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THE ROLE OF RELIGIOUS ORGANIZATIONS IN THE HIV
CRISIS OF SUB-SAHARAN AFRICA

Committee:

Mark Regnerus, Supervisor

Robert Hummer

Thomas Pullum

Susan Watkins

Robert Woodberry

THE ROLE OF RELIGIOUS ORGANIZATIONS IN THE HIV
CRISIS OF SUB-SAHARAN AFRICA

by

Jenny Ann Trinitapoli, B.A.; M.A.

Dissertation

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For the MDICP and MRP respondents who graciously welcomed us
into their homes, churches, mosques, and lives.

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THE ROLE OF RELIGIOUS ORGANIZATIONS IN THE HIV
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There are important disparities between how HIV transmission, prevention, and mitigation are addressed within sub-Saharan Africa (SSA) and how they are understood by the international aid agencies that design and implement interventions to combat AIDS in this region. Contending that local responses to the AIDS epidemic hinge on a religious framework, this dissertation examines the relationship between religion and HIV risk at both the individual and collective levels in the setting of rural Malawi - a religiously diverse country with high levels of both religious participation and HIV prevalence. This dissertation advances the Durkheimian idea that participation in harmful behaviors is reduced in places where particular religions or religious rituals are widely practiced. Specifically, it addresses the associations between religion and (1) HIV prevention, (2) actual HIV status, and (3) perceived obligations to support families affected by AIDS. The relationships are assessed by employing multiple methodologies

and data sources including participant observation data from religious services, in-depth interviews with religious leaders and lay people, and large-scale survey data.

This dissertation provides the first empirical assessment of what religious leaders in SSA say and do about HIV in their communities and shows that many have assumed an activist role in combating the epidemic. The relevant practices religious leaders engage in include: preaching explicitly about AIDS on a regular basis, privately advising members to use condoms, actively policing the sexual behavior of their members – visiting those suspected to be at risk of contracting the disease and to confront them about their sexual behavior, and advising divorce as a strategy for HIV prevention in cases where a member is likely to be infected by an unfaithful spouse. By synthesizing insights from demographic studies of contextual effects on sexual behavior with the notion of “moral communities” from the sociology of religion, this dissertation emphasizes the importance of conceptualizing religion as a supra-individual phenomenon with important implications for the health of populations.

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CHAPTER ONE: INTRODUCTION

June 27, 2005. Balaka, Malawi. A Malawian Catholic priest sits with a local interviewer, patiently answering questions about the history of his parish, his own personal path to the priesthood, and the problems facing the members of his community. The discussion turns to AIDS. “On this question of AIDS..... As a leader I get information from the people who know best about this disease -- like people from the health sector or even the radio, and I understand these diseases. We sit down and even during prayers [Sunday mass] we tell people to abstain and protect themselves. We tell people to think of themselves and their wives and children – that if they die today who shall take the responsibility of taking care of them.” The interviewer asks the priest what he thinks about condom use for the prevention of HIV. The priest laughs. “Condoms? We have bales and bales of them.”

Nearby, an imam describes his experience participating in an AIDS education workshop sponsored by a well-known NGO. He recounts some discussions they had on “gender” and on “child spacing” and condom use. “The most memorable thing that happened there was the way they taught us about man’s private parts and how to put on a condom. This is my most memorable thing in my life.” Agnes, a Muslim woman from a neighboring village, discusses her AIDS-related worries with an interviewer, emphasizing the uncertainty involved with having a husband who travels often and is not trustworthy:

I first heard about AIDS on a radio and when I ever went to collect water with my friends they would say things about it. And I am very worried with this disease just because I can die with the disease anytime just because of my husband's behavior... I always chat about AIDS with my friends, and one of them is also worried of getting it from her spouse who is in Mangochi [a nearby town] but his behavior is not good.... I went to the sheikh when I found my husband having sex with another woman. My husband asked for forgiveness from me and the sheikh told me to forgive him.

She continued:

The leader always preaches [about] the dangers of the disease. They also advise us to take care of the people who are suffering from the disease we need to visit him or her so that she must not lose hope. She must have the idea that her fellow Muslims are still taking care of them. We go there to give support. But we are only concerned that the person will just stay for a short time and die because of the disease. We always pray for the sick to have at least a longer life. Anyone can have AIDS. A sheikh, boy, girl, pastor, church elders, Christians. So we [Muslim women in her village] call the sheik to a secret place and tell him to continue preaching about AIDS. So when we meet either during the week or on Friday he preaches about AIDS.

In April of 2006, Pope Benedict XVI enlisted a group of senior theologians and scientists and commissioned a study of condoms for the prevention of HIV. In the wake of the AIDS pandemic, particularly in sub-Saharan Africa where an estimated 40 million are currently infected, the morality of condom use within a marriage where one partner is infected with HIV has been taken up as a "very important and difficult" question, even for members of the Catholic hierarchy, whose long-standing opposition to condom use has been part of their broader prohibition against all artificial means of contraception. In May, Cardinal Carlo Maria Martini caused a stir when he called the use of condoms for

AIDS prevention "a lesser evil." Five months later, Cardinal Javier Lozano Barragán, head of the Pontifical Council for Health Care submitted a 200 page document to the Pope for his review. Journalists covering the Vatican expect an official pronouncement on the subject of condoms to be released sometime in 2007.

Christian and Muslim leaders from Rome to the remote parts of rural sub-Saharan Africa (SSA) are talking about AIDS and what to do about it. They discuss AIDS with their members, their wives, their neighbors, their friends, and their colleagues – fellow religious leaders from the same and from different denominations and traditions. As we might expect, talking about AIDS necessarily entails talking about sex, “safe sex,” and issues of sexual morality, but religious messages about AIDS are not limited only to these. Relevant discussions in SSA include: proscriptions for family life, including marriage and divorce, responsibilities to care for the sick and for orphans, repentance, forgiveness, death and the afterlife, gossip, and instructing one’s children.

As the most common formal organizations in SSA, the region of the world most hard-hit by the disease, religious congregations have the potential to be either partners in or obstacles to combating the HIV/AIDS epidemic. Research in Western countries has demonstrated empirical associations between religion, mortality and health, including HIV infection, and there is some indication that these associations may hold for SSA as well (Gregson et al. 1998; Hummer et al. 1999). Religious congregations may play a key role in mitigating the consequences of AIDS, providing care and support for persons living with AIDS (PLWA), as well as for the widows, widowers, and orphans they leave behind when they die. On the other hand, religious congregations may impede certain

HIV prevention efforts. Anecdotal evidence suggests that the leaders of some religious traditions prohibit condom use - one key approach of international HIV prevention programs – and argues that some religious groups stigmatize rather than support those with AIDS. Given the magnitude of the epidemic in SSA and the widespread participation of Africans in religious organizations, it is surprising that there has been little systematic assessment of the extent to which, and the mechanisms by which, religious organizations in SSA facilitate or impede effective responses to the epidemic.

The primary goal of this dissertation is to examine how religious congregations and the “moral communities” they create influence responses to the AIDS epidemic in rural Malawi. Malawi is a small, Southern African country located between Zambia and Mozambique (see Figure 1.1) - a setting with both high levels of HIV prevalence and high levels of religious participation. This dissertation assesses the roles of congregations in both HIV prevention and AIDS mitigation using multiple data sources and mixed methods. First, this study draws upon two sources of qualitative data: in-depth interviews from the Malawi Religion Project (MRP-Q) and sermon report data collected by the author in 2004 (SR-4). Second, survey data from congregational leaders from the Malawi Religion Project (MRP-S) is linked with individual-level data from the Malawi Diffusion and Ideational Change Project (MDICP-3), which includes survey data and biomarkers for HIV and other sexually transmitted infections for individual adults and adolescents, to measure congregational effects at the individual level. Third, a village-level data set is created by aggregating the responses of individuals by village and used to examine the relationship between the village characteristics and actual HIV infection status.

Altogether, this unique multi-level data set includes information on individuals, the congregations to which they belong, and the villages in which they live. The integrated data set is used to:

- (a) estimate the extent to which individual-level dimensions of religiosity (e.g., involvement, affiliation, and specific beliefs) are associated with HIV-related attitudes and behaviors, including HIV status;
- (b) estimate the associations between congregational characteristics and congregants' outcomes, specifically (i): the association between institutional mechanisms of social control and individual sexual risk behavior, HIV infection status, and (ii) whether or not they stigmatize those with AIDS;
- (c) estimate the extent to which the normative climate of village communities, measured by village-level religious prevalence, HIV prevalence, stigma, and sexual permissiveness alters the associations observed at the individual level.

Figure 1.1: Malawi, Africa



Structurally, the eight chapters are divided as follows. **Chapter 2** provides theoretical and empirical background on some of the main issues in the broad literatures on religion and health and religion and sexual behavior, and on religion and HIV in sub-Saharan Africa more specifically. This chapter discusses the possible mechanisms for the observed relationships between religion and health and applies these to the specific case of religion and HIV in the context of rural SSA. The chapter further discusses the rationale for examining the role of religious congregations specifically and why this is a worthwhile endeavor. It notes the need for research on religion and health to extend beyond individual-relationships and consider the important role of religious context. This chapter concludes by framing the central research questions the dissertation will address.

Chapter 3 describes the data and the methods employed to carry out this project. As stated, a unique mixed-methods approach is used, employing survey, qualitative, and biomarker data that is multi-faceted, high-quality and thus truly unique in an African setting. This chapter ends with some discussion of data quality.

Chapter 4 examines the relationship between religion and HIV-risk behaviors in rural Malawi, giving special attention to the role of religious congregations, the organizations with which rural Africans have most immediate contact. The first aim is descriptive – to identify overall patterns and variations in what religious leaders in rural Malawi teach about HIV and about sexual behavior in light of the epidemic. The second aim is to assess how religious organizations impact the behavior of individual members. I examine three outcomes that correspond with the ABCs of HIV prevention: Abstinence (virginity status for unmarried individuals), Being faithful (reported extramarital partner

among married persons), and Condom use (for sexually active respondents), and directly test the relationship between the characteristics of religious organizations (doctrines, strictness) and the reported behavior of individuals using multi-level models. Furthermore, I predict actual HIV status and find that individuals in “strict” congregations are less likely to have tested positive for HIV during the biomarker data collection of 2004. Significant negative associations between congregational strictness and risky sexual behavior and HIV status suggest that religious congregations are, indeed, an important force motivating AIDS-related behavior change.

Chapter 5 builds upon the findings in Chapter 4 and suggests that in order to more fully understand the role of religious congregations in shaping AIDS-related behavior, we add a “D” for Divorce – and the regulation of marriage - to the existing ABCs of HIV prevention. Theoretically, the chapter argues that religious authority has become a *resource* for navigating the AIDS epidemic. Qualitative evidence points to an increase in religious leaders' acceptance of divorce as a means of avoiding AIDS – particularly with regard to marital infidelity. However, strong cultural norms requiring Christians and Muslims to care for their sick family members place severe constraints on the option of divorcing an unfaithful spouse. Overall, religious messages about divorce and caregiving reflect broader cultural values driving responses to AIDS.

Chapter 6 focuses on the “moral communities” thesis, and asks about the role of contextual factors in HIV transmission – specifically how religious climate at the village-level shapes AIDS-related risk behaviors and, subsequently, HIV prevalence. A series of multi-level models reveal that religious context operates very differently for men and for

women in predicting both risk behaviors and actual HIV status. While individual-level religiosity is negatively associated with risky sexual partners among both men and women, village-level religiosity is a protective factor for men and a risk factor for women in terms of their risk behavior. Furthermore, the observed negative relationship between individual-level religiosity and risk behaviors for men varies by village-level religiosity, with religion being most influential in low-religiosity settings. In examining HIV status, the patterns observed for women (a protective effect of individual-level religiosity) are completely opposite from those observed among men – positive associations between both individual-level and village-level religiosity and HIV positive status. I seek to provide context-appropriate explanations for the gendered nature of these observed differences and connect these to broader theoretical propositions about how religion influences sexual behavior and the gendered nature of these influences. In particular, gender differences in selectivity patterns are identified as a promising avenue for future research in this area.

Chapter 7 examines AIDS-related stigma and discrimination on the part of religious leaders and lay people, specifically how people perceive the level of stigma around them, what they say about persons living with AIDS (PLWA), and whether or not they are involved with providing care for the sick. Results show that people perceive religious leaders to be less likely to discriminate against PLWA than other people in their village. Religious individuals (those who attend religious services regularly and talk about religion with many different people) are the most likely to report visiting the sick. The evidence suggests that to the extent that stigma against PLWA exists, the source of

such stigma may not be religious at all. Furthermore, the lack of any association between articulating stigmatizing attitudes and actually caring for the sick suggests that responses to PLWA are a complex and intensely personal phenomena that merit further inquiry.

Chapter 8 concludes the analysis, discusses some of its limitations, and lays out priorities for future research in this area, specifically for my own research agenda.

Based on the preceding discussion, the remainder of the dissertation focuses on a series of four underlying research questions: (1) What is the link between religion and AIDS? Does this link differ for men and women? (2) How does religiosity influence sexual behavior in the context of rural SSA? (3) What are the institutional responses to the AIDS? In what ways are these relevant to the lives of individuals as they navigate the epidemic? (4) What, if any, religious changes are being observed as a consequence of AIDS?

