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Perspective

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Balancing the dual role of religion in HIV and healthcare services: Insights from the Philippines

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HIV-related stigma, discrimination, and other forms of oppression can severely undermine adherence to antiretroviral therapy (ART) among people living with HIV[1]. For example, Kerr *et al.* reveal that perceived discrimination based on sexual orientation in healthcare settings significantly reduces ART adherence[1]. This highlights the urgent need for targeted strategies to address stigma, discrimination, and social marginalization, especially within healthcare facilities, to improve HIV care outcomes.

In the Philippines, religion plays a significant role in shaping healthcare responses and attitudes towards health issues, including HIV. Religious organizations have been instrumental in responding to health emergencies. For instance, during Typhoon Haiyan in 2013, the Episcopal Church in the Philippines provided relief materials and medical aid to areas overlooked by more extensive humanitarian efforts[2]. Similarly, during the COVID-19 pandemic, Catholic congregations offered online masses, spiritual counseling, personal protective equipment for health workers, and feeding programs for the disadvantaged, poor, and homeless[3]. These activities have significantly supported Filipinos' healthcare needs and spiritual well-being during the COVID-19 crises.

However, religious organizations in the Philippines have also contributed to the stagnation of several government policies aimed at improving public health and health equity. For example, the Catholic Church has staunchly opposed the reproductive health law since its proposal in 1998[4]. This law, designed to address overpopulation and poverty through family planning, faced opposition because it included contraception which the Church believes contradicts traditional Catholic teachings on the sanctity of life[4]. Despite this opposition, the law was passed in 2012 after extensive public discussion and debates[4]. Additionally, the Church has fought against the Sexual Orientation and Gender Identity Expression (SOGIE) Bill, which seeks to reduce discrimination against lesbian, gay,

bisexual, transgender, queer, and other sexual and gender minorities (LGBTQ+) individuals, including key populations affected by HIV, such as men who have sex with men and transgender people[5,6]. This opposition can influence state actors and healthcare providers in enhancing the sexual health services provided to men who have sex with men and transgender people. Therefore, these actions illustrate how religious organizations can impede policies that promote equitable health and well-being among Filipinos, particularly for vulnerable groups affected by HIV.

Similar to the findings from the Dominican Republic, where discrimination based on sexual orientation in healthcare settings negatively impacted ART adherence, religious beliefs in the Philippines can further marginalize individuals with HIV[7,8]. The strong influence of religious norms in the country may exacerbate stigma, particularly against those perceived as engaging in behaviors deemed immoral or sinful, such as men who have sex with men and transgender people[5–9]. Addressing these deeply rooted stigmas within both healthcare and religious communities is essential for improving HIV care outcomes in the Philippines.

To move forward, it is crucial to leverage the positive contributions of religious organizations by fostering open dialogues between public health and religious leaders. This approach can help find

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common ground, promote policies that balance religious beliefs with public health needs, and create collaborative frameworks that respect both secular and religious perspectives. By doing so, the benefits of religious systems can be maximized while minimizing potential drawbacks, ultimately contributing to more effective and equitable healthcare services, especially for people living with HIV.

Conflict of interest statement

I declare no competing interest.

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