

Religion Networks and HIV in Rural Malawi

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ABSTRACT

Many scholars have theorized a relationship between religious organizations and the HIV/AIDS epidemic. Religious organizations have alternately been identified both as a primary obstacle to AIDS care and HIV prevention, and as potentially effective partners in combating further spread of the disease and treating those presently infected. To date, however, there have been no empirical analyses of these competing claims, as the few studies dealing with religion and HIV have focused almost exclusively on the relationship between individual religious affiliation or participation and subsequent behaviors, attitudes and risk. This paper describes a data collection effort intended to address these issues. These data from three districts of rural Malawi will be used to explore the role religious organizations play in HIV intervention and prevention by (1) comparing the content of HIV-related messages at the national denomination and local congregation levels, (2) exploring the network structure within which congregation leaders develop their HIV-related discourse, and (3) examining the influence of individuals' religious networks on risk network structure.

Keywords

Data Collection, HIV/AIDS, Malawi, Religion

1. INTRODUCTION

In many areas of sub-Saharan Africa (SSA), individuals report virtually ubiquitous religious participation [1], and small but growing body of recent research has demonstrated empirical associations between religion, mortality and health, including HIV infection, in SSA [4, 5]. In the popular media, religious organizations have been identified both as a primary obstacle to AIDS care and prevention [6], and contrastingly as potentially effective partners in combating further spread of the disease and treating those presently infected [3]. There have been few empirical analyses of these competing claims, as the few studies dealing with religion and HIV have focused almost exclusively on the relationship between individual religious affiliation or participation and subsequent behaviors, attitudes and risk. With few exceptions [5, 7] the scholarly community has been largely absent from discussions about the role of religious organizations in what is arguably the greatest health crisis of our time.

Current evidence points to variation in AIDS-related attitudes and behavior by denominational affiliation and level of

religious involvement [8]. These differences have been largely attributed to the extent to which religious organizations, namely congregations, are able to influence congregants' sexual behavior. By adjusting the level of analysis to the religious organization, we can improve our ability to understand what messages are communicated in religious contexts as well as how those messages are constructed. This shift in focus from the individual to the organizational level will also allow examination of the differences and similarities that exist between the messages presented by religious organizations and those received by individuals in those same organizations. A congregation's pattern of organizational relationships may contribute significantly to whether that organization facilitates or hinders prevention and intervention efforts in response to this HIV crisis, beyond what can be observed at the individual level. Larger denominational bodies may provide financial or educational support to congregations, generating programs to combat HIV spread or improve care for people living with AIDS, which would not otherwise be available. Through formal hierarchical control, denominations may alternatively constrain the topics of discussion or strategies of intervention permitted in the congregation.

2. DATA

The Malawi Diffusion and Ideational Change Project (MDICP) is an ongoing longitudinal household survey collected in four waves that examines how ideation, behavior and risk are shaped through informal discussion networks [11]. These data focus on three distinct rural districts of Malawi: Balaka in the south, Mchinji in the central region, and Rumphi in the north. The Malawi Religion Project (MRP), collected during summer 2005, included four primary target populations: leaders of local congregations, local congregation members, national level denomination leaders and leaders of non-Governmental organizations (NGOs) active in the three sample areas.

The aim of the network component of the MRP was to gather information about the connections between the sample congregations and (a) other congregations (whether within or outside their own denomination), (b) their denominations, and (c) other community organizations (e.g., NGOs). The network component addressed each of these potential relationships through (1) open-ended listing of contacts for the religious leader's personal friendship networks, (2) full enumeration and identification of congregational co-participation in events, (3) identification of individuals with whom the religious leaders discuss doctrinal related issues, and (4) listing of contacts with whom they discuss topics relating to HIV/AIDS.

3. DATA COLLECTION STRATEGIES

3.1 Qualitative Interviews

Interviewer training emphasized techniques to prepare the interviewers to conduct free-flowing, unstructured conversations covering the four primary themes of the project (listed above). The network data from the qualitative interviews is, therefore, obtained by reading each interview transcript and coding all described relationships that arise throughout the course of the interview. The entire transcript is used in the coding of the network data derived from the qualitative interviews, however, the congregational structure sections of the interview are the main source of relevant information.