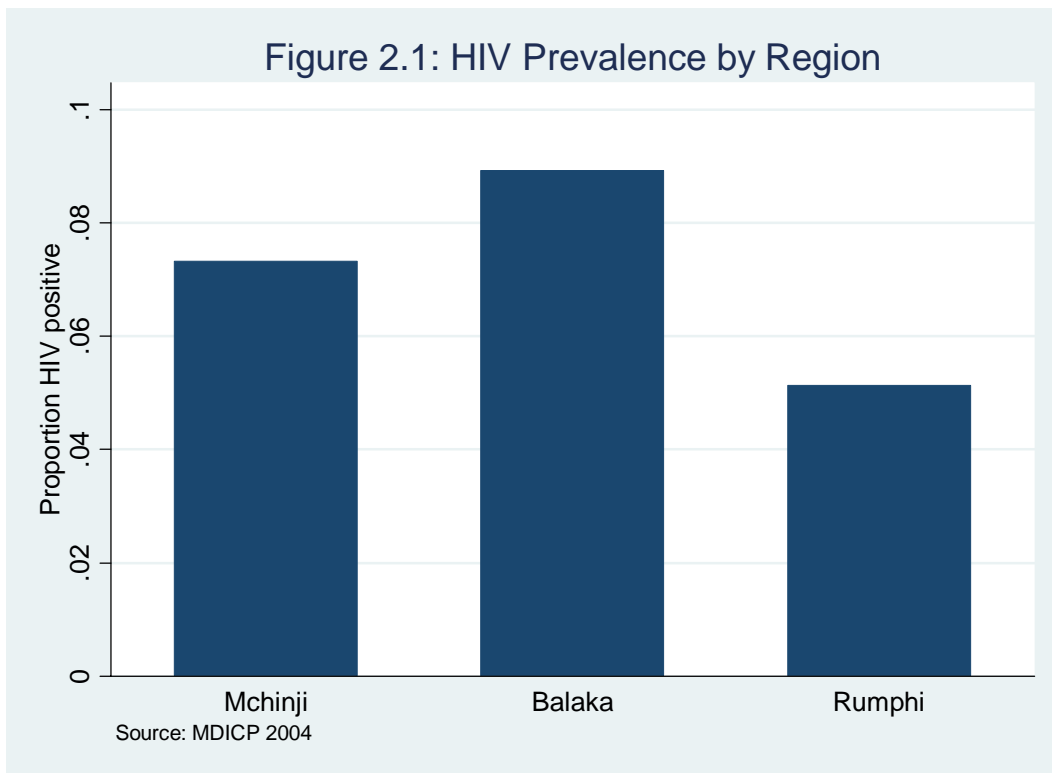
CHAPTER TWO: THEORETICAL AND EMPIRICAL BACKGROUND

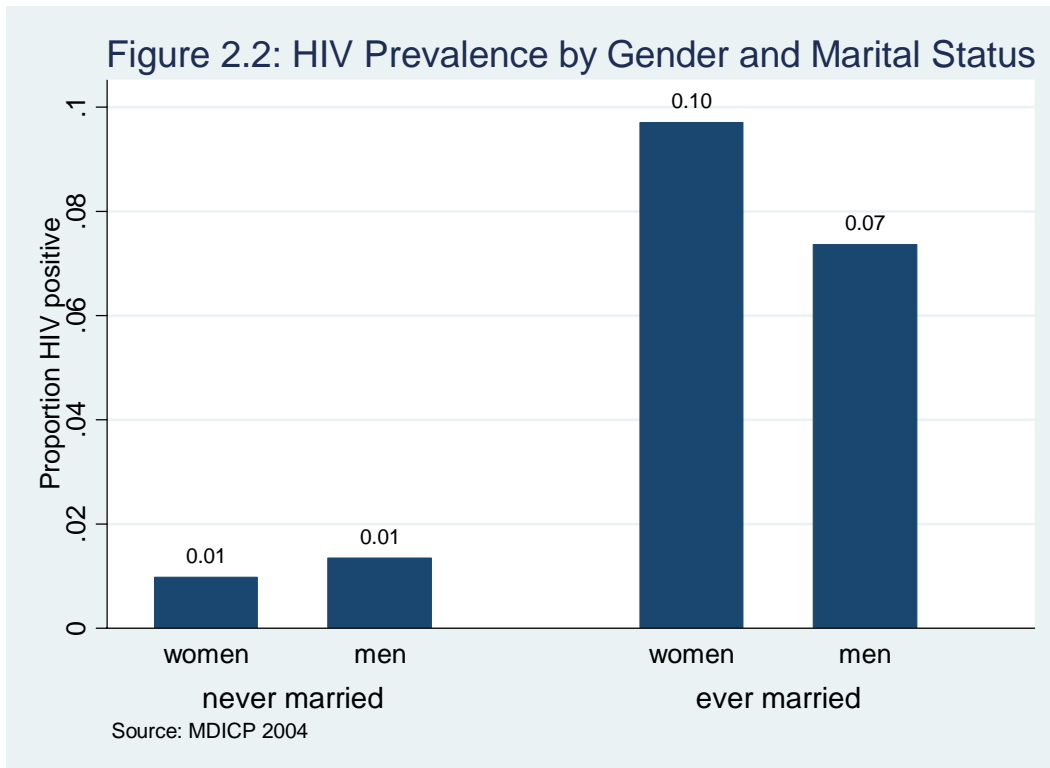
The Setting: Background on HIV/AIDS and Religion in Malawi

The HIV epidemic in Malawi is a generalized one – meaning that the spread of the disease occurs primarily through heterosexual transmission, the male to female infection ratio approximates 1:1, and perinatal transmission is exceedingly common – as is characteristic of the pandemic across most of sub-Saharan Africa. Malawi's 2004 Sentinel Survey report of HIV prevalence among pregnant women estimates a national prevalence of approximately 15 percent, or 850,000 persons, the eighth highest country prevalence rate in the world. Although prevalence estimates have remained stable for the past seven years, in 2006 life expectancy at birth rose to 41.7, after plummeting to an all-time low of 39 in 2004. Were it not for HIV/AIDS, this figure is estimated to be closer to 53 years. Approximately 80,000 are estimated to have died from AIDS in Malawi in 2001 (UNAIDS 2004). Rural Malawi experienced a tripling of adult mortality between 1998 and 2001 when compared to mortality calculated for the period 1980-1990 using life tables published by the Malawi Government (Doctor and Weinreb 2003). Finally, Malawi is home to approximately 500,000 children and youth under age 15 who had lost one or more parents to AIDS by the end of 2003 (UNAIDS 2004).

There is, however, wide variation across testing sites in Malawi (from 2.9 percent to 35.5 percent), suggesting that some areas have been more successful in avoiding infection than others (National AIDS Commission 2003). Both the Sentinel Surveillance data and biomarker data from the MDICP-3, one of the few studies to have collected

population-based data on HIV prevalence, demonstrates marked regional differences in HIV prevalence across the study's three research sites. As illustrated in Figures 2.1 and 2.2, according to the MDICP data, prevalence varies dramatically across regions as well as by gender and marital status, with married women exhibiting the highest levels of HIV infection, while levels of infection are surprisingly low among unmarried adolescent girls.

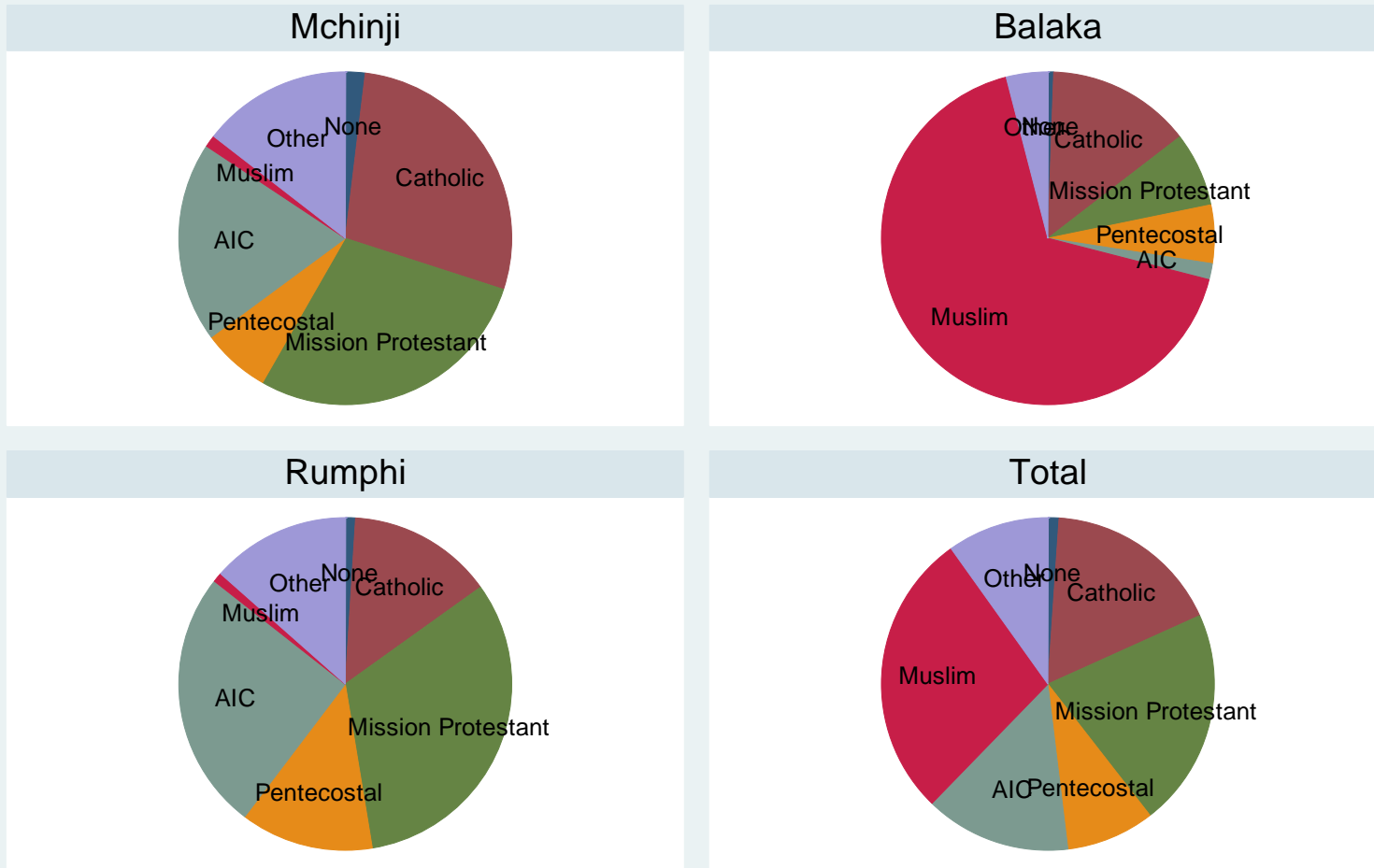




The vast majority of Malawians (indeed, most Africans) are either Christian or Muslim (Barrett, Kurian, and Johnson 2001). In Malawi, 77 percent of the population is Christian, 15 percent Muslim, and most of the remainder practice traditional African religions (eight percent). Malawi differs only slightly from other AIDS-belt countries in eastern and southern Africa in its proportion of Christians (e.g., 82 percent in Zambia, 83 percent in South Africa) but has a higher proportion of Muslims than most. The major Christian denominations as a percent of the *total* Christian population are Roman Catholics (25 percent), Mission Protestants (20 percent), and African Independent Churches or AICs (17 percent); groups like evangelicals and Pentecostals are rapidly growing in Malawi, particularly in urban areas, and together account for about 32 percent of the country's Christians (Fiedler 2004; Jenkins 2002). These figures, however, are

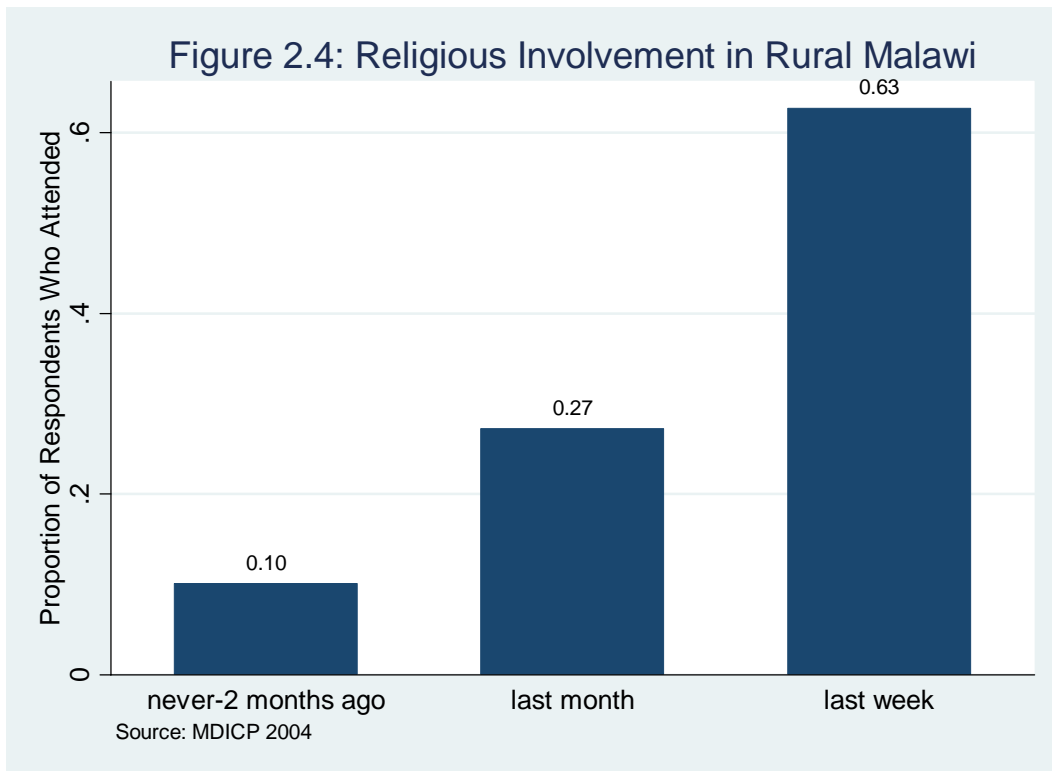
only a *rough* approximation of the distribution of Malawi's population by religious affiliation. They are provided by national denominational organizations rather than based on representative surveys of national populations and may be biased. In general, evangelicals and Pentecostals are less numerous in rural Malawi than in urban areas, and Muslims are largely concentrated in the southern portion of the country.

Figure 2.3: Religious Affiliation by Region



Source: MDICP 2004

Population-based data from the MDICP-3, shown in Figure 2.3, provide an overview of the religious composition of each of the three survey sites, as well as the MDICP 2004 sample as a whole. Since the three districts are quite distinct in several important ways – including religion and HIV/AIDS risks – close attention to regional differences will be of particular import for this study. Levels of religious involvement in Malawi are high, with just over 60% of the rural population reporting attending religious services at least weekly (see Figure 2.4).



Conceptual Framework

In examining how ROs are responding to the AIDS epidemic in SSA, this dissertation pays particular attention to carefully measuring different types of religious groups, institutions, beliefs, and behaviors; to connecting survey research with qualitative research; and to differentiating between possible causal mechanisms. The theoretical and methodological approaches employed in this project reflect the recognition that religious phenomena may have a different influence on the HIV-related behaviors of individuals than it has on groups. In other words, not only have previous studies demonstrated that the characteristics of communities have an influence distinct from that of individual (i.e., that they “matter”) but also that the influence of individual religiosity may be dependent on the broader religious context.

