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The Controversy between Faith-Based Healing and ART Adherence among Christians Living with HIV/AIDS in Malawi: The Case of Lilongwe Urban Mainline Christian Churches

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Abstract

There has been a long-term debate among scholars which revolves around the phenomenon of the controversy between faith-based healing and antiretroviral therapy adherence among Christians living with HIV/AIDS worldwide. Across many parts of Africa, some religious leaders have compromised treatment adherence by claiming that only faith healing is from God. Alternatively, they maintain that abandoning or not initiating Antiretroviral Therapy (ART) and relying exclusively on faith healing is a confirmation of one's total reliance on God. In Sub-Saharan Africa, the impact of religious beliefs on the prevention and management of HIV is documented. The Malawi Government through the Ministry of Health is tirelessly working to ensure the availability of ARTs in reducing the spread of HIV/AIDS. At the same time, some religious leaders encourage their followers to discontinue ART adherence based on religious beliefs and practices thereby contributing to unnecessary deaths, complications, and generally negative attitudes towards ART.

Using qualitative and quantitative research designs grounded on the descriptive survey method, and the Health Belief Model, data was collected from 63 participants comprising religious leaders for Catholics and Presbyterians, health workers, and the laity. Data was analysed using Cronbach's

Coefficient Alpha Analysis. Furthermore, qualitative data was analysed using the thematic approach. The findings reveal 80% of the respondents maintaining that faith alone cannot cure HIV/AIDS. Therefore, a collaboration of ART adherence and faith-based healing is paramount for the good health of Christians living with HIV/AIDS in society. The study finally highlights the need for church leaders to help in disseminating information that may provide good health to church members.

Key words: *Controversy, Faith-Based Healing, Antiretroviral Therapy, Adherence, Christians, HIV/AIDS, Malawi, Mainline Churches, Lilongwe Urban.*

Background of the Study

The churches with which this study is concerned include the mainline Christian churches in Malawi including the Roman Catholic (R.C.) and Church of Central African Presbyterian (C.C.A.P.). Therefore, when referring to 'the churches' therefore, it is these mainline churches under consideration unless otherwise specified. Different religious affiliations cherish different beliefs and practices in all aspects of human faculties including healthcare beliefs and practices (Magdalena, S., 2017). While some people on ART are using their religious beliefs and practices to prolong life, others are reluctant to take ARTs as prescribed. Nonetheless, there is still a paucity of evidence, particularly in Malawi, concerning religious beliefs relevant to ART adherence among Christians living with HIV. Many people living with HIV and AIDS have abandoned or defaulted on their medication because they were told by religious leaders that they had been healed miraculously, and that HIV had been expelled from their immune system (Mphande, I., 2008).

To mitigate religion-related barriers to adherence to ART among Christians living with HIV, knowledge of religious beliefs and practices hindering optimal adherence has often been employed in designing ART adherence interventions, especially in the counselling components of such interventions. Interestingly, relevant information on the religious beliefs and practices of Christians living with HIV is accessible and can be integrated into their HIV treatment plans. Such information can be essential to both church leaders and healthcare professionals in developing better ART adherence strategies and consequently obtaining optimum health outcomes for PLHIV. Therefore, it was essential to undertake this study to gain an understanding of the controversy between faith-based healing and antiretroviral therapy adherence among

Christians living with HIV/AIDS in Malawi with a focus on Christians living with HIV/AIDS in Lilongwe urban mainline churches.

Research Question

Which ideology is true in the controversy between faith-based healing and antiretroviral therapy adherence among Christians living with HIV/AIDS in Malawi?

Aims of the Study

a) To examine the effects of discontinuing antiretroviral therapy (ART) medication.
b) To analyse the controversy between faith-based healing and ART adherence among Christians living with HIV/AIDS in Malawi with focus on Lilongwe urban mainline churches.

Objective of the Study

The study aimed at analysing the controversy between religious beliefs and ART adherence among Christians living with HIV (CLHIV) in Malawi, specifically in Lilongwe urban mainline churches.

Rationale of the Study

The study has the potential of unearthing an important next step in ongoing efforts by religious leaders to address issues confronting Christians seeking effective treatment for those living with HIV and AIDS.

