

# Religious organizations and HIV prevention in Mozambique

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Photo: Rufus de Vries

**The role of religion in the fight against HIV and AIDS is frequently talked about. It is often argued that religion discourages risky behaviour and therefore serves as a barrier to HIV infection. In particular, it is said that religious people are less likely to have multiple or casual sexual partners. Religious organizations can also make an important contribution to raising public awareness of HIV and AIDS by using their institutional channels and mechanisms. In poor areas, where secular institutions are relatively weak and ineffective, the role of religious organizations, with their social mobilization potential and networks of committed activists, can be especially important. At the same time, religious leaders may disagree with the secular authorities on approaches to HIV prevention. Religious leaders may be particularly reluctant to directly accept (not to mention to promote) the notions of safer sex and condom use on the grounds that this encourages extramarital and casual sex.**

To examine the potential benefits and barriers of involving religious organizations in prevention activities, our research team carried out a study in urban and rural areas of southern Mozambique, a region where the adult HIV prevalence at the time was estimated at about 15 percent. The study, funded by the National Institute of Child Health and Human Development (USA) and conducted in 2003-4 by a team from Arizona State University (USA) and Eduardo Mondlane University (Mozambique), included a survey and qualitative interviews in congregations representing the most prominent religious denominations (mostly Christian) in that part of the country. The survey sample included 731 respondents, with an almost equal number of men and women. About eight percent of the respondents also participated in semi-structured interviews. Another series of in-depth interviews with members of the same congregations were conducted a year after the survey. In addition, we interviewed the leaders of the congregations. It is important to note that all study participants were recruited from respective congregations and

were more or less actively involved in congregation life.

The data show that HIV and AIDS were a matter of great concern and a common subject of conversations among congregation members. However, while most respondents were well informed about HIV/AIDS – through formal educational events or informal exchanges – they had little practical exposure to the disease (measured by knowledge of concrete AIDS cases). The low level of practical knowledge on HIV/AIDS, particularly surprising if we take into account the rather advanced stage of the HIV/AIDS epidemic in the area, was probably due to the stigma and secrecy still surrounding the disease. The survey data also indicated that condoms have gained considerable acceptance in church circles. Condoms were frequently mentioned by study participants as the best form of HIV prevention and almost one-third of the respondents were using them for that purpose. Of course, hardly any church leader is keen on promoting condom use.

Yet the condom message makes its way into the religious teachings and discourse – directly and especially indirectly. In our study, church leaders and churchgoers alike used the expression ‘prevention’ (or some-times ‘protection’) as a euphemism for condom use. Such condom-centred ‘prevention’ becomes a standard – even if not explicitly expressed – addition to the churches’ favourite repertoire of premarital abstinence and marital faithfulness.

## Exposure to HIV-related messages

Our study also detected considerable differences among congregations. The most pronounced differences seem to exist between what can be defined as mainline churches (in our study represented by the Roman Catholic Church and the Presbyterian Church) and those that are often defined as ‘African-initiated’ churches (AICs)<sup>1</sup>. The results suggest that members of mainline churches, which are typically larger and interact more with the world outside church walls, are generally better positioned when it comes to exposure to HIV-related information than members of African-initiated churches. The former also reported slightly higher attendance of public HIV/AIDS-related lectures or events than did the latter. The gap between the two types of denominations was even wider when it came to exposure to HIV/AIDS-related messages within the church. Interestingly, whereas members of African-initiated churches were slightly more likely to practice faithfulness and abstinence as a way of HIV prevention, members of mainline churches were relatively more inclined to opt for condom use.

These denominational patterns could be partly explained by educational differences. Members of mainline churches are typically better educated than members of African-initiated churches. However, education could not fully account for these patterns and I suggest that they reflect the already noted greater connectedness of mainline churches with the secular institutions and ideas. The differences in exposure to HIV-related information, as the survey showed, manifest themselves in a rather subtle way, largely because the leaders of all denominations condemn promiscuity and promote chastity and faithfulness.