I conceptualize congregations as “moral communities” that influence both individual attitudes and behavior relevant to prevention as well as perceived obligations to support families affected by AIDS. One of the central assumptions of early sociological research was that a proper understanding of human behavior included the joint consideration of individual religiousness *and* the social/religious contexts in which those traits have meaning. Recently the few studies that have connected the two (e.g., Ellison, Burr, and McCall 1997, Pescosolido 1990, Regnerus 2003; Stark and Bainbridge 1996) have uncovered new support for an old, Durkheimian idea – that average participation in harmful behaviors is reduced in places where particular religions or religious rituals are widely practiced. This “moral communities” thesis provides a helpful correction to the Western tendency to focus only on individual traits and behaviors, a

focus that seems misguided in SSA as well. In its most general form, the moral communities thesis suggests that religion ought to be understood sociologically as a *group property* more than an individual one (Stark 1996). As a characteristic of groups, religion is thought to directly affect the behavior of the group's members as well as indirectly moderate how an individual's own religious traits shape their personal behavior. Stark (1996: 164) argues that "what counts is not only whether a particular person is religious, but whether this religiousness is, or is not, ratified by the social environment."

Congregations and their leaders may vary in important ways on a set of key characteristics that may influence responses to the epidemic. These are: (1) the content of sermons and informal lessons through which religious norms are established and adapted; (2) the institutional practices of the religious organization itself, such as mechanisms of social support and social control; (3) the sexual and religious cultures in which they are located.

Doctrines and teachings: Consistent with a longstanding suspicion of religion among social scientists (Stark and Finke 2000; McGuire 2002), religious beliefs have been considered barriers to HIV prevention (Caldwell et al 1999), and the opposition of many ROs to condom use has been featured in international discussions of HIV prevention programs. Yet the approach to condom use is certainly not the only religious doctrine of importance to individual efforts to prevent HIV, and there is likely to be variation in doctrines across denominations and congregations. Garner (2000) notes that while none of the four churches, representing four denominations, that he studied in

South Africa condoned either extramarital sex, or condom use, they varied considerably in their emphasis on sexual vs. secular matters and on the centrality of marital fidelity, as well as their tolerance for deviation from the denomination's sexual norms. Similarly, it has been argued that in Zimbabwe, evangelical, Pentecostal, and AIC congregations may be particularly appealing to some, due in part to their stricter moral codes and the reassurance they offer in uncertain times. (Daneel 1987). It is likely that variation in doctrines and informal lessons characterizes Malawian ROs as well.

Institutional practices: Institutional practices range from tithing to the provision of services, such as organized care of the sick or “funeral committees” to help the families of the deceased, and from individual activities of confession and penance (in Catholic churches) to public expressions of solidarity such as healing ceremonies. Here I emphasize mechanisms for social support and social control, which the literature and my own previous work suggest may be particularly important in shaping responses to the epidemic (Trinitapoli 2006; Trinitapoli and Regnerus 2004). Social control mechanisms include such practices as sanctioning members who have deviated from the ROs doctrines; social support mechanisms include both group prayers for those attempting to resist temptation as well as activities to support those affected by AIDS. The effectiveness of these mechanisms of social support and social control is likely to vary depending on the extent to which members of a congregation are “channeled” into more—or less—exclusive and overlapping sets of relationships within the congregation, relationships that may augment or replace social networks based on extended family, clan, or ethnicity (Mkandawire 2000; Stark and Finke 2000). By “channeling” members

into congregational activities (e.g. Bible Study, committees to care for orphans) congregations also increase the density of personal networks and, in turn, the social support (and social control) of its members (Ellison and George 1994). According to the moral communities thesis, without the support of a tight-knit congregation, the influence of individuals' own religious commitments or moral proscriptions on their personal behavior becomes weak.

Broader sexual, HIV, and religious climate: The potential of congregational efforts to combat HIV/AIDS may be facilitated or hindered by the broader climate in which the RO is located. The concept of the *sex market* (Laumann 2004), a spatially and culturally bounded arena subject to the influence of a variety of social forces in which decisions about sexual partnering are made, provides a particularly useful metaphor for understanding how community-level phenomena affect the patterns of sexual partnering that facilitate the spread of AIDS in SSA. First of all, certain demographic factors like the age and sex ratios of a community indicate structural constraints on the sex market (Oppenheimer 1988). Second, shared definitions of appropriate and inappropriate partnerships constrain the sex market: for example, some communities may sanction age-discrepant partnerships (e.g., Sugar Daddies) while others may tolerate them. Furthermore, just as the presence of the disease in a community is a prerequisite for any risk behavior to actually manifest as HIV infection, so-called "risky" behaviors will not translate into higher levels of HIV infection if the disease is not already present.

Like other contextual factors that provide constraints and opportunities on the sex market, religious effects may operate through contextual influences as well. In fact, some

scholars have argued that religion ought to be understood as a group property rather than an individual one (Stark 1996). The moral communities thesis is rooted in this line of thought; it not only posits the existence of religious contextual influences on individuals' behavior – regardless of their own particular commitment to the religion – but also suggests that living with or near a considerable number of religious people will affect how any given religious individuals will behave. Researchers have repeatedly used the moral communities thesis to examine two social issues in particular: suicide (Ellison, Burr, and McCall 1997; Pescosolido 1990; Pescosolido and Georgianna 1989) and adolescent delinquency (Regnerus 2003; Stark 1996), and have found significant support for this explanation. When applied to other issues, like alcohol and drug use (Cochran and Akers 1989) and adult deviance (Tittle and Welch 1983; Welch, Tittle, and Petee 1991), however, researchers have found only minor support for this explanation.

Pathways of Religious Influence

A wealth of previous literature leads me to expect that religious involvement - *both* at the individual and village level will be associated with lower levels of risk behavior and lower likelihood of HIV infection. In this section, I outline some of the mechanisms that might produce this relationship.

Religious Affiliation

Because availability of survey data on religion in this region has been extremely scarce, most previous studies have investigated the association between religious denominational

membership and HIV-related risk behaviors using broad denominational categories. Evidence from South Africa (Garner 2000), Zimbabwe (Gregson et al. 1999), and Brazil (Hill, Cleland, and Ali 2004) suggests that individuals belonging to behaviorally strict denominations, like Pentecostal and some African Independent Churches (AICs), may exhibit lower HIV infection, due in part to their reduced likelihood of having extramarital partners when compared with members of other religious groups. Other research, however, suggests that due to restrictions on sexual behavior and the consumption of alcohol, as well as the practice of circumcision, Muslims in Africa may experience reduced levels of risk for contracting HIV (Gray 2004; Gray et al. 2000).

Religious Involvement

Because data collection efforts have simply failed to collect good data on religious phenomena, asking only about attendance at religious services, if about any religious matters at all, most studies that examine religious involvement use a measure of attendance at religious services as the sole indicator. Particularly in studies related to health and mortality outcomes, attendance at religious services has been the most commonly used and robust indicator of religious involvement. Religious attendance serves as a general indicator of one's involvement with a religious community – a network of individuals who act as a source of instrumental support, social resources, and behavioral norms. I expect this indicator of religious involvement in particular to be associated with lower reported risk behaviors and lower (measured) likelihood of HIV infection.

A large literature in the United States investigates the association between religion and a variety of health outcomes, including mortality (Ellison 1991; Hummer et al. 1999; Musick 1996). Most of these studies have identified a beneficial association between religious involvement and health, despite substantial variation in the ways health been measured. A sizable portion of the observed health differentials can be attributed to differences in health behaviors such as reduced levels of smoking (Ahmed et al. 1994; Gillum 2005; Strawbridge et al. 1997), problem drinking (Bazargan, Sherkat, and Bazargan 2004; Ford and Kadushin 2002), and risky sexual practices (Head 2006; Sterk, Klein, and Elifson 2004; Treas and Giesen 2000). Differential risk behaviors are particularly relevant for applying the Western religion-health paradigm to the subject of HIV in SSA, where the disease is primarily transmitted through heterosexual sexual contact.

One study of black South African university students found that students who scored high on a global religiosity scale experienced a later onset of sexual activity but were less likely to make use of safe sex practices (Nicholas and Durrheim 1995). A more recent study shows that independent of denomination, attendance at religious services is associated with reduced odds of both risk behavior and perceived risk for married men in rural Malawi (Trinitapoli and Regnerus 2004). An even more recent study of adolescent girls in Zambia provides evidence that religious involvement is a double-edged sword when it comes to HIV prevention. Young women who affiliated with conservative groups that excommunicate members for engaging in premarital sex were more likely to delay sexual initiation. However, these same women were less likely to use condoms during

first sex (Agha, Hutchinson, and Kusanthan 2006). These findings confirm the patterns Bearman and Bruckner identified among US adolescents who take virginity pledges (2001).

Religious involvement may influence personal sexual conduct through a number of distinct mechanisms, including: (a) the internalization of moral norms espoused by the religious community, which can lead to unpleasant emotions and even physical discomfort for norm violators, as well as positive feelings (pride, satisfaction) among compliant persons; (b) the potential for negative social sanctions (gossip, criticism, ostracism, official rebuke or in extreme cases, excommunication) against deviants, as well as informal social rewards (approval, friendship) for those who uphold moral norms; (c) the threat of divine retribution – in this life or the next – against persons who violate moral standards; (d) the willing efforts to alter behavior in ways that emulate certain respected coreligionists, who serve as role models or reference groups; and (e) the loss of opportunities (time, money, or network contacts) with which to pursue deviant behaviors or lifestyles. The relative weight of these possible influences, however, is not yet well understood. As previously mentioned, speculation on the way religious organizations may shape HIV-risk behaviors has produced discrepant characterizations of their role in combating the spread of the epidemic in SSA.

Selectivity

People who frequently attend religious services may differ from people who attend less often on several different demographic factors. Research conducted in the US suggests

that age, sex, and regional differences are important for understanding attendance patterns; women, residents of the South, and older adults report attending religious services most frequently. Socioeconomic factors may present another type of potential selectivity. For example, those people who are more educated may be less likely to attend religious services and more likely to be HIV positive. Thus, observed associations between religious involvement and HIV status may, in fact, be due to socioeconomic characteristics. The third, and possibly the most problematic, possible source of selection bias is health status – an issue that has received a substantial amount of attention in the literature on religion and health in the US (Ellison and Levin 1998; George, Ellison, and Larson 2002; Levin 1994). Those who do not attend religious services or who attend only infrequently may be limited because of poor health, which may also be an indicator of the outcome in question – depression (Koenig, George, and Peterson 1998; Musick et al. 1998), cancer (Enstrom 1989; Musick et al. 1998; Troyer 1988), mortality (Hummer et al. 1999; Musick, House, and Williams 2004), or, in this case, HIV status. This is of particular concern in the context of SSA, where attending religious services often involves walking long distances and poor health almost inevitably impedes attendance.

Contextual Effects: Sex Markets and Moral Communities

Most of the existing research on HIV risk and prevention focuses on the three primary outcomes emphasized by the ABC approach to HIV prevention: abstinence, faithfulness, and condom use. Not surprisingly, these studies primarily conceptualize the risks of HIV at the individual level; however some researchers have begun to examine the

extent to which supra-individual factors shape reproductive behavior, including HIV risk behaviors. The previously discussed literature on moral communities, situated within a broader literature on religious influences, provides a theoretical and empirical foundation for considering contextual effects in the case of HIV in SSA. In addition, a long tradition in the demographic literature emphasizes the importance of understanding social contexts for explaining reproductive behavior (Axinn and Barber 2001; Degraff, Bilsborrow, and Guilkey 1997; Entwisle, Casterline, and Sayed 1989; Hank 2002; Lobao and Brown 1998; Stephenson and Tsui 2002) and also serves to guide this study. The contextual influences identified in these studies move far beyond the relatively simple constraints on the sex market factors like the age and sex ratios of a community provide. Supra-individual factors like organizational interventions or the surveillance of family members also challenge the relevance of the purely individual-level model. For example, a recent study of marital infidelity in Zambia identified a number of community-level factors that predict extramarital sex for both men and women. Increased economic opportunities in a community appear to reduce levels of male infidelity, in part because it increases women's economic independence and their bargaining power, while community based interventions were associated with reduced levels of male and female infidelity, as were community media efforts (Benefo 2005).

CHAPTER THREE: DATA AND METHODS

This dissertation draws upon multiple sources of data and utilizes multiple methods in order to examine how religious organizations influence responses to the AIDS epidemic in rural Malawi. Descriptions of the three primary data sources, my analytic strategies, and key outcomes of interest are described below. Detailed descriptions of the construction of the specific variables utilized in each analytic chapter are presented in the section to which they correspond.

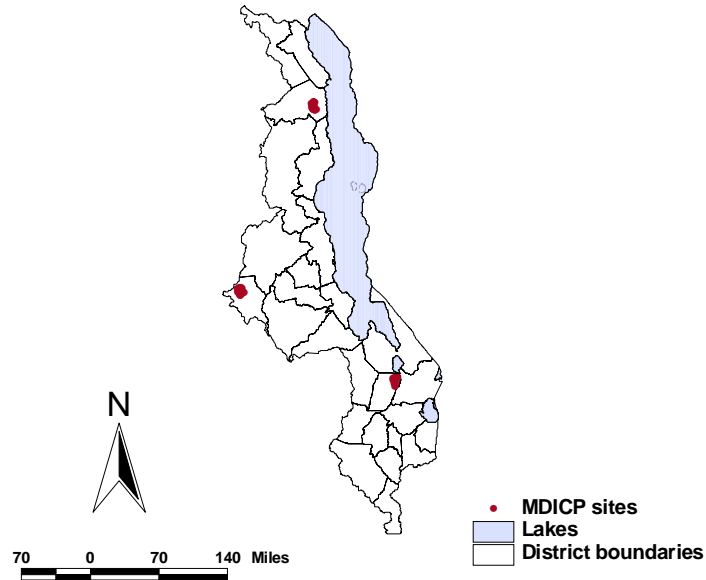
DATA SOURCES

The Malawi Diffusion and Ideational Change Project

The MDICP data for this study come from Wave 3 of the Malawi Diffusion and Ideational Change Project (MDICP-3), which was collected during the summer of 2004. The MDICP is a longitudinal household survey conducted in three distinctive districts of Malawi, one in each of the three regions of the country: Rumphi District, located in the Northern region; Mchinji District, located in the Central region; and Balaka District, located in the Southern region. The sampling strategy for the MDICP was not designed to be representative of the national population of rural Malawi, although the sample characteristics closely match the characteristics of the rural population of the nationally-representative Malawi Demographic and Health Survey. The target sample for the first MDICP wave was 500 ever married women age 15-49 in each of the three districts, plus

their husbands. The third survey wave added a sample of approximately 400 adolescents age 15-29 in each district.¹

Figure 3.1: Map of Three MDICP Research Sites



The first two waves of the MDICP (carried out in 1998 and 2001) focused on two key empirical questions: the roles of social interactions in (1) the acceptance (or rejection) of modern contraceptive methods and of smaller ideal family size; and (2) the diffusion of knowledge of AIDS symptoms and transmission mechanisms and the evaluation of acceptable strategies of protection against AIDS. Beginning with the third wave in 2004, the MDICP expanded in several directions: (1) A sample of adolescents (age 15-24, married and unmarried) was added to the base sample of ever-married

¹ Detailed information on the sampling strategies employed in the MDICP is available from the Social Networks Homepage. (Social Networks 2001; Social Networks 2004)

women and their husbands; (2) Biomarkers for HIV and other sexually transmitted infections were collected from all respondents who consented, and the results were provided to those who requested them; (3) GPS coordinates were collected for all sampled households. In addition, Wave 3 of the MDICP contains an expanded religion component, which includes more refined measures of religious affiliation than are available in any other comparable dataset, as well as detailed information on religious beliefs and practices. The unique availability of detailed information on religious beliefs and practices, as well as biomarker data indicating HIV status, makes the MDICP-3 the ideal data source for exploring the research questions guiding this study.

