"Village Sexual Norms and Links between Religion and HIV Infection Risk in Rural Malawi"

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Extended Abstract

HIV infection rates in southern Africa range from just under 40 percent in Botswana and Zimbabwe to about five percent in Uganda. In Malawi, the national prevalence of HIV is approximately 15 percent; there is, however, wide variation across testing sites, suggesting that some communities have been more successful in avoiding infection than others. Such behavioral change, however, does not occur within a normative vacuum. The presence of the HIV/AIDS epidemic in Malawi has led to intense discussions in villages about possible ways to avoid infection. There are myths (i.e., stories) and rituals that guide how such collectivities adapt to external constraints. Organizational behavior scholars emphasize the cultures in which organizations operate. This is precisely how we wish to locate villages – as organized entities that display distinctive cultures and norms that may be relevant to the spread of HIV (e.g., expectations of social, religious, and sexual attitudes and behaviors) yet themselves operate within a larger normative climate comprising neighboring villages or an entire district. More generally, we consider villages to be "moral communities" that influence both individual attitudes and behavior relevant to prevention as well as perceived obligations to help those affected by AIDS. In the face of widespread organizational ambiguity and uncertainty—and the AIDS crisis clearly provides this—local and regional norms guide how individuals respond to the crisis.

Additionally, in Malawi as in other countries of SSA, most people are members of religious congregations, and levels of participation are high. Organized religion has been identified as having both positive and negative implications for HIV prevention. While reviews of the literature on religion and health in Western countries typically conclude that there are substantial positive effects of religious involvement on physical health and mortality, much less is known about this paradigm's applicability to SSA, where both religiosity and mortality are much more prevalent than in most industrial societies. Moreover, what few studies exist have tended not to distinguish between different forms of Islam, nor among the various types of Christian missionary denominations versus the newer evangelical and Pentecostal churches founded primarily by Malawians.

Using a sample of married men and women from rural Malawi, we examine whether or not individuals' HIV status (measured using biomarkers) and risk behavior are associated with religious affiliation or with religious involvement, and whether their effects are conditioned by local norms about HIV, the permissibility of extramarital sex, and village and district prevalence rates. We analyze data from the third wave of the Malawi Diffusion and Ideational Change Project, collected in 2004.

This "moral communities" approach leads us to expect that the normative climate of the village may alter the statistical associations between individuals' religious characteristics, beliefs about sexuality, and their HIV outcomes. Otherwise similar respondents adhering to the same denomination but living in different villages may find themselves at varying risk of extramarital affairs and HIV infection because of the normative climate in the villages in which they reside. As an example, MDICP respondents who hold risk-reductive attitudes (e.g., believe that

extramarital sex is sinful and always to be avoided) should be more effective in exhibiting low-risk behavior and remaining HIV-negative in villages that reflect rather than contradict such norms. In villages where extramarital behavior is more permissible, individuals' own risk-reductive attitudes should be less effective at predicting risk behavior and HIV status.

Our analytic approach involves a multiple-stage estimation procedure that is designed to address the total effects of village characteristics and the degree to which these attributes moderate the influence of individual behaviors and characteristics. Because the village variables are measures of the average characteristics of its inhabitants (and thus do not differ within any given village, but do differ between villages), the analyses of village-level measures require multi-level modeling procedures. We estimate a series of mixed models (individual-level and village-level) that allow the intercept and the slope coefficients for individual attributes or behaviors to vary across villages as a function of select village characteristics.