3.2 Survey Techniques

For each of the relationship types of interest, respondents were asked to provide identifying information either for the organization with whom their congregation co-participated or for the *organizational affiliation* of individuals with whom they had each of the described types of contacts. Respondents were first asked about each of these types of contacts without any guidelines for who qualified as a contact; then they were provided with a series of probes (listed as a-c above) asking about contacts each with leaders of their denomination, other congregations, other denominations, NGOs. They were further prompted to name any other sources of the same types of ties from any additional local individuals who have no formal organizational affiliations. These data are further supplemented with potential congregation-congregation ties as nominated in a series of individual congregation member interviews.

4. DIFFICULTIES/COMMENTARY

One of the largest substantive alterations necessary in this project was the result of language difference. For example, in Tumbuka, the language used for all interviews conducted in the Rumphi sample area, one word – *mpingo* – simultaneously refers to what, in English, we refer to as congregation and denomination. While interviewers could try to explain the intended difference, this proved to be more than simply a language difference. The distinction between these various levels of organization, which is clear in the western setting [2], is much less well-defined in most Malawian religious organizations. *Mpingo* not only refers to multiple levels of organization simultaneously but also represents the potential reality that these were often thought of as equal and undifferentiated sections of the same religious organization.

More generally, many of the current methodological debates about network data collection deal with issues of question precision and comparability [9, 10]. These data, in addition to more readily addressing the topics of interest in this study, also provide helpful and important commentary on the process and formation of research questions more generally. Name-rosters (or other similar formal data-collection techniques) may be shaped more by artificial boundaries constructed by the researcher than by the actual “relational space” of the respondents. The free-flowing portions of these interviews provide a substantial amount of network information that will be coded and used to describe the relevant relationships. While for some relationships (e.g., sexual contact, or financial exchange) precise relational definitions are certainly

warranted, research on topics like influence or diffusion may call for more flexibility in data collection methods.

5. FUTURE DIRECTIONS

These data will be used to explore the role religious organizations play in HIV intervention and prevention by (1) comparing the content of HIV-related messages at the national denomination and local congregation levels, (2) exploring the network structure within which congregation leaders develop their HIV-related discourse, and (3) examining the influence of individuals' religious networks on risk network structure.

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7. REFERENCES

- [1] Bedaiko, K. 1997. *Christianity in Africa: The Renewal of a Non-Western Religion*. Edinburgh: Edinburgh University Press.
- [2] Chaves M. 2002. "Abiding Faith." *Contexts* 1(2):19-26.
- [3] Green, E. C. 2003. "Faith-Based Organizations: Contributions to HIV Prevention." Washington, DC: U.S. Agency for International Development
- [4] Gregson, S., T. Zhuwau, R. M. Anderson, T. Chimbadzwa, and S. K. Chiwandiwa. 1995. "Age and Religion Selection Biases in HIV-1 Prevalence Data from Antenatal Clinics in Manicaland, Zimbabwe." *Central African Journal of Medicine* 41:339-345.
- [5] Lagarde, E., C. Enel, K. Seck, A. Gueye-Ndiaye, J. P. Piau, G. Pison, V. Delaunay, I. Ndoye, and S. Mboup. 2000. "Religion and Protective Behaviours Toward AIDS in Rural Senegal." *AIDS* (Sept 8) 14:2027-33.
- [6] Pisani, Elizabeth. 1999. "Acting Early to Prevent AIDS: The Case of Senegal." Geneva: Joint United Nations Programme on HIV/AIDS.
- [7] Smith, R.A., Witte, K., Keulder, E. (2004). HIV/AIDS Strategic Information Report: Communities, Group Norms, and Social Change – A Baseline Social Network Analysis of Residents from Andara, Nyangana, and Rundu (Wave 2, Round 1). Baltimore, MD: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs.
- [8] Trinitapoli, J. & M. Regnerus. 2005. "Religion and HIV Risk Behaviors among Men: Initial Results from a Panel Study in Rural Sub-Saharan Africa." Unpublished Manuscript available from: http://www.prc.utexas.edu/working_papers/wp_pdf/04-05-05.pdf.
- [9] Scott J. 2000. *Social Network Analysis: A Handbook*. 2nd edition. London: Sage Publications.
- [10] Wasserman S, Faust K. 1994. *Social Network Analysis: Methods and Applications*. New York: Cambridge University Press.
- [11] Watkins, Susan, Eliya M. Zulu, Hans-Peter Kohler, and Jere R. Behrman. 2003. "Demographic Research on HIV/AIDS in Rural Malawi: An Introduction." *Demographic Research*, Special Collection 1.