilled	Life review and validation
Sorrow / Remorse	Profound sadness due to acute depression	Urge verbalization; validate right to feelings
Depression	Turning to wall; fetal position; non-responsive	Talk with them to provide tie to humanity

