

**Impacts of Congregation-based HIV/AIDS Programmes In Lusaka, Zambia:
How Abstinence and Marital Fidelity Efforts Function In Overall Strategies**

Addressing HIV/AIDS

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Abstract

The 2013-2014 Zambia Demographic and Health Survey (ZDHS) reported HIV prevalence rate among adults aged 15-49 at 13.3%, ranking Zambia 7th among countries experiencing devastating effects of a mature and generalised epidemic. This report is particularly noted as the first to measure HIV incidence¹. Chanda Kapata² *et al.* posting results from Zambia's largest population-based mobile testing survey (2013–2014) placed the HIV prevalence rate generally lower. In 2002, the National AIDS Council (NAC) was established to lead a multi-sectoral national response to stem the tide. Government Agencies and the United Nations led the responses. In 1992, The World Health Organisation (WHO) observed that abstinence and marital fidelity might constitute strategies capable of completely eliminating the risk of infection from HIV and other sexually transmitted diseases (STDs). Yet funding for applicable initiatives has seldom been prioritised in this respect. On one hand, from the onset of global interventions, condoms were seen primarily as most potent towards reducing the risk of infection. On the other hand, in due course, the implementation of Abstinence and Being Faithful (AB) initiatives by Churches among others, has since been seen as holding massive comparative advantage in facilitating sustainable interventions for prevention and mitigation of AIDS impact. However, church-congregation engagement in AIDS work, for a while, remained under-researched, and applicable interventions were often undocumented and unmeasured in relation to impact. This study investigated (1) how interventions affect impacts in congregation-based HIV/AIDS programmes, and (2) how abstinence and marital fidelity function within the larger picture of overall strategies to combat AIDS. It examined the community work of the Circle of Hope Family Care Centre, a congregation-based HIV/AIDS support group initiative undertaken by the Northmead Assembly of God Church

¹ Central Statistical Office (CSO) Zambia, Ministry of Health (MOH) Zambia and ICF International. Zambia Demographic Health Survey 2013/2014. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International. 2014.

² Chanda-Kapata, P., Kapata, N., Klinkenberg, E., William, N., Mazyanga, L., Musukwa, K., ... Mwaba, P. (2016). The adult prevalence of HIV in Zambia: results from a population based mobile testing survey conducted in 2013–2014. *AIDS Research and Therapy*, 13, 4. <http://doi.org/10.1186/s12981-015-0088-1>

in Lusaka, Zambia. The main research question was: 1) Is a person's sexual behaviour influenced by their attitude and behaviour towards God? Two subsidiary questions were: i) what are the factors that affect a person's sexual lifestyle? ii) Does attendance at the church's HIV/AIDS programmes cause a change of behaviour in a person's sexual relationships? A triangulated methodology required the collection of both quantitative and qualitative data. The experimental design included a purposively selected intervention group and a control group. Both groups were studied by employing baseline first, and follow-up measures after three months. Quantitative data analysis was carried out in two stages comprising first, *cross tabulations* to examine the relationship between safer sexual behaviour and socio-economic variables. For the statistical analysis, *chi-square* tests of independence were conducted at the bivariate level, and the differences were determined at $P < 0.01$ and $P < 0.05$ significant level. Next, major predictors were carried out with the help of logistic regression analysis. The results of the logistic regression models were converted into odds ratios, which represented the effect of a one-unit change in the explanatory variable on the indicator of experiencing safer sexual practices and abstaining from sex. Qualitative data were analysed using *Atals.ti* software to produce the attendant themes and sub-themes. The results of the logistic regression analysis show that those who participated in the interventions were *4.1 times* more likely to report having adopted new behaviour or modified old behaviour, specifically to live positively, than those who did not attend the interventions. Similarly, participants in the faith-based interventions were *2.3 times* more likely than those who did not take part to report having adopted safer sexual practices. Further analysis revealed that those participants were more likely to report abstinence from sex than those who did not attend. The conclusion is that church congregations have immense comparative advantage to influence sexual behaviour through increasing captive audiences constituting the churches' presence in the community. Additionally, their morally based interventions such as abstinence and marital fidelity show significant impact on sexual behaviour change and have potential to turn the tide of HIV/AIDS, as the tested models are replicable, scalable and sustainable.