Conceptual Framework

The Health Belief Model (HBM) underpinned the study. HBM is a cognitive interpersonal model that views humans as rational beings with the ability to behave in a way that will help them to mitigate perceived threats to diseases and thus achieve what they perceive as benefits to their actions (Becker, M.H., Maiman, L.A., Kirscht, J.P. *et al.*, 1977). Green et al (2020) opine that the health belief model is a theory in psychology that examines peoples' health-related thought processes and behaviour. According to Green et al (2020), the need for this theory

appeared when there were advanced medical diagnostic tools such as X-rays for tuberculosis screening, but they were vastly underused due to the perceived threat of the disease. HBM involves self-efficacy which is about one's belief or confidence in their abilities regarding certain tasks hence making it suitable for this study.

Literature Review

Among the Christian denominations in Sub-Saharan Africa (SSA), Pentecostal churches are the fastest and largest growing movement (Zurlo, G.A., Johnson, T.M., & Crossing, P.F., 2021). Pentecostal movements are often led by young pastors whose preaching places emphasis on prophecies, miracles and the spiritual healing of challenging diseases such as HIV (Nieuwhof C., 2020). However, there are instances where some faith-based organizations contributed to inadequate ART adherence among Christians living with HIV**.** Beliefs that pastors can 'cure' HIV by the 'laying of hands' on patients demonstrate a negative impact on patients' adherence to ART in Ethiopia **(**Tymejczyk, O., Hoffman, S., Kulkarni, S.G. *et al*., 2016**).** Mutambara, Sodi, Mtemeri and Makomo (2021) stipulate that aspects of religious beliefs like receiving healing through fasting and prayers, believing in the healing powers of pastors and prophets, or believing that HIV is spiritual are reported as barriers to adherence to ART.

The use of unusual religious beliefs and rituals for the treatment of HIV are equally acknowledged as barriers to adherence to ART (Gabaitse, R., 2015). Thus, hindering the medical community's efforts to enroll and maintain Christians living with HIV. That is, the advent of HIV and AIDS has brought new dimensions to spirituality and healing which have somehow exposed multitudes (Christians and non-Christians alike) to disguised healers, pastors, and prophets who claim that the Holy Spirit defeats all illnesses. Their prescription of prayers and use of oil, holy water, and other agents to effect healing sometimes defeats attempts to contain the spread and potency of HIV and AIDS, as those who are said to have been healed stop taking ART and ending up dying.

Research Design and Methodology

Paradigm

The study was guided by social constructivism whereby individuals seek an understanding of the world they live and work in. They develop subjective meanings of their experiences and meanings directed toward certain objects or things. According to Creswell and Poth (2018), meanings are varied and multiple, leading researchers to seek the complexity of views rather than narrow them into a few categories or ideas.

Research Approach

The study employed both qualitative and quantitative approaches. Faith-based healing data was analysed by using a qualitative approach whereas data regarding ART adherence and the effects of discontinuing medication was analysed using quantitative approaches as it was difficult to analyze scientific findings qualitatively. The following are some of the reasons that make mixed methods more relevant than the use of one research approach; First, mixed methods provide strengths that offset the weaknesses of both quantitative and qualitative research. Secondly, mixed methods provide more comprehensive evidence for studying a research problem than either quantitative or qualitative research alone. Finally, Creswell (2012) avers that mixed methods research encourages the use of multiple paradigms for quantitative research and others for qualitative research.