While the *religious* discourse on HIV/AIDS does not seem to differ much between mainline and African-initiated churches, members of larger mainline congregations are more exposed to HIV prevention information because of the following main reasons:

1. Mainline congregations frequently coordinate activities and exchange visits with sister congregations that are of different social settings. Visits by delegations from urban congregations may be particularly beneficial for members of peri-urban and rural congregations.
2. The membership of these congregations encompasses professionals such as nurses who are knowledgeable about HIV/AIDS. Some of the members also interact with both governmental and non-governmental health agencies and these resources can be easily tapped when it comes to HIV/AIDS.
3. Mainline congregations are, in general, more ideologically tolerant and accommodating than the African-initiated ones. Although the core social values that they champion may not differ much from those promoted by African-initiated church leaders, they are typically more lenient when it comes to enforcing their members' compliance with those values.

As a result, members of mainline churches get more consistent, direct, and continuous exposure to HIV prevention messages, especially coming from outside of the churches. Even if mainline church leaders

themselves do not openly raise the controversial issues of condoms and safer sex, they allow – willingly or not – much more discussion on these issues within their congregations than those from African-initiated churches.

### Gender differences

The study also identified important gender differences in HIV/AIDS-related knowledge, perceptions, and practices reported by study participants. Female participants in general had lesser knowledge of HIV/AIDS-related issues and reported less exposure to either formal or informal information exchanges on HIV and AIDS than did men. Fewer women than men had attended public HIV/AIDS educational events. The number of women who talked about HIV prevention in congregational circles was also lower than that of men. Men's knowledge on HIV and STIs was more advanced than that of women as well. For instance, while 81% of men thought that a healthy-looking person could be HIV positive, only 54% of women held that view. Almost all men reported practicing some form of HIV prevention, whilst slightly above half of women did so. Roughly one in every five women was using condoms with either regular or occasional partners but almost half of the male respondents admitted having used condoms. In fact, women were less likely than men to report practicing any form of prevention, including abstinence and faithfulness promoted by churches.

Finally, the study produced intriguing insights into the *interaction* of gender and religious affiliation, especially in matters of HIV prevention. Most interestingly, while overall women were less likely to report condom use than men, this gender gap appeared more pronounced in African-initiated churches than in mainline churches. While 28% of female and 48% of male respondents from mainline congregations reported using condoms for HIV prevention the corresponding percentages were 11 and 47 among African-initiated church members. Women in the latter congregations were also much less exposed to secular HIV/AIDS information than women in

mainline churches: only 37% of women belonging to African-initiated churches attended HIV/AIDS educational events as compared to 57% of those from mainline churches. As the public discourse on HIV/AIDS stresses safer sex, there appears to be a connection between the limited exposure of women from African-initiated churches to secular HIV/AIDS education and their low use of the condom.

Policy-makers and programme designers who intend to involve religious organizations in HIV and AIDS-focused interventions should pay attention to how different types of these organizations differently position their members, women and men, with respect to prevention information and resources. The predominance of women among active church members is also a factor to be taken into account. For most women, especially those in rural areas, the church membership may be the only form of non-kin association and possibly the only reliable source of spiritual, psychological, social, and even material support. ■

*Interested readers can get a more detailed account of the study from V. Agadjanian, Gender, religious involvement, and HIV prevention in Mozambique, in Social Science & Medicine 61 (7): 1529-1539, 2005.*

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1. AICs are predominantly protestant churches that were founded by Africans and function independently from western missions or churches. The initials can also stand for African Independent Churches or African Indigenous Churches. The main categories are Ethiopian, Zionist, Apostolic and Messianic churches. More information: [http://en.wikipedia.org/wiki/African\\_Initiated\\_Church](http://en.wikipedia.org/wiki/African_Initiated_Church)