Malawi Religion Project

The Malawi Religion Project (MRP) is a multi-method sister project to the MDICP, designed to collect data on religious organizations in order to examine how these organizations and their “moral communities” influence responses to the epidemic in a sub-Saharan African country with a major HIV/AIDS epidemic. A document detailing the protocol used to collect and process the MRP data is located in Appendix A. In 2005, the MRP successfully surveyed the leaders of all the religious congregations respondents interviewed by the third wave of the MDICP reported attending. Each leader was administered 12-page questionnaire (see Appendix B) focusing on the three characteristics the literature review suggests are key to shaping the responses of congregational members to the AIDS epidemic, such as what the leader thinks the Bible (or Koran) has to say—if anything—about the HIV/AIDS crisis and the number and type

of venues for interaction among congregation members, such as prayer meetings, Bible Study and committees for mitigating the effects of AIDS. The survey allows me to provide a basic numerical description of rural congregations. It includes data on the *characteristics of the organization* (e.g. number, gender and age composition of the membership, the governance of the congregation, sources of income); questions about the *impact of AIDS* on the congregation (e.g. estimates of AIDS-related deaths among members, estimates of the burdens of care for orphans and the sick by congregation members). Finally, the MRP asked congregational leaders a battery of questions on AIDS-related attitudes and behavior that were also included in the regular Malawi 3 questionnaire, in order to compare the leaders' views with the characteristics and attitudes of their congregants (note that some leaders may themselves be in the MDICP sample).

The sample for this study is based on a strategy known as hypernetwork or multiplicity sampling (see Chaves et al. 1999; McPherson 1982). The justification for this technique is based on the argument that a sample of organizations derived from a random sample of individuals constitutes a random sample of organizations. The procedure involves asking a random sample of individuals to name the organizations with which they are involved; this list of named organizations produces a random sample of organizations. Hypernetwork sampling is particularly appropriate in situations where no comprehensive list of organizations exists and the enumeration of such organizations is impossible. Generating a hypernetwork sample of organizations requires starting with a random sample of individuals. The MRP was conducted in conjunction with the Malawi

Diffusion and Ideational Change Project (MDICP-3), described above. The 2004 MDICP survey included a set of items asking respondents to report the name and location of their religious congregation and the name of their religious leader, thus providing a hypernetwork sample of religious congregations.

The process for refining the congregation list is a multi-stage approach, illustrated in Figure 3.2. 3243 of the 3386 respondents in the 2004 MDICP reported attending religious services and were subsequently asked to name their religious congregation. Very few MDICP respondents (143 total) failed to name a congregation when asked to do so. These respondents provided a total of 1039 different congregation names. To create the sample of congregations, I identified all different spellings and similar names within the initial list of verbatim congregation names (N=1039), reducing the list to approximately 251 potential unique congregations. Daily discussions in the field with the research team, interview supervisors and interview scouts served to further clarify additional multiple namings or difficult to identify congregations, reducing the sample of congregations from 251 to 200. The 187 congregations in the final sample represent interviews with all but 13 of those in the list of 200, which is how I calculated the MRP's response rate of 93.5%. Two of these congregations were "dead" (had disbanded between 2004 and 2005), and eleven were not found after exhaustive inquiries and searches by scouts, interviewers, and supervisors.²

² All of the eleven "not found" congregations share at least two characteristics. First, they were all named by only one respondent, whereas almost all other congregations were named by several or even many respondents. Second, these eleven congregation names were given by respondents who did not report attending religious services regularly. It stands to reason that those who do not attend often would be less able to give a precise name of their congregation, their leader, and a clear description of where the congregation is located.

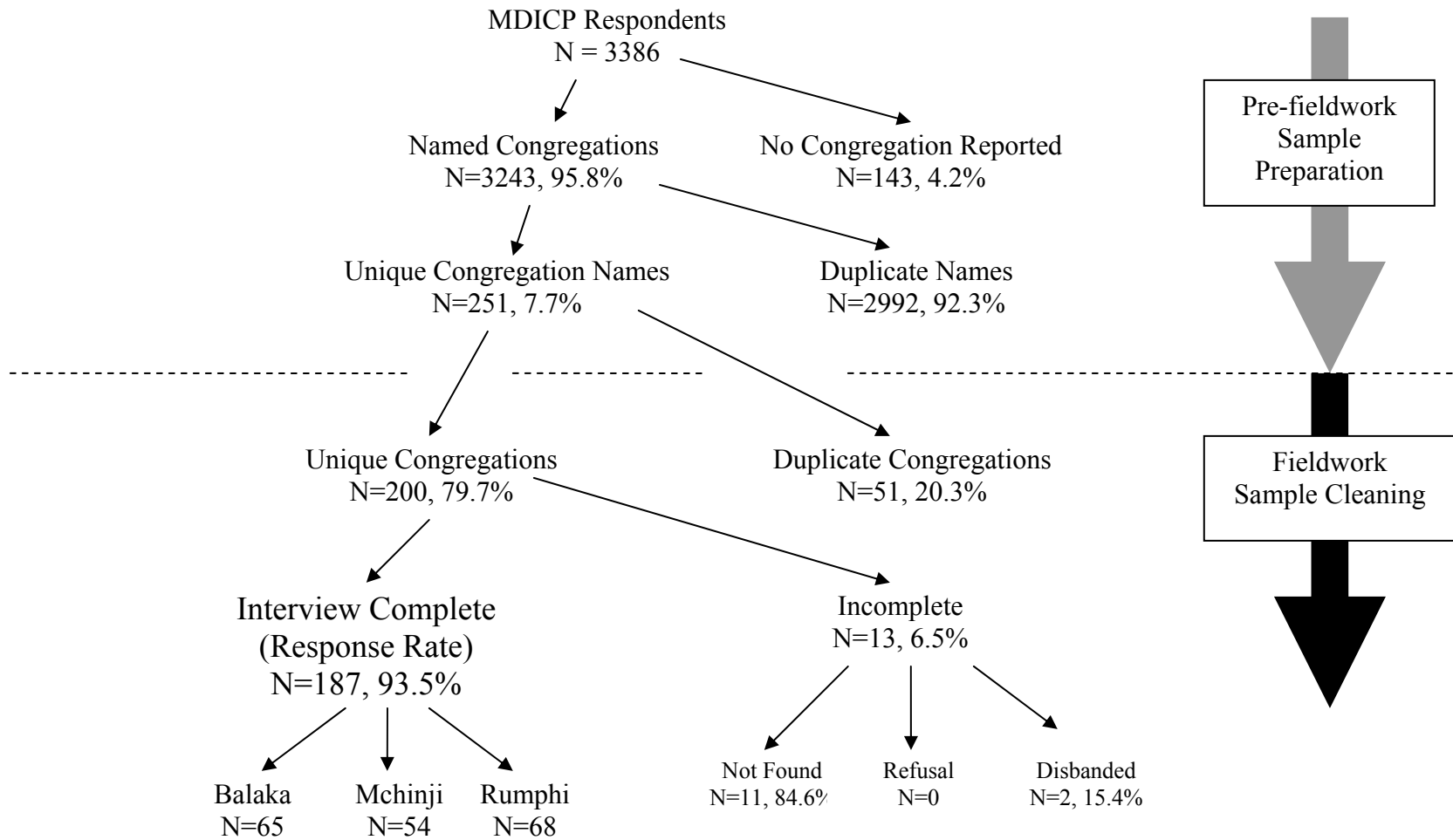
Once the congregational sample was generated, we conducted a survey of the leaders and then in-depth interviews. Actually interviewing congregation leaders required us to both refine the list of congregations and then physically locate them. Locating congregations for the MRP proved complicated, as congregations in rural Malawi are frequently hard to identify. Virtually none have a sign bearing the congregation's name, and many do not meet in their own building at all. It is common, for example, for congregations to share a building with other congregations or to not have a building at all (e.g., in one of the sites three of the congregations met under a tree). Often times a single congregation is known by several different names (including, but not limited to, the name of the village, the name of the current leader, or the name of the founding leader or mission).

The MDICP is a face-to-face interview conducted by experienced and well-trained local interviewers with intimate knowledge of the villages in which the survey was conducted. In 2005, the MRP data was collected using many of the same interviewers who collected data for the 2004 MDICP respondents. This means that, when turning to collection of the congregational data, the interviewers were easily able to locate the congregations named by MDICP respondents, identify an informed leader to interview, and follow up with an in-person visit. Using the same field staff also permitted re-contacting MDICP respondents in cases where additional locational information about congregations is needed. In the end, the MRP attempted to collect data from a total of 200 congregations, and successfully collected data from 187. Figure 3.2 provides a graphic representation of the construction of the MRP sample.

In addition to the survey of leaders, the MRP conducted in-depth interviews with all of the congregational leaders who responded to the leadership survey. These interviews were digitally recorded and transcribed. These were semi-structured interviews, designed to get the congregational leader to talk at length, providing material from which to interpret his theological orientation and his views about AIDS. For example, the sample interview guide (available in Appendix C) asked the leader to talk about views of AIDS in several contexts (sermons, private advice to congregation members): responses will be used to discern whether he considers AIDS a punishment on the community or a punishment on individuals.

Such data are necessary for a richer description of variation across congregations and denominations than is possible on a survey. The interview data provide more in-depth information about the leader's basic theological orientation, for example whether his responsibility is to save souls for the hereafter or to guide members of his flock to cope with the vicissitudes of life today. I expect theological orientation to be an important predictor of the extent to which the leader addresses AIDS, if at all. Does he consider the epidemic to be God's punishment on entire community or only on individuals who have strayed from religious teaching? If he believes that AIDS can be avoided, what does he advise the members of his congregation to do—can AIDS be avoided only by prayer, or only by fidelity to one's spouse, or only by using condoms? Or does this depend on the circumstances? Has he attended district or national denominational meetings, and, if so, what, if anything, was said about HIV prevention and AIDS mitigation?

Figure 3.2 Construction of the MRP Congregations Sample



Sermon Reports Data

This dissertation draws upon one additional, less-traditional, type of qualitative data. During the summer of 2004, concurrent with the collection of MDICP-3 and prior to the collection of the MRP data I initiated a qualitative data collection project conducted in two districts of rural Malawi collected sermon report data on religious congregations in Rumphu and Balaka districts. The study was designed to complement the longitudinal survey data collected by the Malawi Diffusion and Ideational Change Project (MDICP) by providing in-depth information about the religious congregations that survey respondents in these districts attend. The data were collected for two primary purposes: 1) to categorize unfamiliar religious congregations into denominational categories that meaningfully capture variation in the religious landscape of rural Malawi and 2) to create a baseline picture of how religious congregations are responding to the AIDS crisis in these two distinct rural areas.

Because the individual-level data for the hypernetwork sample were being collected at the time and were not yet available, I located congregations to observe by conducting a census of religious organizations in the 60 sample villages from which the survey respondents were drawn in two districts (17 villages in Balaka where villages are large and 42 in Rumphu where villages are much smaller and the population is less dense). Some residents of these villages attend churches and mosques located outside of their own village (i.e., on the border with a neighboring village or at a nearby trading center); these churches and mosques were also included in the census (N=13). Over a

period of two months, each congregation (N=85) was observed at least once during a main weekly service.

Trained research assistants were instructed to observe and write reports on each congregation's service (with particular focus on the message of each service), the congregation's other activities, and its organizational structure. Some of the larger congregations were also observed during weekday activities like Madrassa, Bible study, fellowships, women's groups, visiting the sick, and other service projects. The level of detail in the reports varied substantially depending on the individual research assistant. Some reports resemble quasi-verbatim transcripts of the religious service in its entirety, complete with descriptions of the setting and conversations overheard among members of the congregations before and after the service. Other reports are comprised of summary paragraphs describing the service in broad strokes. Each member of the research team wrote their report in English immediately following the service. In most cases, research assistants were experienced interviewers who had worked previously for the MDICP; all received additional training specific to this project and, to ensure comparability across reports, were instructed to cover certain topics in the written reports. Table 3.1 provides an overview of the sermon report data itself, showing the types of congregations observed in each research site. A total of 54 distinct religious congregations were observed in Balaka district, and 31 congregations were observed in Rumphu district. Multiple reports were collected on about half the congregations – that were visited on different days and were also observed by different research assistants.

Table 3.1 Overview of Sermon Report Data by District and Denomination

| | BALAKA | | RUMPHI | |
|----------------------------|----------------------|----------------|----------------------|----------------|
| | Congregations | Reports | Congregations | Reports |
| Catholic | 1 | 7 | 2 | 3 |
| Quadriya Muslim | 11 | 12 | 0 | 0 |
| Sukuti Muslim | 6 | 9 | 0 | 0 |
| CCAP | 2 | 3 | 3 | 8 |
| Baptist | 5 | 6 | 0 | 0 |
| Anglican | 3 | 3 | 0 | 0 |
| Pentecostal | 8 | 8 | 7 | 13 |
| Seventh Day Adventist | 2 | 3 | 4 | 4 |
| Jehovah's Witness | 2 | 3 | 0 | 0 |
| African Independent Church | 7 | 7 | 8 | 12 |
| Just Christian | 4 | 4 | 0 | 0 |
| Church of Christ | 2 | 2 | 5 | 6 |
| Other | 1 | 1 | 2 | 2 |
| Total | 54 | 68 | 31 | 48 |

Like all data collection strategies, this methodology has advantages and disadvantages. Perhaps the clearest advantage is that these reports provide a summary from a perspective outside the congregation. The research assistants did not write reports on the congregations to which they themselves belonged, and in most cases they were visiting congregations outside of their own religious tradition. As outsiders, research assistants had no apparent incentive to present the congregation as “favorable” in particular ways. In contrast, had they been writing about the congregations they themselves attend, research assistants may have felt motivated to present their congregation in a positive light, believing that there may be rewards for doing so (e.g., funding from NGOs or mission organizations to continue good projects) [on reporting, see Miller et al 2000]. Furthermore, as outsiders, the research assistants came to the

subject with fresh eyes; many reports describe in great detail the rites, rituals, and messages previously unfamiliar to the research assistants. Another important advantage is that these data do not only provide a record of what was said about AIDS in any given religious service, they also provide a sense of how much religious leaders talk about AIDS *relative* to other issues. Likewise, they present a picture of how much of the congregation's weekly activities are devoted to AIDS-related issues (i.e., visiting the sick, caring for orphans, organizing an educational campaign) relative to other activities (i.e., evangelism, political activism).