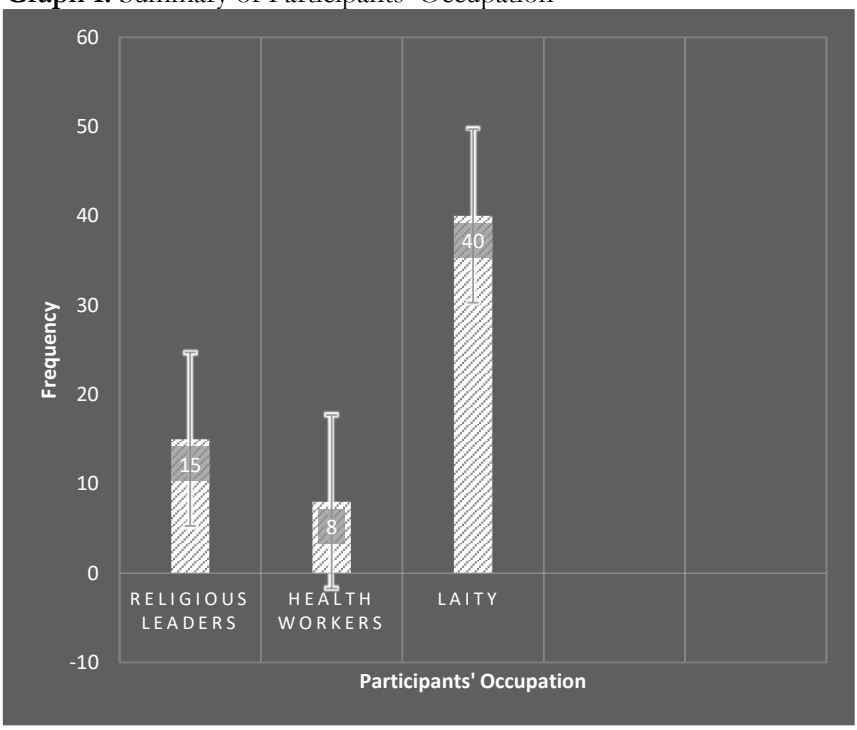
However, in terms of topology the study focused on an exploratory sequential mixed methods design that was driven more by the quantitative approach. In this case, the study was designed in two phases. The first phase focused on isolating determinants of ART adherence through quantitative approaches, that is, using a questionnaire. On the other hand, questionnaire was administered to collect quantitative data, and the respondents were asked to answer most of the questions in the form of a four-point Likert scale. The questions in the survey included personal details of the respondent like age, gender, academic qualification, and occupation. The second phase emphasised on the use of qualitative approaches to determine faith-based healing because much of the collected data relied on people's perceptions, beliefs, and understanding of church doctrines. This information required

explanation of events, facts or opinions thereby making it a qualitative study.

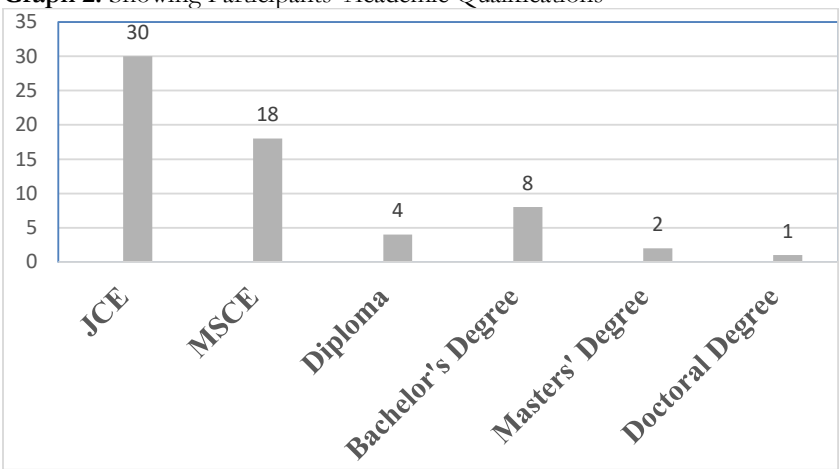
Study Population

This study targeted religious leaders, health workers, and the laity in urban Lilongwe. The selection of the population was based on the researcher's assumption that these individuals possessed the necessary characteristics to provide the most reliable data for the study. Religious leaders are the custodians of church doctrines guiding church members, and health workers are the ones who prescribe the medication for any disease and its treatment protocols. Finally, eligibility of the laity comes in because they are the victims of the controversy between religious beliefs and ART adherence. The distribution of participants by status in society, and occupation is summarised in Graph 1.

Graph 1: Summary of Participants' Occupation



Graph 2: Showing Participants' Academic Qualifications



Key
JCE: Junior Certificate of Education.
MSCE: Malawi School Certificate of Education.

Procedure

Two methods of collecting data were used. These were questionnaire and recordings. Questionnaires were administered to the participants whose academic qualifications ranged from the Malawi School Certificate of Education (MSCE) to doctoral degree. This was so because of their level of understanding and capacity to articulate and interpret ideas before putting them on the questionnaire. On the other hand, recordings were administered to the participants (mainly the laity) who had ideas to contribute to the study but could not write for themselves due to lack of writing skills. According to Ndengu (2012), recording not only helped the researcher to capture everything presented by participants, but also offered an opportunity to capture what was said and how it was said.
It was extremely difficult to take down notes of what participants were saying as the interview was in progress. Recording further enabled the researcher to keep participants' voices since it was played back during data transcription (Ndengu, D.M., 2012). During data collection participants were asked to fill out the questionnaire which comprised open-ended questions. The interview allowed the researcher to achieve a comfortable interaction with the participants which in turn enabled the participants to provide a detailed account of their experiences and beliefs.

