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INFLUENCE OF SPIRITUALITY AND RELIGIOSITY ON TREATMENT ADHERENCE AMONG PEOPLE LIVING WITH HIV/AIDS IN EKITI STATE, NIGERIA

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ABSTRACT

Background: Continuous adherence to Antiretroviral Therapy (Rx) regimens remains a primary global public health mandate for managing HIV/AIDS as a manageable chronic condition. While clinical frameworks focus extensively on pharmaceutical delivery, internal coping frameworks such as spirituality and religiosity profoundly shape how patients process illness, navigate social stigma, and maintain long-term medication regimens. Objective: To assess the levels of spirituality, religiosity, and treatment adherence among people living with HIV/AIDS (PLWHA) in Ekiti State, Nigeria, and determine their socio-demographic predictors. Materials and Methods: A mixed-methods, convergent parallel design was executed across major healthcare facilities in Ekiti State, including the Federal Teaching Hospital Ido-Ekiti (FETHI), Ekiti State University Teaching Hospital (EKSUTH), and State Specialist Hospital Ikere Ekiti. Quantitative data were gathered from a sample of 325 PLWHA selected via multi-stage sampling. Concurrently, qualitative data were gathered via semi-structured in-depth interviews with 30 PLWHA and focus group discussions with 21 healthcare providers (HCPs). Quantitative analysis utilized descriptive statistics and logistic regression via SPSS, while qualitative data underwent rigorous thematic analysis. Results: Socio-demographic data revealed that 71.0% of respondents were female, 41.5% fell within the 50–60 age bracket, and 59.1% were married. A high level of spirituality was demonstrated by 86.1% of the participants, which directly assisted them in managing stress, overcoming community stigma, and maintaining rigorous medication schedules. Inferential statistics revealed a strong,

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positive, statistically significant association between age and adherence, with individuals aged 30–40 being highly likely to maintain high adherence (AOR = 14.583, p < 0.001). Qualitative narratives from PLWHA confirmed that spiritual faith acted as a core psychological anchor, while healthcare providers emphasized that creating non-judgmental rapport regarding patient belief systems significantly enhanced open communication and adherence. Conclusion: High levels of spirituality were strongly associated with optimal treatment adherence behaviours among PLWHA in Southwestern Nigeria. Healthcare institutions should adopt holistic nursing models that validate and integrate patients' psychosocial and spiritual coping frameworks into routine clinical adherence counselling.

Keywords: Spirituality, Treatment Adherence, HIV/AIDS, Nursing, Religiosity, Nigeria

Introduction

Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) continue to stand as paramount global public health challenges. With the advent of modern Antiretroviral Therapy (ART), the clinical trajectory of HIV has successfully pivoted from a fatal acute diagnosis to a manageable chronic infectious disease (Ogregade & Major, 2022). However, this clinical shift relies on lifelong, near-perfect adherence to medication regimens. In West African clinical environments, particularly within Nigeria, sub-optimal adherence remains a persistent issue (Lamidi et al, 2026). This is driven by systemic challenges including deep-seated social stigma, fear of disclosure, institutional bottlenecks, and medication side effects (Chukwu et al., 2023). While structural and financial interventions often dominate research agendas, the internal psychological anchors that sustain long-term patient behaviours are frequently overlooked (Popoola et al., 2026). Spirituality and religiosity represent vital cultural lenses through which individuals in sub-Saharan Africa interpret health, illness, and suffering (Umejei, 2023). For a patient diagnosed with HIV, spiritual frameworks offer a cognitive coping mechanism to deal with existential distress and structural exclusion (Opele et al., 2019). This study addresses this intersection by evaluating how spirituality and religiosity influence treatment adherence patterns among PLWHA across tertiary and secondary healthcare delivery streams in Ekiti State.

Materials and Methods

Study Design and Setting

This study utilized a mixed-methods, convergent parallel design to capture both quantitative distributions and qualitative depth simultaneously. The research was physically set within the specialized adult antiretroviral therapy clinics of three institutional healthcare networks in Ekiti State, Nigeria: the Federal Teaching Hospital, Ido-Ekiti (FETHI); the Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti; and the State Specialist Hospital, Ikere-Ekiti.

Study Population and Sampling Strategy

For the quantitative strand, a sample size of 325 PLWHA was established using a modified Fischer's formula and selected via a multi-stage sampling technique across the three centres. Eligible participants included adult HIV-positive individuals who had

been on active ART regimens for at least six months. For the qualitative strand, purposive sampling was utilized to recruit 30 PLWHA for detailed, individual in-depth interviews (IDIs), alongside 21 active healthcare providers (HCPs) who participated in focus group discussions (FGDs) to triangulate clinical observations.

Research Instruments and Data Collection

Quantitative metrics were gathered via a semi-structured adapted questionnaire capturing socio-demographic indicators, the validated Daily Spiritual Experience Scale (DSES), and a standardized treatment adherence tracking index. Instrument content validity was established through thorough panel reviews by nursing research experts and co-authors, followed by a localized pilot study among 10 PLWHA at the State Specialist Hospital, Ijero-Ekiti. Qualitative insights were captured using semi-structured interview guides designed with open-ended prompts, which were audio-recorded with written consent and transcribed verbatim.