The methodology employed in this study also has its disadvantages. First, the information contained in these reports is difficult to quantify, which complicates making comparisons between the research sites and among denominations. Second, it is unlikely that the research assistants actually wrote down everything of interest that occurred during each service. Observations are necessarily filtered through the research assistants' own experiences; events of interest may have been omitted – even systematically - but it is impossible to determine the extent of such omission. Third, since most congregations were visited only once, it is impossible to determine whether the services observed are typical of a religious service in this congregation or not.

Despite these limitations, the data used for the present analyses are rich and of high quality. Several of the research assistants had been working as survey interviewers for the MDICP since 1998. These research assistants were experienced and personally committed to the study of HIV in Malawi; furthermore, many expressed genuine interest in visiting religious congregations other than their own and seeing the diversity of

religious belief and practice within their country. While the research assistants knew that AIDS was a particular topic of interest, the data was collected with the broader aim of documenting organizational, doctrinal, and practical aspects of religious life in Malawi. Judging from the content of the reports, which vary widely, I am persuaded that the research assistants wrote reports that give accurate accounts of the messages, practices, and activities of the congregations observed.

KEY STUDY VARIABLES

To assess the HIV situation in rural Malawi, this dissertation utilizes an objective measure of HIV status in combination with self-reports of sexual behavior, specifically those considered most relevant to HIV risk. There are, of course, drawbacks to both types of data, and these are discussed in more detail below. Used in combination, however, the strengths of each (objective, biomarker data and self-reports of sensitive of sexual behavior) compensate, at least partially, for the weaknesses of the other, facilitating a more complex understanding of the HIV situation than would be possible if I relied only on one or the other.

Sexual Behavior

Like most research based on survey data, this dissertation utilizes self-reports of a variety of factors, including sensitive issues like sexual history, current sexual behavior, condom use, perceived HIV risk, and attitudes towards PLWA. Most scholars agree that self-reports of sensitive issues, especially sexual behavior, may be less reliable than is

optimal, and it is likely that high-risk behaviors are underreported in the data utilized here. It is difficult to imagine how sexual behavior and changes in behavior could be assessed other than through self reporting, but reliance on self reports, especially of sexual activity, has been extensively criticized (see Cleland et al. 2004). A study designed to assess the validity of Tanzanian adolescents' reporting of their sexual behaviour, for example, uncovered discrepancies when it linked individuals' self-reported sexual behavior with the results of their STI and HIV tests (Plummer et al. 2004). Others have argued that overall, survey research on sexual behavior has produced plausible, consistent, and reliable results (Caraël et al. 1995; Cleland and Ferry 1995). Furthermore, self-reports may not always underestimate the prevalence of a given risk factor, as at least one study on self-reports of nonmarital partnerships in SSA suggests that men (particularly single men) actually exaggerate their number of sexual partners when responding to survey questions on sexual behavior (Nnko et al. 2004).

HIV Status

Unlike previous studies that have focused exclusively on risk behaviors as the primary outcome of interest, this study also uses an objective measure of actual HIV status, obtained through the biomarker data collected by the MDICP-3. Generally speaking, the evidence of HIV or STI testing, which could be compared with self-reported behavioral data, has been lacking (see Plummer et al. 2004 for a notable exception). Employing such a measure in this dissertation thus offers a great improvement upon the existing literature.

The testing method used by MDICP for HIV was not anonymous, since identifying individuals who were tested was necessary to inform them of their test results.³ However, the MDICP ensured confidentiality of the respondents who agreed to be tested. The respondents' unique biomarker ID was kept on every specimen collected from them, and it was linked to the respondent's computerized data. No personal identifier (such as the name of the respondent or the village where he or she lives) was kept on the specimens. The HIV tests were done with oral swabs. ORASURE saliva test was used for HIV; positive results were confirmed through Western Blot on the same specimen. These tests were selected according to guidelines of the Malawian Ministry of Health and in conjunction with specialists at Lilongwe Central Hospital. The MDICP STI/HIV testing protocol was approved by the IRB in Malawi and the United States.

LINKED DATASETS

Village-Level Variables

The village-level dataset was constructed by aggregating measures from the individual level data. Depending on the measure in question, proportions, counts, and means were calculated from survey respondents living in the same village using the village identifier available for each respondent. Given the sampling strategy described above, our sample by village should reflect overall village size and the count of respondents per village serves as a measure of village size for the purposes of our analysis. Village-level religiosity was calculated by averaging the individual-level reports of attendance at

³ For a detailed description of the MDICP's HIV and STI testing protocol, see: See Bingami-Van Assche et al. 2004.

religious services for each village. Similarly, village-level HIV prevalence was calculated as the proportion of HIV positive respondents in each village. Other village-level measures such as: percent male, percent Muslim, percent born again (or having made Tauba for Muslims), average age, were calculated the same way. Village-level variables will be calculated using all MDICP respondents, regardless of whether or not they are actually included in the analytic sample.

Congregation-Level Variables

Most of the variables at the congregational level are taken from the survey component of the MRP. Additional measures for the congregation-level dataset were constructed by aggregating measures from the individual level data. Depending on the measure in question, proportions, counts, and means from survey respondents who report attending the same congregation are calculated using the congregation identifier created for each respondent. Congregation-level variables will be calculated using all MDICP respondents who named the congregation they regularly attend, regardless of whether or not they are actually included in the analytic sample for the outcome of interest.

Linked MRP-MDICP Dataset

The congregational data collected by the MRP in 2005 were then linked to in wealth of individual data collected by the MDICP 2004 (e.g. the respondent's—i.e. the congregation member's—economic status, experience with the death of relatives from AIDS, etc.) For the linkage between individual respondents and an MRP congregation I

used 2004 records of congregation name, leader's name, congregation village/location, respondent's village, and religious tradition. In a majority of cases, the identity of the named congregation was abundantly clear. Given the low rates of literacy in our research sites, variations in spelling was the most common problem. The following verbatim responses, for example, represent some of the answers given by respondents who attend Namonde Mosque, the largest religious congregation in our sample: Namonde Mosque, Naclonde Mosque, Namond Prayers (Muslim), Abidi prayers Friday (Namonde village). In other cases, however, it was more difficult to discern the congregation to which congregation the respondent was referring. To show this process in detail, Appendix D lists the verbatim responses for the five the key pieces of information used to assign each respondent to their congregation, as well as the final determination identity of the using the congregation's standardized name. A dummy variable indicating relative difficulty in assigning the respondent to the named congregation was created and implemented in certain sets of analyses. There were a total of 31 cases in which a respondent who named a congregation could not be assigned to one of the MRP congregations and is, thus, missing congregation-level data.

ANALYTIC APPROACHES

Hierarchical Linear Models

Because the aim of this dissertation is to understand the role of religious context (villages and congregations) as it relates to the relationship between religion and HIV-related outcomes, hierarchical linear models, also known as multi-level models, will be used to estimate many of the associations examined in the subsequent chapters. The idea behind this approach is that individuals are embedded in groups and contexts such as social networks, churches, schools, and villages. Researchers have frequently, but erroneously, included both individual and contextual variables in regression models with data from individuals in clustered sources like schools or neighborhoods. Maximum likelihood and ordinary least squares estimators are produced under the assumption that individual observations are independent of each other – that, for example, the level of religiosity in a village stands independent from the religiosity of an individual residing there. Persons in groups and contexts, of course, experience similar influences from those contexts, but the models assume independence of observations. Additionally, the contextual effects themselves are typically thought to be invariant across contexts, an assumption that seldom holds in reality.

Hierarchical linear models are employed in this dissertation for two specific and distinct purposes. First, this type of model sharpens the estimation of effects within individual units, in this case congregations and villages. Rather than estimating hundreds of separate equations for the individuals observed in each village or congregation, many of which have insufficient data to sustain a separate estimation, hierarchical linear models

allow me capitalize on the statistical power of the entire ensemble of data (individual-level observations, congregational characteristics, and aggregated village-level measures). The random coefficients models employed here efficiently use all of the available information to estimate associations between village-level or congregation-level characteristics and individual-level outcomes. Second, these models allow for the examination of cross-level effects, specifically how the hypothesized individual-level relationship between religiosity and HIV-related outcomes may vary by context – religious context in particular.

All of the outcomes examined in this dissertation (e.g., reported risky sexual partner, abstinence, condom use, HIV status, presence of orphan in household, participates in visiting the sick) are binary variables, thus all the models I estimate are based on the logistic regression model and adapted to deal with multi-level data and error structures. For ease of interpretation, exponentiated regression coefficients (odds ratios) are presented in the tables, along with standard errors and a variety of fit statistics to assess model fit.

Two different software packages are used to execute the estimations. I use the *xtlogit* command in Stata 9 (StataCorp 2005) to estimate simple two-level models of a binary outcome variable, such as the ones seen in Chapters 3 and 6. The current version of Stata is not equipped to handle more advanced forms of multi-level analyses, such as cross-level interactions. These models (such as the ones seen in Chapter 5) are estimated using HLM 6.0a (Raudenbush et al. 2004).

Qualitative Data Analysis

All of the available interview transcripts and sermon reports were read and coded using ATLAS-ti software (Muhr 1991; Muhr 1997). Computer-assisted qualitative data analysis programs like ATLAS-ti assist researchers working with large quantities of textual data primarily by facilitating the organizational tasks involved (Weitzman and Miles 1995). With the help of other colleagues working in this area (Watkins, Yeatman, Regnerus, Weinreb), I created a coding scheme based on the theoretical orientations guiding the research prior to beginning the analysis of the interview data. Throughout the coding process, however, the coding scheme underwent several revisions as new themes and ideas emerged from the data. In this analysis, I have used the qualitative software to apply “codes” to selections of text, retrieve selected quotations within context, and tabulate coded quotations, organizing quotations within codes and codes in relation to one another as well.

CHAPTER FOUR: RELIGIOUS TEACHINGS AND INFLUENCES ON THE ABCs OF HIV PREVENTION

Abstain. Be faithful. Use condoms. The ABCs of HIV prevention are well-known world-wide. But in areas of high HIV prevalence, such as the “AIDS belt” of sub-Saharan Africa (SSA), debates regarding the relative importance of each of these abound. The role of Faith Based Organizations (FBOs) in HIV prevention and AIDS mitigation has been front and center in these debates. Anecdotal evidence suggests that although religious leaders in SSA may effectively promote A and B, many prohibit or at least fail to endorse condom use – a lynchpin of international HIV prevention programs.

The AIDS epidemic in SSA has reached unparalleled proportions, participation in religious organizations is widespread among rural Africans, international sexual politics is an increasingly politicized issue, and large sums of money are flowing to religious organizations in SSA through plans like the UN Millennium Project and the President's Emergency Plan for AIDS Relief (PEPFAR). Still, there has been little systematic assessment of the extent to which, and the mechanisms by which, FBOs in SSA facilitate or impede effective responses to the epidemic.

In this chapter, I examine the relationship between religion and HIV-risk behaviors in rural Malawi, giving special attention to the role of religious congregations, the FBOs with which rural Africans have regular contact. The first aim is descriptive – to identify overall patterns and variations in what religious leaders in rural Malawi are teaching about HIV and about sexual behavior in light of AIDS. Variation by religious tradition and region is of particular interest here. The second aim is to assess whether

and how religious organizations shape the behavior of individual members. I examine three outcomes that correspond with the ABCs of HIV prevention: abstinence (for unmarried individuals), fidelity (for married persons), and condom use (among sexually active respondents) and directly test the relationship between the characteristics of religious congregations (doctrines, strictness) and the reported behavior of individuals. I also examine the relationship between religious involvement and both risk behaviors (A, B, and C) and actual HIV status. Because I am interested in the role of religious context as it relates to the relationship between religion and HIV-related behaviors for individuals, I use multi-level models to estimate the associations.

BACKGROUND

Most of the existing research on the relationship between religion and HIV risk focuses on variation by religious affiliation using broad denominational categories. Evidence from South Africa (Garner 2000), Zimbabwe (Gregson et al. 1999), Brazil (Hill et al. 2004), Zambia (Agha et al. 2006), and Malawi (Trinitapoli and Regnerus 2006) suggests that individuals belonging to certain behaviorally strict denominations (i.e., Pentecostalism and certain African Independent Churches), exhibit lowered risk of HIV infection due, in part, to their reduced likelihood of having extramarital partners when compared with members of other religious groups. Other research suggests that due to restrictions on sexual behavior and the consumption of alcohol and the practice of circumcision, Muslims in Africa may experience reduced levels of risk for contracting HIV (Gray 2004; Gray et al. 2000).

Though specific denominational differences vary by region, these studies suggest that a) differences in religious teaching on sexual behavior and b) differences in church regulation might explain much of the observed differences in reported sexual behavior, as well as denominational differences in demographic patterns like non-marital fertility and early adult mortality (a possible indicator of AIDS).

At least two studies have reported a negative association between global measures of religiosity (such as attendance or religious commitment) and reports of sexual risk behaviors. A recent analysis of married men in rural Malawi reports that attendance at religious services is associated with lower odds of reporting several risk factors including a recent extramarital partner, perceived likelihood of HIV infection, and ever having had a sexually transmitted infection (STI) (Trinitapoli and Regnerus 2006). A study of first-year college students in South Africa finds that religious students are less likely to engage in sexual intercourse and have delayed sexual debut relative to their less-religious peers (Nicholas and Durrheim 1995).