Data Collection Instruments/Tools

The study used a pre-structured questionnaire comprising open-ended questions adopted from the works of Amin Khan Mandokhail in 2007. According to Khan (2007), the questionnaire has three parts, the first part being the demographic characteristics of the participants which comprise several items. The second part consist of people's knowledge of the controversy between faith-based healing and ART adherence among Christians living with HIV/AIDS in Malawi with focus on the mainline Christian churches in Lilongwe urban. In assessing people's knowledge on the same, each item was rated on a four-point Likert scale with the verbal statements "strongly agree, agree, disagree, or strongly disagree". This format is recommended for healthcare surveys (Khan, A.M., 2007). The results from the test were run on SPSS to find out the reliability coefficient using Cronbach's Coefficient Alpha analysis.

Sample Size

The study used case study design to analyse the controversy between faith-based healing and ART adherence among Christians living with HIV/AIDS in Malawi with focus on the mainline churches in urban Lilongwe. The formula for descriptive studies is N= (Z2 PQ)/d2; where N = sample size; Z= Critical value corresponding to 95% confidence level= 1.96; P= proportion with parameter = 20%; Q= 1p; D= precision (Lwanga S., & Lemeshow, S., 1991).
N= (1.96)2* 0.2* 0.2/ 0.0025
N= 3.92 X 0.04/0.0025
N= 0.1568/0.0025
N=62.72
N=63.
Therefore, the study involved 63 participants. Each sampled mainline church was represented by 27 participants, adding up to 54 respondents comprising both the clergy and the laity. The eight (8) health workers employed in this study did not belong to the mainline churches, but rather a mixture of various religious affiliations. What mattered most was their experience in their profession. The remaining (1) participant involved in the study was the medical doctor who was considered as neutral to gain more understanding of healthcare services. This was done to balance the findings from health-workers, the clergy and the laity.

Data Analysis

Data was analysed using both quantitative and qualitative approaches which involved the compilation of data and coding it into SPSS version 20. The choice of mixed methods was based on the fact that it was unethical and difficult to analyse the effects of discontinuing ART adherence using qualitative approach. As such, the analysis of this data was presented in reference to the variables realized on the questionnaire including ART adherence, fasting and praying, healing by priests/reverends. This implies that twenty questions were asked and the questions were summarized into three categories namely ART adherence, fasting and praying, healing by priests/reverends. Out of the 20 questions on the questionnaire, 11 questions were under ART adherence representing 55%; 5 questions were under laying hands by priests/reverends representing 25%; and 4 questions under fasting and praying representing 20%. In a nutshell, questions under laying hands, fasting and praying were further grouped into one umbrella, faith-healing represented by 9 questions (45%).

Descriptive statistics (frequency tables and graphs) were used to summarise the collected data. Based on the findings of univariate analysis, variables were presented. These variables showed significant association that was entered into multivariable logistic regression analysis. Logistic regression determined the impact of multiple independent variables were presented simultaneously to predict membership of one or two dependent variable categories. Lastly, data collected from religious leaders and the laity was analysed using a qualitative approach due to the nature of the findings. These are formerly referred to as the inductive and deductive approaches. David and Sutton (2004) eloquently aver that there are advantages in using both approaches concurrently. The inductive approach allows for exploration and a greater insight into the lives of those being studied. On the other hand, the deductive approach allows for greater reliability and generalisability. To combine the benefits of both emphases is, of course, therefore attractive.

As it has been suggested that all research must claim some degree of depth validity and generalisability if it is to be called research, rather than art (Williams, M., 2004). Qualitative data was analysed using the different approach to quantitative data in the sense that data collected from religious leaders and the laity was analysed in reference to the number of participants involved in the study. All this was done to identify and analyse the similarities and differences between participants' views

regarding the controversy between faith-based healing and ART adherence among Christians living with HIV/AIDS in Malawi with a focus on the mainline churches in urban Lilongwe.

Ethical Consideration

The researcher sought permission from the concerned church authorities at the local level. Individual written and oral consent was obtained from all the respondents. The researcher asked for the participants' consent to record the conversations. Finally, all transcripts and recordings were stored securely to ensure that participants' privacy and confidentiality are protected.