Data Analysis

Quantitative files were analyzed using SPSS Version 26. Descriptive parameters (frequencies, percentages, means) summarized socio-demographic profiles, spiritual indicators, and adherence levels. Chi-square tests (chi^2) and Adjusted Odds Ratios (AOR) via binary logistic regression models identified predictors of high adherence, with statistical significance set at $p < 0.05$. Qualitative transcripts were coded and processed using thematic analysis to generate converging themes.

Results

Socio-Demographic Correlates of Spiritual and Religious Coping

The baseline quantitative sample (N=325) showed a predominantly female distribution (71.0%), with a high concentration of mature adults between 50–60 years of age (41.5%). The vast majority of the cohort identified as Christian (96.0%), with a smaller Muslim representation (4.0%). The integration of socio-demographic indicators against measured spirituality indices is structured below:

Table 1: Distribution of Spirituality and Religiosity Levels Across Demographics (N=325)

Socio-Demographic Variable	Category	High Level Spirituality (>75%) [n (%)]	Low Level Spirituality (<75%) [n (%)]	χ2	p-value
Sex	Male	85 (83.3%)	17 (16.7%)	0.904	0.342
	Female	218 (87.2%)	32 (12.8%)		
Age Group	Less than 30 years	18 (69.2%)	8 (30.8%)	9.769	**0.021**
	30–40 years	65 (83.3%)	13 (16.7%)		
	40–50 years	87 (85.3%)	15 (14.7%)		
	50–60 years	133 (91.1%)	13 (8.9%)		
Marital Status	Single	42 (75.0%)	14 (25.0%)	8.782	**0.032**
	Married	180 (86.5%)	28 (13.5%)		
	Divorced/Separated	23 (95.8%)	1 (4.2%)		
	Widowed/Widower	58 (90.6%)	6 (9.4%)		

Table 1 shows that overall baseline metrics demonstrated that 86.1% of the entire surveyed population exhibited high levels of internalized spirituality.

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Adherence Distribution and Inferential Predictors

The study evaluated medication adherence across demographic splits. A highly significant behavioural cluster was identified among young-to-middle-aged adults:

Table 2: Quantitative Predictors of High Treatment Adherence (N=325)

Demographic Variable	Category	High Adherence [n (%)]	Low Adherence [n (%)]	Adjusted Odds Ratio (AOR)	p-value
Age Cluster	Less than 30 years	16 (61.5%)	10 (38.5%)	Reference	
	30–40 years	71 (91.0%)	7 (9.0%)	14.583	**< 0.001**
	40–50 years	96 (94.1%)	6 (5.9%)	1.841	0.210
	50–60 years	140 (95.9%)	6 (4.1%)	2.114	0.146

Binary logistic regression in table 2 confirmed that the 30–40 age bracket served as the most statistically significant predictor of treatment adherence, exhibiting an AOR of 14.583 ($p < 0.001$).

Qualitative Convergence

Thematic analysis of the transcripts from the 30 PLWHA participants confirmed these quantitative findings. The overarching qualitative theme, *"Faith as an Internal Shield,"* emerged strongly across interviews:

- *Patient Perspective:* Multiple respondents noted that their active spiritual life removed the emotional burden of the diagnosis, viewing their daily medication compliance as an act of stewardship aligned with divine healing.
- *Healthcare Provider Focus:* During focus groups, nursing staff noted that validating rather than dismissing a patient's spiritual beliefs builds superior clinical rapport. One nurse stated: *"When we establish a non-judgmental dialogue regarding their prayers and beliefs, they become completely transparent about their medication behaviours, ensuring they don't skip clinic days."*

Discussion

The findings of this paper indicate that spirituality and religiosity are not merely peripheral cultural practices. Instead, they serve as active behavioural determinants of clinical outcomes for individuals living with HIV/AIDS in Nigeria. The quantitative finding that 86.1% of participants maintain high spirituality scores aligns with the qualitative data, which positions faith as a primary buffer against the psychological distress of HIV-related stigma. The strong statistical association between the 30–40 age group and excellent treatment adherence (AOR = 14.583, $p < 0.001$) suggests a critical life-stage dynamic. Studies have shown that individuals within this age range are often managing career growth, active parenting, and community responsibilities (Adeloye et al., 2017); (Shaver et al., 2020); (Siriattakul, 2021). For this cohort, high spirituality provides the cognitive resilience needed to maintain medication adherence alongside demanding daily routines (Jang et al., 2020). Furthermore, the qualitative data from healthcare providers underscores the clinical importance of communication styles. When nurses and physicians maintain a non-judgmental, open dialogue regarding spiritual practices, patients are far

more likely to discuss adherence challenges openly (Shaver et al., 2020). This collaborative dynamic reduces the risk of covert treatment interruptions, supporting long-term retention in care.

Conclusion and Recommendations

This study established that high levels of spirituality and religiosity are positively linked to strong treatment adherence behaviours among PLWHA in Ekiti State. To build on these findings and optimize long-term clinical care, the following recommendations are suggested:

1. Clinical care protocols for antiretroviral clinics should expand beyond biomedical markers to formally incorporate psychosocial and spiritual history assessments during intake and counselling.
2. Hospitals should provide structured training for nursing and medical staff on non-judgmental communication, enabling them to discuss patients' spiritual coping mechanisms safely and openly.
3. Adherence counselling strategies should engage trusted community networks and peer leaders to create supportive environments that reinforce consistent, long-term treatment behaviours.

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