Most of the research on religion and HIV risk has concluded that religion is protective factor. However, several of these studies have revealed a flipside to the protective effect of religion on sexual behavior: religious individuals who are sexually active are less likely to report “safe sex” practices like condom use (Agha et al. 2006; Nicholas and Durrheim 1995), and this finding is consistent with research on religion and sexual behavior among adolescents in the United States (Bearman and Brückner 2001; Ku, Sonenstein, and Pleck 1992). Other scholars have also noted that religious approaches to sexual morality that rely heavily on promoting abstinence until marriage

may have unintended consequences for those adolescents who do become sexually active. Although adolescents embedded in such religious communities maintain that sex should be saved for marriage when asked about their beliefs, they sometimes behave otherwise (Regnerus 2007). In both the US and in SSA, such adolescents are unlikely to plan ahead by buying and carrying condoms. They tend to see sex as something that “just happens” and consequently may be more vulnerable to sexually transmitted infections including HIV and to unplanned pregnancy.

Why Religion Matters

Aside from religious congregations, the rural African setting offers limited opportunities to participate in other formal organizations. According to data from the 2004 Malawi Diffusion and Ideational Change Project (MDICP-3), some individuals belong to farmers’ cooperatives (32%), drama clubs (9%), village health committees (7%), or microcredit groups (5%), but involvement in such groups is limited and the frequency with which these groups meet is comparatively low. In contrast, nearly two thirds of a sample of rural Malawians report attending religious services at least every week, while only ten percent attends only once a month or less frequently (Trinitapoli and Regnerus 2006). When asked about their religious affiliation, few Malawians report “no religion,” and a large number of those who do also go on to name a religious congregation that they regularly attend. Similarly, 92 percent of Ugandans attend Roman Catholic or Anglican religious services regularly (Green 2003), and high levels of

religious participation have also been observed in Nigeria, Ghana, Mozambique, Kenya, Zambia, and Zimbabwe.

Messages about AIDS might be effectively disseminated through the educational and health systems, but a limited number of individuals participate in these. Many rural Malawians rely on traditional healers when they encounter health problems and rarely (if ever) visit a doctor or nurse in a clinic or hospital setting. In contrast to the near-universal participation in religious congregations, levels of education in rural Malawi are very low. According to the 2004 MDICP, nearly 20 percent of rural Malawians have *never* attended school and only 12 percent report having finished secondary school. Furthermore, due to missionary influences, most educational and health institutions in this part of the world have religious foundations (Woodberry 2004). In Uganda, for example, approximately 60 percent of all health facilities are private and are affiliated with a RO, and a similarly high proportion of Ugandan schools are run by ROs (Green 2001). Thus, in the sub-Saharan African context, seemingly secular institutions like education and health care may actually be transmitting religiously-based views to the individuals with whom they interact.

As the most common formal organizations in rural SSA, religious organizations could play a key role in disseminating both relevant facts about HIV and AIDS (i.e., dispelling myths about transmissibility and providing accurate information about risk factors) and, perhaps more importantly, HIV-relevant moral commandments and doctrines that shape the way people perceive what is acceptable and what is not acceptable -- what is important and what is unimportant in life. Leaders at the

congregational level have frequent contact with members; they are also highly esteemed and are among the most influential members of their communities (Pfeiffer 2004). Yet congregations and their leaders may vary in important ways on a set of key characteristics that may influence responses to the epidemic. These are: (1) religious norms transmitted through sermons and informal lessons; and (2) the institutional practices of the religious organization itself, such as mechanisms of social support and social control.

Doctrines and teachings

Green (2003) has argued that the successful reduction of HIV prevalence in Uganda between 1990 and 2000 may be due, in part, to the effective promotion of primary behavior change (abstinence and fidelity) by the country's religious organizations and leaders. Though convincing, Green's argument rests solely on suggestive evidence, as there have been no empirical assessments of whether or not religious organizations motivate behavior change – and, if so, how.

Numerous studies have confirmed that messages of abstinence and fidelity are commonplace in religious services throughout SSA (Jenkins 2006), including: South Africa (Garner 2000), Mozambique (Pfeiffer 2002), Nigeria (Orubuloye, Caldwell, and Caldwell 1993), and Malawi (Trinitapoli 2006). There is substantial variance, however, in the frequency and intensity of these messages. Garner (2000) notes that while none of the four churches, representing four denominations, that he studied in South Africa condoned extramarital sex, they varied considerably in their emphasis on sexual matters and marital fidelity, as well as their tolerance for deviation from the denomination's

sexual norms. Though the frequency of religious messages on sexual morality in the context of AIDS can be quite easily observed and documented, directly measuring the impact of exposure to such messages on sexual behavior at the individual level is more difficult.

Religious doctrine on the acceptability of condom use is another relevant aspect of denominational and congregational variation. Several scholars have identified religious beliefs as key barriers to HIV prevention in SSA, pointing specifically to religious opposition to condom use as a major obstacle to international prevention efforts (e.g., Caldwell, Orubuloye, and Caldwell 1999; Pisani 1999; Preston-Whyte 1999; Rankin et al. 2005). But prohibitions against condom use likely vary both across denominations and across individual congregations. A growing body of evidence shows that religious opposition to condom use is not monolithic at all – even among leaders of the traditions that take a rather doctrinaire stance against contraception.

A recent editorial in *The Lancet*, for example, reported that 65 out of 100 Catholic priests polled in the UK agreed that it was morally acceptable to promote condom use in order to curb the spread of HIV ((Editorial) 2006). Highly-publicized statements by Anglican bishop Tilewa of The Gambia and by Reverend Japhet Ndhlovu, the general secretary of the Council of Churches in Zambia (CCZ) also demonstrate deviation from the commonly-held notion that religious leaders in SSA, especially Catholic ones, oppose condom use. According to Bishop Tilewa, “We are aware that we live in a world where not everybody is holy and for some people abstinence or one partner is not a viable proposition, therefore, the only sensible and responsible line of action is a use of

condoms" (Colombant 2005). A study of religious services in two districts of rural Malawi found evidence that although condoms were often explicitly prohibited, some religious leaders have relaxed prohibitions on condom use and encourage members (especially youth) who "cannot abstain" to use a condom to avoid contracting "this disease with no cure" (Trinitapoli 2006).

Institutional practices

Institutional practices involve everything from tithing to the provision of services, such as organizing care of the sick or "funeral committees" to help the families of the deceased, and from individual acts of confession and penance to public expressions of solidarity such as healing ceremonies. As mechanisms of both social support and social control, certain institutional practices may be particularly important in shaping responses to the epidemic (Trinitapoli 2006; Trinitapoli and Regnerus 2006). Social control mechanisms include practices like confronting a member about his drinking or his rumored sexual behavior and excluding members who skip other members' funerals, fail to give money, or give less-than-generously. Social support mechanisms include things like group prayers for those attempting to resist temptation (Chimbwete and Watkins 2004) and activities to support those affected by AIDS (Chimwaza and Watkins 2004; Trinitapoli 2006). The effectiveness of these mechanisms of social support and social control depends on the extent to which members of a congregation are "channeled" into more—or less— exclusive and overlapping sets of relationships within the congregation,

relationships that may augment or replace social networks based on extended family, clan, or ethnicity (Mkandawire 2000; Stark and Finke 2000).

By channeling members into congregational activities (e.g., Bible Study, committees to care for orphans) congregations also increase the density of personal networks and, in turn, the social support (and social control) of its members (Ellison and George 1994). According to the moral communities thesis, without the support of a tight-knit congregation, the influence of individuals' own religious commitments or moral proscriptions on their personal behavior becomes weak.

Reporting on the role of FBOs in Uganda, Green (2003) describes support groups and workshops in which people living with HIV/AIDS (PLWHAs) confess their (sexual) misconduct and publicly commit to changing their behavior and living a new life. He likens the approach to Alcoholics Anonymous (AA), emphasizing that while this approach may not work for everyone, it does have a better record of changing behavior than any other.⁴

In the African context, the practice of “visiting” is a key aspect of both social support and social control. Absence from weekly religious services that is not due to illness is almost always attributed to one of two vices: laziness or greed. Individuals often walk long distances to reach their places of worship and need to be encouraged to do so – especially if a night of heavy drinking has prevented their willingness or ability to make the trek. Those who prefer to work in their own gardens during the time they “should” spend worshipping at their church or mosque are encouraged to give their time and

⁴ Some recent evidence disputes that AA is, actually, more effective, but the addiction literature has generally held this assertion to be true.

energy to God instead of focusing exclusively on their own prosperity. Visiting members encourage the “lazy Christian” to return and resume “praying with them.”

Under other circumstances, visiting takes on a more disciplinary role. Interview and participant observation from rural Malawi shows that while lay members usually organize visits to the sick and the “lazy”, in rural Malawi, some religious leaders conduct home visits themselves – either at the urging of their members or on their own volition. Many clergy make home visits to confront individuals about suspected sexual misconduct, in particular when a suspicious spouse or a concerned friend requests such an intervention. Other clergy take up the responsibility of sexual surveillance themselves – hanging out at the trading centers or near bars, and just keeping a watchful eye generally speaking to make sure that members are not tempted to engage in extramarital sex (Trinitapoli 2006). Again, the frequency and intensity of this practice varies widely among congregations, and though anecdotal evidence from religious leaders and members alike suggests that it is an effective form of social control, an empirical assessment of its efficacy has never been conducted.

METHODS

Data

Data for this paper come from several different sources. First, I utilize survey data from the Malawi Religion Project (MRP) to document general patterns in what religious leaders from different traditions teach about health and sexual behavior in context of high HIV prevalence, I supplement this descriptive overview with the in-depth interview data

from religious leaders that were collected as part of MRP in 2005. The systematic analysis of these data focuses on identifying patterns in teachings about the three components of the now-infamous ABCs of HIV prevention. In order to assess the degree to which these messages influence behavior at the individual level, the quantitative analyses utilize the linked MRP-MDICP dataset.

Measures

Dependent Variables.

Nonmarital Sexual Partner All survey respondents were asked about their sexual history. Adult respondents were asked to give an initial or fictional name of the last three sexual partners they had in the past 12 months, including their spouse. They were then asked a series of questions about the named partners. Adolescent respondents were asked to do the same for their past two sexual partners; there was no time frame specified for adolescents. Respondents were asked to characterize the type of relationship they had with each partner. The possible responses for adults were: HUSBAND/WIFE/LIVE-IN PARTNER; STEADY BOYFRIEND/GIRLFRIEND/FIANCE; INFREQUENT PARTNER; AFISI (HYENA); ONE-NIGHT STAND/HIT-RUN; CLIENT; and OTHER. For adolescents, the response categories were: STEADY BOYFRIEND/GIRLFRIEND; EXPECTED SPOUSE; INFREQUENT PARTNER; OTHER FRIEND; ONE-NIGHT STAND/HIT-RUN; CLIENT; and OTHER. For both adolescent and adult respondents alike, sexual partners who were not identified as a spouse were coded as a nonmarital partner. Respondents reporting having at least one nonmarital sexual partner were coded

as 1 on this variable, while respondents who listed only spouses as sexual partners, or no sexual partners at all were coded 0.

Condom Use A series of questions about condom use are included among the questions asked about each of the sexual partners a respondent reported. Respondents were asked 1) did you ever use a condom with this partner? 2) why did you use a condom with this partner? and 3) with what frequency did you use a condom with this partner? Two measures of condom use were constructed and considered for use in this study: *ever* use and *consistent* use. Respondents who report ever using a condom with any of their sexual partners are coded 1 for ever using condoms; respondents who have not used a condom in the past year are coded 0. Respondents who report *always* using a condom with *all* of their sexual partners are coded 1 for consistent condom use. Because reports of consistent condom use were too low to analyze (4 cases), this study focuses on ever use.

HIV Status Unlike previous studies that focus exclusively on risk behaviors as the primary outcome of interest, this study uses an objective measure of actual HIV status, obtained through the biomarker data collected by the MDICP-3. The testing method used by MDICP for HIV was not anonymous, since identifying individuals who were tested was necessary to inform them of their test results. However, the MDICP ensured confidentiality of the respondents who agreed to be tested. The respondents' unique biomarker ID was kept on every specimen collected from them, and it was linked to the respondent's computerized data. No personal identifier (such as the name of the

respondent or the village where he or she lives) was kept on the specimens. The HIV tests were done with oral swabs. ORASURE saliva test was used for HIV; positive results were confirmed through Western Blot on the same specimen. These tests were selected according to guidelines of the Malawian Ministry of Health and in conjunction with specialists at Lilongwe Central Hospital. The MDICP STI/HIV testing protocol was approved by the IRB in Malawi and the United States. Respondents who tested positive for the HIV-1 virus are coded 1 for this variable.

Independent Variables.

The key independent variables of interest are the respondent's report of religious affiliation, their report of religious service attendance, and several additional measures of religious beliefs and practices. Religious service attendance is a reliable and traditional measure of the public and collective expression of religion that captures involvement in an adult-child moral community across cultures and in many religions. Our attendance measure is ordinal, and was derived from the question "When was the last time you went to church (or mosque)?" Respondents could answer "in the last week," "in the last month," "last 2-6 months," "more than 6 months ago," or "never." The attendance variable has been reverse coded, so larger values correspond with a more frequent pattern of attendance. Overall, levels of religious participation in rural Malawi are high, with only 10 percent of the sample reporting that they attend once a month or less frequently. The attendance measure employed in these analyses ranges from 1-3, with the high value representing those who attend most frequently.

Respondents were asked about their religion; based on their response, the interviewer assigned them to one of the following categories: No Religion, Catholic, Quadriya Muslim, Sukuti Muslim, Church of Central Africa Presbyterian (CCAP), Baptist, Anglican, Pentecostal, Seventh Day Adventist, Jehovah's Witness, Indigenous Christian, Indigenous Non-Christian, and Other. Respondents who answered "Other" were asked to further specify, and their answers were recorded verbatim and were subsequently grouped into the appropriate category. All respondents were also asked to name the church or mosque to which they belong. Respondents who were missing data on the denomination question were categorized based on information gathered about the church or mosque they most frequently attend. After careful consideration, several denomination categories were collapsed to a total of 6 categories used here in this analysis: Catholic, Muslim, Pentecostal, AIC, traditional Mission Protestant (i.e., Presbyterian, Anglican, Baptist), new Mission Protestant (i.e., Seventh Day Adventist, Church of Christ, Jehovah's Witness).

The analyses presented here include a series of control variables, including sex, age, a dichotomous indicator that the respondent was previously married, a dichotomous measure of the respondent's successful completion of secondary education, a continuous measure of the value of the animals their household owns as an indicator of respondent's socio-economic status, and a dichotomous indicator of their region or survey site (i.e., Balaka, Mchinji, or Rumphi). Because condom use, in particular, is sensitive to the respondent's perceived level of risk, this model includes several measures of baseline risk

behavior, including the respondent's total number of sexual partners⁵ and reporting a transactional sex partner in the past 12 months. Additionally, we use the second outcome variable (recent nonmarital sexual partner) as an additional predictor of respondents' self-reported condom use. In order to control for social desirability issues that are present when relying on self-reports of sensitive sexual behaviors, a carefully constructed measure of social desirability bias⁶ is included (as a control) in all the multi-level models presented here.⁷

In order to estimate the associations between religious messages and sexual behavior at the individual level, I turn to the linked MRP-MDICP dataset, which attaches the survey data from religious leaders to the survey record of the congregation members – the individual MDICP respondents. I evaluate the relative impact of formal religious messages (those given in weekly religious services), informal advice from the congregational leader, and the leader's assessment of the sexual behavior of his congregants.