Results and Discussion

The main objective of this study was to analyse the controversy between religious beliefs and ART adherence among Christians living with HIV (CLHIV) in Malawi, with a focus on the mainline churches in Lilongwe urban. The findings of the study indicate more male than female participants took part in the study. One possible reason for this is the fact that more male participants were comfortable expressing their views on the topic than female participants. The issue of ART adherence was more sensitive which made it difficult for people of opposite sexes to interact freely. The findings of the study revealed that out of sixty-three (63) participants in the study, forty-eight (48) were male representing 76%. While fifteen (15) were female participants representing 24% of the sample size. These findings are summarised in the following pie chart:

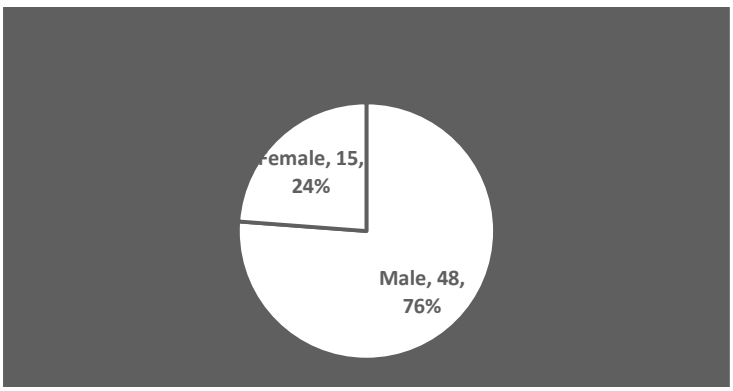


Figure 1: Pie Chart Showing Participant's Gender

Before resolving the debate, there was a need for the researcher to probe the effects of discontinuing ART medication for CLHIV/AIDS in society. The main findings of the study are presented in the sub-sections below:

Effects of Discontinuing ART Medication

Multiplication of Viruses

The study sought to find out the effects of discontinuing ART adherence in order to appreciate the role played by ARTs in the human body. Given the intricate nature of the first objective, health workers were included in the study population to elicit reliable, expert-informed data. In response, all the eight (8) respondents said that there is a risk in discontinuing ART adherence. HIV viruses mutate making ARTs not effective as a result of the multiplication of viruses and the client may develop AIDS and die in the end. That is, 100% of the participants mentioned multiplication of viruses as the major effect of discontinuing ART adherence. For example, one participant

Another participant contends that discontinuing ARTs can lead to the HIV virus multiplying rapidly, which increases the risk of developing AIDS. These examples indicate that HIV compromises the anti-body's response to all forms of diseases. Any HIV-positive person who deliberately chooses to stop taking ARTs exposes the body to immune deficiency since the virus starts to multiply so fast to the extent where drugs become incapacitated to fight against illnesses and the body is exposed to a wedge of illnesses.

Increased Viral Load

The study further revealed that out of the 8 respondents (health workers) alone, 6 respondents cited increased viral load as another effect of discontinuing ART adherence. This represents 75% of the respondents supporting the observation. For instance, one informant stipulates that ART helps to keep the viral load low and the immune system functioning. This implies that discontinuing ART adherence makes the client vulnerable to a myriad of diseases.

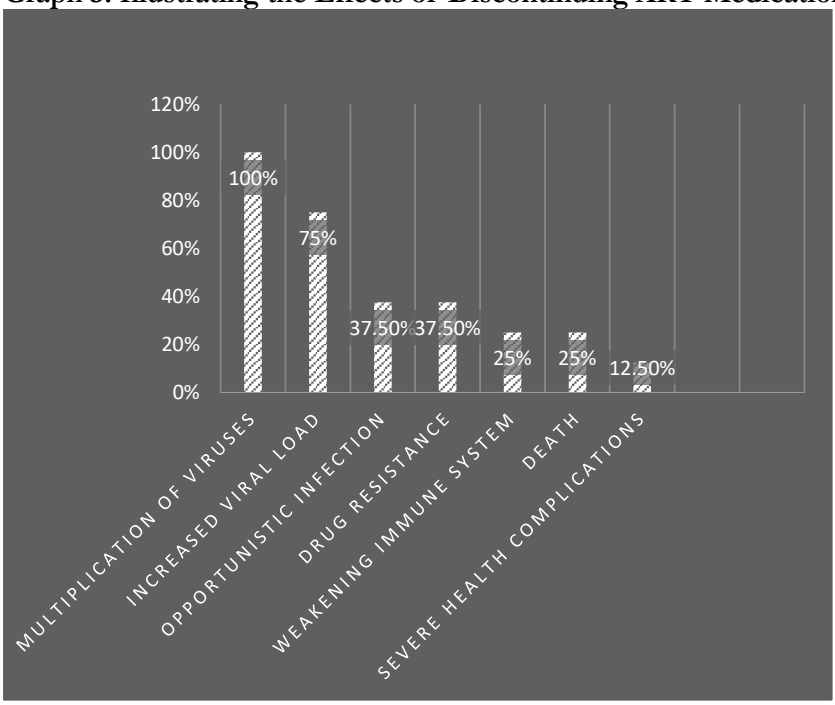
Other Effects

The study further revealed opportunistic infection, drug resistance, weakening immune system, death, and severe health complications as other effects of discontinuing ART adherence. These effects were mentioned randomly with low percentages each. It was reported that adhering to ART is crucial, as it helps to reduce the viral load, maintain a strong immune system, and prevent the transmission of HIV to others. According to her, consistent use of ART improves the quality of life and prolongs life expectancy. Furthermore, the findings revealed that ART helps to keep the viral load low and the immune system functioning. According to one medical doctor involved in the study,

> ART adherence is of paramount importance to the client in a number of ways including ensuring vibrant health, suppressing the viral load, reducing the risk of transmission to sexual partner or child at birth. he further maintains that, adherence to ART ensures the absence of other diseases, avoidance of recurrent hospitalization, ability to perform daily activities, work, and full public intervention in society. Finally, the doctor observes that ART adherence helps to strengthen the client's Immune system, and to prevent drug resistance.

These findings are consistent with the first aim of the Health Belief Model which was to encourage the use of preventive medical services (Green, C., Murphy, M.E., & Gryboski, K., 2020). But later, its scope was extended to find out the relationship between adherence to medical advice and health service usage (Conner, M., & Norman, P., 2005). This means that ARTs are designed to boost immunity in one's body if taken cautiously and effectively. Scientifically, it has been proven that HIV/AIDS is incurable and only suppressed according to its definition and nature. Therefore, ART adherence should not be compromised by anyone at all costs. Based on the findings on the effects of discontinuing ART adherence, it is important for both the health sector and the faith-based community to collaborate in supporting individuals with HIV/AIDS. Therefore, combining faith and ART adherence, Christians living with HIV can receive holistic care that addresses both physical and spiritual well-being of people in society. The findings of the effects of discontinuing ART medication as the first aim of the study are summarised in graph 1 below:

Graph 3: Illustrating the Effects of Discontinuing ART Medication



The graph above shows that multiplication of viruses is the major effect of discontinuing ART adherence. Multiplication of viruses is seconded by increased viral load. This makes sense because the multiplication of viruses suggests the increased viral load in the sense that there is competition in the production of viral loads. According to the findings as depicted in the graph, weakening immune system, severe health complications, and death were reported as lesser effects of discontinuing ART medication. A weakening immune system might have been rated low probability as it depends on the diet one is taking. Some HIV/AIDS clients take a balanced diet that helps them to increase their immunity despite discontinuing ART medication, prolonging life for HIV/AIDS. This implies that to them imminent death as a result of being tested HIV positive is avoidable. In other words, a balanced diet coupled with ART adherence plays a pivotal role in prolonging life to HIV.AIDS clients.

ART adherence

The findings of the study revealed that 8 out of 11 questions were rated "disagree". This means that 73% of the respondents disagreed with the assertion that "faith" alone can cure HIV/AIDS without adherence to ARTs. That is, most people in Lilongwe urban churches support the importance of adhering to ARTs. However, these findings do not in any way ignore faith-based healing. For example, one respondent said that,

> faith is vital in HIV management like any other infection. HIV is controlled by using ARVs, so a person (Christian) living with HIV is supposed to be adhering to ARTs and have faith in Jesus Christ to control the virus. He further explained that HIV is incurable hence faith alone just like ART adherence, cannot cure the disease.

Another informant quips that,

> My aunt was advised by her prophet for a certain Pentecostal church to discontinue taking ARVs in July 2004 and she followed the advice. Instead, she intensified going to Mitundu Hill for continuous prayers and fasting. By 10th February 2005, my aunt died because her CD4 count was very low.

Conversely, one participant (Christian) avers that "Faith" alone can cure HIV/AIDS. In his response to the question, he opines that

> faith alone can cure HIV/AIDS without adhering to ARTs. In the book of Matthew 9:20-22 the woman had suffered from severe bleeding for twelve years was completely healed after touching the edge of Jesus cloak. Jesus told her that her faith has made her well. At the very moment the woman became well.