⁵ Survey respondents were also asked the question, "How many people overall you have ever had sex with?" Because the distribution of this variable was skewed, outliers were recoded to the 99th percentile, which resulted in a range of 0-20. Close to nine percent of the total sample did not answer this question, either because they refused or reported that they did not know how many sexual partners they have had. Rather than excluding all these cases from my analyses, I performed mean substitution for these cases and created a dummy variable indicating missing data for this variable that will be included in all analyses using the total number of sexual partners measure.

⁶ Respondents were asked whether they agreed or disagreed with the following statements about themselves: a) I never regret my decisions; b) I never get sad; c) I never criticize other people. Each affirmative response was coded as 1 and summed to create the social desirability measure, which ranges from 0-3.

⁷ Means and ranges of all individual-level variables for each of the selected samples are not discussed here, but are displayed in Table 4.4.

First, the reported frequency with which the leader discusses AIDS and sexual morality in weekly religious services ranges from 0-4 (Never, Seldom, About Monthly, Almost Every Week, Every Week). Since most leaders talk at least sometimes about both of these topics, (only 9 say they never talk about AIDS and 11 never talk about sexual morality), I distinguish religious leaders who talk about these topics frequently (every week or almost every week) from those who only sometimes discuss them. I use a series of four dummy variables to indicate congregations that a) talk about neither topic with any regularity; b) talk about AIDS regularly; c) talk about sexual morality regularly but not AIDS; d) talk about both of these topics with frequency.

What do religious leaders say when they talk about AIDS and sexual morality? The sermon report data provide some illustrative examples. This excerpt from a Baptist church in Balaka exemplifies:

“Most Christians do not stand strong. They resort to backsliding and start leading a sinful life. That is why I find that immorality is very high amongst Christians. For example, this is what I see: theft, lack of discipline and respect, moreover adultery, and many others.” He said that he is surprised that almost 2/3 of funeral cases of Christians he has attended to are associated with HIV/AIDS or related diseases. And the faith community keeps on decreasing in number. “Where is your book of law?” he asked the congregation, while wiping sweat from his forehead.

A Muslim leader provided a very different example, tying the issue of AIDS to family life, polygamy, and the fair treatment of all wives in polygamous households:

My brothers, a man must be like an evenly balanced scale. He must weigh out in equal measures his compliments and his reproaches. We Moslems are allowed to marry up to four wives, but when you have four wives you must give equally of yourself. You must study your gestures and behavior and apportion everything fairly. Of course, for most of us these principles are very difficult to put into

practice. We love one wife differently from the others. You buy lifeboy bar [cheap soap] to the others and Geisha bar [expensive soap] to your favorite wife. If there is someone who is doing this, I am warning you to take care. You have to give equally of yourself. If you know that you do not have enough money to feed more wives and family it is better to marry one wife when you can feed properly rather than marrying more wives who you cannot manage because God will punish you for mistreating them. As I already said, a man must be like an evenly balanced scale. It pains me when I visit some members in the villages and see children and women suffering. They lack school fees, clothes and medical support. This because the husband is polygamous. His poverty prohibits him from providing for all four wives and their children. And the woman does what she thinks can help. You will see some women falling in love with other men secretly or selling their bodies so that they can be given something to help because the husband is failing to fulfill his responsibility. So just imagine with this deadly disease. If this other man is HIV positive, it will mean that the husband and all the other women will also catch that disease. They will all die, leaving the children behind. You have to be careful when marrying additional wives. First, you have to balance yourself. Ask yourself: with this small amount of money, can I support more wives? Remember it is not a must for Muslims to marry more wives. It is only for those who think they can manage the physical and financial responsibilities. You are free to marry more wives as long as you give of yourself equally. Life in a polygamous family is not easy. If one wife is being loved most, some of the wives can either kill her or do something bad to her. They become jealous. Be careful, and weigh yourself. The women in attendance applauded.

Religious messages about sexual morality that do not reference HIV at all are relatively rare. One Zionist preacher who drew a crowd at a Balaka trading center made no direct reference to AIDS at all but criticized the frequent condom advertisements he hears on the radio lamenting: “Isn’t this stripping the world naked? Even little kids will tell you what a condom is. These are definitely end times.”

Secondly, in addition to being asked about their formal messages, leaders were asked if they ever privately advise congregation members on a number of AIDS-related subjects; affirmative responses were followed-up with questions about the frequency of such advice. While only 37 percent reported ever advising members to use condoms, a full 95 percent reported privately advising members on an individual basis to cease promiscuous behavior. Of these, approximately 51 percent of leaders report conducting such “sexual surveillance” on a weekly basis. Two dummy variables indicating informal practices are included in these analyses: a) privately advising condom use and b) sexual surveillance: privately advising congregants to stop promiscuity on a weekly basis.

While many religious leaders express their strong disapproval of condom use, calling them “promoters of sin,” “unhygienic” and “Satanic,” others provide more nuanced views. For example, an AIC leader in Rumphi explained his cautious support of condom use. “We want people to abstain and to be faithful,” he said. “I tell them that when they get condoms from the hospitals or the clinics, they need to use them in their houses” – in other words with their spouse for family planning purposes. Others emphasize condoms as an important prevention strategy for “those who cannot abstain,” but this advice is seldom given from the pulpit. In the words of one leader, “I tell them this when we are leaving the church, like if we are walking the same way, just him and me.”

A few leaders do take an active stance in promoting condom use. “The leaders of some denominations say that when you talk about condoms you are encouraging sex among the youth. But I believe you cannot sideline young people. The youth will walk

their own way, and we have to tell them about condoms.... If they do not have the wisdom to take a condom, then they have harmed themselves”. However some, including this AIC pastor, wrestle with their own ambivalence on the issue.

I find it difficult to tell my members to use Chishango [condom] should they fail to abstain. I tell someone that doing this is sinning. Then later I again tell him, “Should you fail to abstain, use a condom.” Is this good leadership? I have disseminated two different messages at once. When God created Adam and Eve in that garden, He said, “You can eat every fruit of this garden but not any fruit from this tree. Once you eat this, you will die.” That is what he said. The words that God said, “Once you eat, you will die,” were clear. Now today I tell someone, “This is bad. When you eat - or do this - you will die.” Then I say, “if you think you cannot resist, you can eat but you should eat using this condom.” Are these good messages?

The practice of sexual surveillance – policing the sexual behavior of members – is unique to the rural African setting. Unlike the promotion of condoms or HIV testing, where public health models from the West have been applied to a distinct setting with minimal adaptation, religious leaders did not learn about this practice at an AIDS education workshop. It is one of the truly indigenous responses to the epidemic. One AIC leader in Balaka explained his approach in this way:

I do a lot of counseling. Sometimes through preaching. This is where I actually incorporate messages that have to do with sexual behavior. I tell them, ‘Let’s change our old, immoral behaviors. Look, our country is seriously affected by this AIDS problem, and orphans are numerous because of AIDS. If this problem continues, our congregation won’t even grow. Let’s concentrate on our families. If you are a woman and your husband is not faithful, come talk to me as a pastor and tell me everything about your problem. We will agree on a date for me to come to your house and talk to you both as a family about AIDS and what is transpiring in this country.’

When asked to describe how he deals with unfaithful members, an imam from Balaka described a much more public approach to enforcing fidelity among his members.

Recently some things have happened. Like when someone who is a Moslem and a member of my mosque has been caught having sex with someone else's wife. Where the man who has done that is our member, and he has left his wife and done this with a fellow Muslim's wife. I tell him to stop, and I tell him, "You have done something wrong and have sinned against God because God is saying 'No!' to adultery." This happened with a man in our mosque. I gave him a suspension of two months. Then I went to visit him and counsel him to ask what he was thinking and whether he was going to ignore me or come back to God. Then he made Tauba [a formal act of repentance]. At the end of the suspension, when it was time for him to join us again, he had to confess at the mosque in the presence of all the other members.

The third dimension of congregational variation involves the leader's perception of the sexual climate of the congregation. Leaders were also asked their level of agreement with the following statements: "Promiscuity is rampant among adolescents in your congregation" and "Marital infidelity is rampant among members of your congregation." The responses ranged from 1-4, with categories: strongly disagree, disagree, agree, strongly agree. Dummy variables indicating "strong agreement" with each of these statements are employed in the quantitative analyses, to indicate the most extreme assessment of the sexual climate of the congregation. Since many religious leaders described their local knowledge, their own observations of the sexual behavior of members (often at bars and trading centers), and complaints and requests for counseling they field from concerned friends and suspicious spouses, many (though not all) are in a

position to accurately assess the prevalence of extramarital sexual activity in their congregations and villages. When asked whether or not he believed infidelity to be rampant among members of his congregation, one Catholic priest shook his head and agreed, “In the villages there are just rumors. Things like ‘this one was caught red handed. This that.’ It just comes as a comment from villagers. So I can’t really know. But in our congregation there are many case and the examples can be seen. 65% of those who came to confession come with this sin.”

Analytic Strategy

Each of the HIV prevention goals discussed here: abstinence, faithfulness, and condom use are relevant to only a particular group of individuals. For this reason, I utilize three distinct analytic samples: abstinence among unmarried adolescents only; faithfulness among married respondents; and condom use and HIV status among sexually active respondents. The results section starts with a thorough descriptive overview of the religious congregations in the MRP sample, and the distinct analytic samples employed in the subsequent analyses. I proceed by presenting cross-tabs of key religion variables and the outcomes of interest.

Because this paper examines the role of religious context (e.g., congregations) as it relates to the relationship between religion and HIV-related behaviors, I use multi-level models to estimate the multivariate associations. The idea behind this approach is this: a) individuals are embedded in groups and contexts such as social networks, churches, schools, and villages; b) researchers have frequently, but erroneously, included both

individual and contextual variables in regression models with data from individuals in clustered sources like schools or neighborhoods; c) maximum likelihood and ordinary least squares estimators are produced under the assumption that individual observations are independent of each other – that, for example, the level of religiosity in a village stands independent from the religiosity of an individual residing there; d) persons in groups and contexts experience similar influences from those contexts, but the models assume independence of observations.

I estimate random effects models that correspond to the three components of the ABCs of HIV prevention in Stata 9 using the *xtlogit* command for multi-level models of a binary outcome variable. Note that these models utilize different samples – the adolescent sample for the “abstinence” models, the married adult sample for the “faithfulness” models; all sexually active individuals in the sample are included in the “condom use” models. The HIV status models include all respondents who participated in the voluntary counseling and testing (VCT) portion of the MDICP-3 and have ever been sexually active.

This study employs several mechanisms to address the concerns about selectivity; all of them are reassuring. First, in 2004, just under 12 percent of the MIDCP sample reported having switched churches in the five years prior to the interview. Assuming that this reported switching was evenly distributed over the five year period and stayed constant in the year between MDICP-3 and MRP fieldwork, I estimate that no more than 2 percent switched congregation in the period between the two data collection projects.⁸

⁸ Ancillary analyses relevant to this type of selectivity are presented in Appendix A.

Second, data on religious switching from the MDICP-3 show that the most common reason individuals give for switching is marriage; over 30 percent of those who switched reported this reason (see Appendix E). Conflict in the congregation and excessive strictness were the second most common explanations given, however, these were much less common.⁹ To be sure, some individuals in rural Malawi are driven to leave their congregations because they find them too strict – perhaps on the very issues of sexuality examined here. The qualitative evidence, however, shows that although congregational discipline is common place, excommunication almost never happens, and members seldom leave as a result of these disciplinary actions. Rather, most repent, change their behavior, and remain within their same congregation, as in the case of the unfaithful Muslim who returned to his mosque after a 2-month suspension. Finally, all of the analyses include a variable to indicate religious switching, intended to capture if such selectivity could be responsible for the associations between congregational characteristics and self-reports of sexual behavior at the individual level.¹⁰

Unfortunately, the cross-sectional nature of these analyses do not avoid the time ordering problem that often plagues studies of sexual behavior. The primary predictor variables are measured at the time of the survey interview (e.g., when did you last attend religious services) or later in the religious leader interview, yet three of the four outcomes are measured over a longer period of time – during the past year. Though I control for changes in congregational membership and religious affiliation, religiosity *may* have

⁹ Of the 13 percent of MDICP-3 respondents who have changed their religion since birth, 11 percent reported switching because their old church was too strict. In other words, this aspect of selectivity applies to approximately 1.4 percent of the sample.

¹⁰ The switching variable intended to capture the possible problem of religious selection effects is not significant in all the models presented here.

changed in response to their sexual behavior and not vice-versa. I thus make no claims concerning the causal effects of religion based on the cross-sectional analyses conducted here.

Another potential time-ordering problem involves the sample itself; the MRP was designed in such a way that the congregational-level data collected from religious leaders was collected at least one full year after the MDICP-3 individual level data was fielded. Although this is less than ideal, there are several factors that lend confidence that this approach is, indeed, a valid one. First of all, none of the key informants reported less than 2 years in residence as congregation leader. Second, this dissertation considers “congregational” associations, not merely religious leader associations. Although messages are important and the role of the religious leader is a key to understanding the dynamics of a congregation, the leader does not unilaterally determine congregational culture. Thus, grouping members together in their congregations is an appropriate analytic approach for the goals of this paper.

RESULTS and DISCUSSION

Congregational Overview

Table 1 provides a descriptive overview of the religious congregations comprising the MRP sample. Traditional Mission Protestant and African Independent Churches are the most numerous, followed by New Mission Protestant and Pentecostal congregations. Muslim mosques exist primarily in the Southern Region (Balaka). Catholic congregations comprise only 12 percent of the MRP sample, but these congregations are relatively

large, containing between 19-22 percent of the MDICP respondents (see Table 4);

Catholic parishes are also relatively evenly distributed throughout all three research sites.