In contrast, one participant quips that many people believe that God can heal in miraculous ways, but this does not exclude the use of medical treatments. Some see medication as a tool given by God to manage health. Healing and medicine can coexist, with faith providing spiritual support and medication addressing physical health needs. Similarly, a medical doctor eloquently affirms that

> God's healing and medication use are not mutually exclusive, rather, they can complement each other. Faith offers emotional strength and hope while medicine provides the necessary treatment for physical healing.

These findings agree with the Scripture as depicted in Isaiah 38: 1-6. In this passage, King Hezekiah was told to put everything in order because he will not recover. After praying, King Hezekiah recovered from his illness. It was the combination of his faith in God and medication through a paste made of figs that was put on his boil that healed him. Another example is where God encourages Christians to consult their church leaders when they fall sick (James 5:14-15). According to this passage, church leaders are advised to rub oil on them in the name of the Lord. Verse 15 maintains that this prayer made in faith will heal the sick; the Lord will restore them to health. This entails that it is important for both the health sector and the faith-based community to collaborate in supporting individuals with HIV/AIDS. By combining faith and medical treatment, people can receive holistic care that addresses both their physical and spiritual well-being. The findings above suggest faith and adherence to ART can help to prolong the life of the person living with HIV/AIDS.

Fasting and praying

The study further sought to probe the assertion that fasting and praying alone can cure HIV/AIDS without seeking medical attention. The findings reveal that 55 out of 63 respondents accept ART adherence as vital for people (Christians) living with HIV. This means that 87% of the participants in the study recommend ART adherence alongside fasting and prayer. For instance, another informant observes that,

> While fasting and praying may bring spiritual comfort and strength, they cannot cure HIV/AIDS on their own. HIV/AIDS requires medical treatment, specifically ART, for effective management. Fasting and praying should complement medical care, not replace it.

It has been observed that only 13% of the participants advocate the ideology that HIV/AIDS can be neutralized through fasting and praying alone without seeking medical attention.

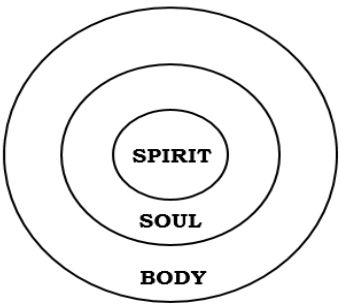
Similarly, one religious leader stipulates that spiritually God cures but physically medication treats. spirit, soul (mind) and body must be

attended to. He also states that ignoring medical treatment may lead to severe health complications thereby leading to death. Finally, one Christian strongly disagreed that fasting and praying alone can cure HIV/AIDS. According to him,

> some religious rituals have the capacity of destroying instead of building. A good example is that of fasting. Fasting is not a weapon towards the healing of one's body but it is meant for the healing of the soul. Fasting and praying brings us closer to God. He also explained that, it is God alone who is potentially capable of healing any individual of any affliction including HIV/AIDS.

The study findings are akin to the philosophical thinking that the spirit is our inmost part of the inner organ, possessing good consciousness, and that one may contact God. The human spirit is the deepest part of the person. The diagram below illustrates the three concentric circles and parts of mankind:

Figure 2: Concentric Circles and Parts of Humanity.



According to Rabelo and Pilati (2021), the soul is our very self, a medium between our spirit and our body, possessing self-consciousness, that we may have our personality. This perspective posits that a human being comprises body, mind, and spirit. Consequently, if ART adherence heals the body, and fasting and praying heal the mind and spirit, then faith-based healing and ART adherence are complementary practices, negating the need for debate.

Healing Priests/ Reverends

The study further sought to analyse the belief that some priests and reverends have healing powers.

Findings of the study revealed that 48 out of 63 respondents said that the motive behind this claim is for personal gains. This represents 76% of the total participants embracing this theory that economic factors are the main reasons for some pastors, priests, reverends, or prophets claiming to possess spiritual healing powers. For example, when interviewed, one church member advocated that their motive is to gain money and for popularity in society. Likewise, another religious leader pointed out that the motive of some pastors and prophets is to draw a large following in their church so that they should have wealth from the members who come for healing powers. These pastors and prophets sell lotions, soap, and anointed water to the members in order to acquire money for their survival which is contrary to the word of God. The findings indicate very few (24%) of the total participants accept that Religious Leaders alone without adherence to ART can cure HIV/IDS. These results contradict the preaching and teaching of God's word which emphasises that preaching must be to recover the lost souls, rebuke, correct and exhort where necessary and not for selfish ambition (2 Timothy 4:2-4).

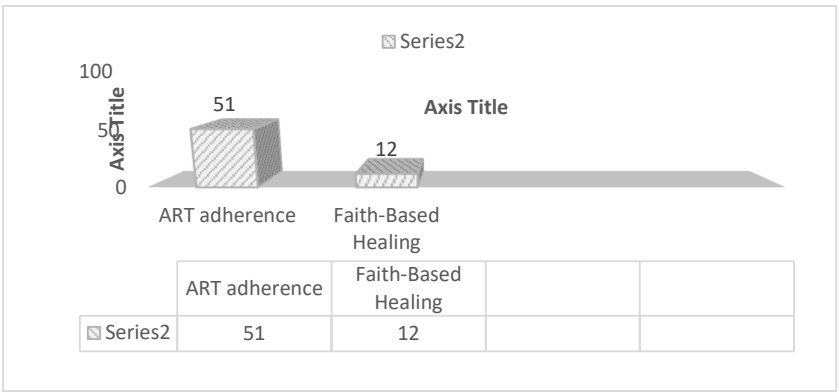
This entails that the gospel of Christ must not be commercialised (Philippians 3:18-19). Regrettably, some church leaders in the twenty-first-century church have bastardised the gospel. However, there are very few or no pastors and prophets who have spiritual healing powers except God alone through the name of Jesus Christ, the Lord, and Saviour. Cho and Kim contend that the formula for Cronbach's Coefficient Alpha using a correlation matrix is $\alpha = (a/a-1)\ (1-a/a+2b)$, where α is the number of items, and b is the sum of diagonal correlations (7.647). Based on the spread of questions, below is the summary of the findings regarding the controversy between religious beliefs and ART adherence among Christians living with HIV (CLHIV) in Malawi, focusing on the mainline Christian churches in Lilongwe urban presented using Cronbach's Coefficient Alpha Analysis.

Table 1: Showing Reliability Coefficient

Variables	**Cronbach's Coefficient Alpha**
ART Adherence	0.943
Fasting and praying	1.055
Healing by Priests/ Reverends	0.640

The table above shows that the combination of "fasting and praying" and "healing by priests or reverends" gives a total of 1.695 representing the ideology that faith alone can help HIV/AIDS clients to have prolonged life without medical treatment. On the other hand, 0.943 shows that ART adherence is paramount to the client diagnosed HIV positive. The logic is that the higher the coefficient, the lower the number of participants supporting the idea and vice versa. The same results analysed using the total number of respondents revealed the following results:

Graph 4: Participant's Views on Faith-Based Healing and ART Adherence.



The findings above indicate 80% arguing for ART adherence against 20% embracing faith-based healing. According to my understanding, faith healing is a holistic approach to HIV and AIDS; therefore, encouraging people that both prayers and adherence to ART are paramount for the good health of Christians living with HIV/AIDS in our churches. Despite that some church leaders discourage their followers to adhere to ARTs. It must be pointed out that most of the church leaders in Lilongwe urban churches are good models worthy of emulating. For example, during data collection it was reported that the reverend of a certain church among the sampled population allow

optometrists to visit their church at intervals to help those with eye problems.

Doctors and nurses come to check blood pressure, diabetes and other diseases, and advice Christians accordingly. This means that Christians, church leaders, and health workers have a role to play in the fight against suffering, especially in the era of HIV and AIDS. It must also be noted that the Bible does not encourage Christians to avoid seeking medical aid or refuse blood transfusions, or surgery. Therefore, Christians need to be informed that ARTs represent God's strategy for overcoming HIV and AIDS, and that all who provide aid-medical doctors, prophets, healers, and pastors serve as God's vessels. Healing also comes through the intervention of supernatural and natural forces. God's intervention comes in many forms including medical attention.

Conclusion

With the advent of modern technology and medicine, healthcare services are always readily available and exposed to all. This information should not be barred to followers and the church should not be the source of disinformation and misinformation. A significant number of fatalities can be attributed not to failures in healthcare access, but rather to restrictive church doctrines that explicitly prohibited individuals from seeking medical treatment. This should be a wake-up call to church leaders to lobby for doctrinal reforms in churches. To move away from traditional fake church doctrines that prevent many followers from accessing healing and be a cause of their misery.

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