**Table 4.1: Descriptive Statistics for
Select Congregational Characteristics, MRP 2005**

| | Mean | Std. Dev. | Min | Max |
|--|-------------|------------------|------------|------------|
| Denomination | | | | |
| Catholic | 0.11 | 0.32 | 0 | 1 |
| Pentecostal | 0.17 | 0.38 | 0 | 1 |
| African Independent | 0.20 | 0.40 | 0 | 1 |
| Muslim | 0.12 | 0.32 | 0 | 1 |
| Mission Protestant | 0.21 | 0.41 | 0 | 1 |
| New Mission Protestant | 0.18 | 0.39 | 0 | 1 |
| Congregational Demographics | | | | |
| Congregation Size | 37.39 | 52.81 | 0 | 370 |
| Congregation Age (in years) | 22.12 | 19.79 | 1 | 91 |
| Leader Has at least Some Secondary Education | 0.29 | 0.45 | 0 | 1 |
| Leader Some Religious Training | 0.63 | 0.48 | 0 | 1 |
| Network Ties | | | | |
| Helped by NGO | 0.13 | 0.34 | 0 | 1 |
| Ever visited by missionaries | 0.37 | 0.48 | 0 | 1 |
| Helped by mission work | 0.24 | 0.43 | 0 | 1 |
| Ever visited by denominational leaders | 0.65 | 0.48 | 0 | 1 |
| Sexual Culture | | | | |
| Rampant Unfaithfulness in Congregation | 0.16 | 0.37 | 0 | 1 |
| Rampant Teenage Promiscuity | 0.16 | 0.37 | 0 | 1 |
| AIDS | | | | |
| Leader attended AIDS workshop | 0.47 | 0.50 | 0 | 1 |
| In this congregation, AIDS is: | 1.77 | 0.96 | 0 | 3 |
| Not a problem | 10.75 | | | |
| Somewhat of a problem | 27.42 | | | |
| A big problem | 36.02 | | | |
| Single biggest problem | 25.81 | | | |

N=187

Congregations in this part of the world vary greatly on a number of characteristics, including size, age, network ties, and leadership characteristics. Close to 30 percent of the leaders report having completed high school and over 60 percent have received some form of religious training (e.g., Bible training, leadership workshops, *madrassa*.) Seventeen percent of leaders perceive marital infidelity to be rampant in their congregation, and a similar proportion perceives adolescent promiscuity as a very serious problem. Close to half report having ever participated in a HIV workshop or some other sort of AIDS training. Overall, these leaders also perceive AIDS as a problem in their congregation, with only 10 percent saying that AIDS is not a problem at all, and over 35 percent reporting that AIDS is the single biggest problem their congregation faces.

One other feature to note about these congregations is how isolated they are from interaction with members of their denominational hierarchy. Only 64 percent have ever been visited by leaders of their denomination, and less than 40 percent have ever been visited by missionaries (generally presumed to be white – American or European, though occasionally from South Africa or Zambia). A full 23 percent of MRP congregations could be considered “completely isolated” congregations – having never been visited by any denominational leader, missionary, NGO functionary, or government official. Though some of the leaders of these congregations have met individually with other religious leaders in the area or with local NGO personnel, the congregation itself has never been visited by such “outsiders.”

Table 4.2: Percent of Religious Leaders Who Report Addressing Select Issues Every Week or Almost Every Week in Regular Religious Services, MRP 2005

| | Morality, Generally | Sexual Morality | AIDS | Illness, Generally | Death/Afterlife | Political Issues |
|------------------------|---------------------|-----------------|---------------------|--------------------|-----------------------|---------------------|
| Catholic | 90.48 | 52.38 | 66.67 | 61.90 | 38.10 ^{bcef} | 19.05 ^{bf} |
| Muslim | 77.27 | 72.73 | 72.73 | 59.09 ^c | 72.73 ^a | 4.55 |
| Mission Protestant | 90.00 | 75.00 | 85.00 ^e | 77.50 ^b | 70.00 ^a | 7.50 ^f |
| AIC | 89.47 | 78.95 | 78.95 ^e | 78.95 | 63.16 ^e | 10.53 |
| Pentecostal | 90.63 | 68.75 | 50.00 ^{cd} | 62.50 | 84.38 ^a | 12.50 ^f |
| New Mission Protestant | 88.24 | 79.41 | 73.53 | 73.53 | 76.47 ^a | 0 ^{ace} |
| Total | 88.24 | 72.73 | 72.19 | 70.97 | 68.98 | 8.56 |

N=187

Significantly different at the $p < .05$ level from:

^a Catholics

^b Muslims

^c Mission Protestants

^d AICs

^e Pentecostal

^f New Mission Protestants

Table 4.2 presents an overview of the topics religious leaders in rural Malawi formally address in their weekly religious services, listed in the order of descending frequency. Over 88 percent of religious leaders report preaching about morality (generally) on a weekly basis, and over 70 percent report addressing sexually morality, AIDS, and illness (generally) on a weekly basis as well.¹¹ Religious leaders in this region are much less likely to discuss political issues from the pulpit. The bivariate relationships reveal surprisingly few denominational differences in the overall messages about these topics, although there are differences in the frequency with which they are discussed. Leaders of Pentecostal churches are significantly less likely than Mission Protestant and AIC leaders to discuss AIDS frequently from the pulpit. Catholic leaders are substantially less likely than leaders in other denominations to report frequently addressing death and the afterlife, but are the most likely to report discussing political issues with frequency.

Denominational differences are somewhat more evident in the types of private advice religious leaders give to their members, as shown in Table 4.3. A full 95 percent of these leaders report that they privately advise individual members suspected of infidelity to stop promiscuous behavior, including all of the Catholic leaders interviewed and all the leaders of New Mission Protestant congregations. Only approximately half of

¹¹ If religious leaders are not over-reporting their AIDS-related messages, we would expect to match nearly perfectly with the participant observation data available in the sermon reports. The sermon report data reveals that AIDS was mentioned explicitly in 30 percent of services and that an additional 10 percent contained subtle references. Overall, then, while 70 percent of religious leaders say that they discuss AIDS every week, only 40 percent were actually observed doing so. This leads me to believe that religious leaders were overestimating the frequency with which they discuss AIDS when asked this question. However I suspect the overreporting is a matter of degree and not a matter of whether or not they do it. For example, religious leaders who do not discuss sexual morality would be unlikely to say that they do; however the nature of the MRP combined with the design of the questionnaire may have led a religious leader who discusses sexual morality only occasionally to report doing so frequently (weekly).

the leaders, however, report doing this on a weekly basis. AIC leaders are least likely (36 percent) to frequently police their congregation on sexual matters, while over 60 percent of Pentecostal leaders report doing so. A full 27 percent of religious leaders have ever privately advised a member to use a condom; such advice is most common among Muslim leaders, 62 percent of whom say that this is true. On the other hand, there are no other significant differences among leaders of other denominations. Catholic leaders, whose official doctrine prohibits the use of condoms even within marriage, for example, are no less likely than Mission Protestants (who subscribe to no such prohibition) to encourage members to use condoms. Muslim leaders also report advising members to use condoms more frequently than the leaders of any other tradition. In no tradition do leaders categorically object to the use of condoms among their members.

Table 4.3: Percent of Religious Leaders Who Report Privately Advising Members to Do One of the Following, MRP 2005

| | Stop promiscuity | Addresses promiscuity on a <i>weekly</i> basis | Use a Condom |
|----------------|---------------------|--|-----------------------|
| Catholic | 100.00 ^d | 47.62 | 23.81 |
| Muslim | 90.91 | 50 | 59.09 ^{acef} |
| Traditional MP | 97.50 | 57.5 | 15.00 |
| AIC | 89.19 | 42.11 | 35.14 |
| Pentecostal | 96.88 | 59.38 | 28.13 |
| New MP | 97.06 | 52.94 | 11.76 |
| Total | 95.16 | 51.87 | 26.88 |

N=187

Significantly different at the $p < .05$ level from:

^a Catholics

^b Muslims

^c Traditional Mission Protestants

^d AICs

^e Pentecostal

^f New Mission Protestants

Descriptive Statistics for Three Analytic Samples

Table 4.4 departs from describing the congregations themselves to present descriptive statistics for each of the analytic samples employed here. The frequency of the risk behaviors examined here varies substantially. Fifty-seven percent of unmarried adolescent respondents report being abstinent, while a full 94 percent of married respondents report being faithful during the past year. Condom use is low among sexually active respondents; less than one quarter report ever using a condom, and only 33 respondents reported consistent condom use during the past year – 8 women and 25 men (frequencies not shown).

Among the adolescent sample, sixty percent are male,¹² and twenty five percent have completed secondary school. Among married and sexually active respondents, however, only 40 percent are male and a much lower proportion have completed secondary school. Somewhat surprisingly, the sample of respondents who participated in the VCT portion of MDICP-3 does not differ significantly on any of the key characteristics examined here. Attendance at religious services is high for all four groups. For all the analytic samples, approximately 75 percent report attending a congregation in which the leader reports discussing sexual morality on a near-weekly basis, while merely 30 percent report attending a congregation in which the leader reports privately advising members to use condoms.

¹² Because age at first marriage is lower for women than for men, most adolescent aged women are married and subsequently in the married respondents sample.

Table 4.4: Descriptive Statistics for Distinct Analytic Samples, MDICP-3

| | Unmarried Adolescent Respondents | Married Respondents | Sexually Active Respondents | Sexually Active Tested Respondents |
|--|--|------------------------|--------------------------------|--|
| Dependent Variables | | | | |
| Sexually Active | 0.43 | | | |
| Nonmarital partner | | 0.06 | 0.17 | 0.17 |
| Condom Use | | | 0.22 | 0.23 |
| HIV Positive | | | | 0.07 |
| Demographic | | | | |
| Rumphi | 0.38 | 0.06 | 0.31 | 0.34 |
| Balaka | 0.32 | 0.32 | 0.35 | 0.37 |
| Mchinji | 0.29 | 0.35 | 0.33 | 0.29 |
| Male | 0.61 | 0.33 | 0.44 | 0.44 |
| Mean Age (15-80) | 18.40 | 37.83 | 35.20 | 35.28 |
| Completed Secondary School | 0.24 | 0.09 | 0.11 | 0.11 |
| Value of Livestock (logged, 0-13.22) | 7.83 | 6.84 | 6.96 | 7.02 |
| Previously Married | NA | 0.40 | 0.35 | 0.34 |
| Religion | | | | |
| Attendance at Religious Services (1-3) | 2.65 | 2.50 | 2.52 | 2.52 |
| Pentecostal | 0.08 | 0.08 | 0.09 | 0.09 |
| Traditional Mission Protestant | 0.28 | 0.20 | 0.20 | 0.21 |
| African Independent | 0.10 | 0.17 | 0.16 | 0.15 |
| New Mission Protestant | 0.08 | 0.11 | 0.10 | 0.10 |
| Muslim | 0.24 | 0.25 | 0.26 | 0.27 |
| Catholic | 0.22 | 0.18 | 0.18 | 0.17 |
| No Church | 0.01 | 0.01 | 0.01 | 0.01 |
| Born Again / Made Tauba | 0.22 | 0.26 | 0.26 | 0.26 |
| Switched | 0.11 | 0.13 | 0.13 | 0.12 |
| Additional Risk Factors | | | | |
| Total Number of Partners (0-20) | | | 3.41 | 3.44 |
| Transactional Sex Partner | | | 0.10 | 0.10 |
| Attends Congregation Where: | | | | |
| Leader preaches almost weekly on sexual morality | 0.74 | 0.75 | 0.75 | 0.76 |
| Leader preaches almost weekly about AIDS | 0.66 | 0.70 | 0.70 | 0.70 |
| Leader privately advises fidelity | 0.95 | 0.95 | 0.95 | 0.95 |
| Leader privately advises fidelity weekly (polices the sexual behavior of members) | 0.49 | 0.49 | 0.30 | 0.30 |
| Leader privately advises condom use | 0.29 | 0.29 | 0.49 | 0.49 |
| N | 599 | 2427 | 2813 | 2294 |

NOTE: Variables are dichotomous unless otherwise specified

Preliminary associations between religion and the ABCs

Table 4.5 presents bivariate associations between the ABCs of HIV prevention and attendance at religious services. I observe a strong linear relationship between attendance at religious services and abstinence among unmarried adolescents, and a similar pattern for faithfulness among married adults though these differences for married adults are not statistically significant. Condom use also appears to be higher among those who attend religious services frequently, though not significantly so. There is, however, a significant relationship between attendance and testing positive for HIV; those who attend infrequently are significantly more likely than those who attend regularly or occasionally to have tested positive.

Table 4.5: Percentage Adhering to the ABCs, by Religious Service Attendance

| | Attended 2 months ago or longer | Attended last Month - 2 weeks ago | Attended Last Week | Total |
|-----------------------------|---------------------------------------|---|-----------------------|---------|
| Abstinent Adolescent | 37.84 | 54.23 | 59.17 | 56.75 |
| | $\chi^2= 6.80^*$ | | | N= 615 |
| Faithful Married Respondent | 89.58 | 89.88 | 91.41 | 90.79 |
| | $\chi^2= 1.86$ | | | N= 2486 |
| Condom Use | 20.13 | 21.84 | 22.61 | 22.13 |
| | $\chi^2= 1.02$ | | | N= 2887 |
| HIV Positive | 11.20 | 6.60 | 7.06 | 7.38 |
| | $\chi^2= 6.12^*$ | | | N= 2345 |

SOURCE: MDICP-3

Cells indicate the presence (vs. absence) of the relevant HIV prevention behavior

*p < .05

As evidenced in Table 4.6, preliminary analyses reveal some denominational differences that deserve mention as well. AIC, Catholic, and Mission Protestant youth are

more likely than Muslims to report no sexual partners. Married Muslims are also significantly less likely than members of all other religious groups to report being faithful to their spouse(s) during the past year. Muslims and Catholics are the least likely to report having used a condom in the past year. Despite the observed elevated risk behaviors among Muslims, at the bivariate level HIV prevalence is no different than for any other religious group except for New Mission Protestants, among whom HIV prevalence is significantly lower than all the other religious groups.

Table 4.7 presents bivariate associations between each of the ABCs and specific congregational characteristics. While it appears that adolescents who regularly hear messages about AIDS in their congregations are more likely to report being abstinent, the difference is not statistically significant. Similarly, married adults who attend congregations in which the leader polices the sexual behavior of his members appear to be slightly more likely to report being faithful during the past year; the difference, however, is not a significant one. Finally, condom use is slightly but not significantly higher among individuals who attend congregations in which the leader reports ever privately advising members to use condoms.

Table 4.6: Percentage Adhering to the ABCs, by Religious Affiliation

| | None | Catholic | Mission Protestant | Pentecostal | AIC | Muslim | New Mission Protestant | Total |
|-----------------------------|-----------------------|--------------------|-----------------------|--------------------|--------------------|--------------------|------------------------------|---------|
| Abstinent Adolescent | 33.33 ^b | 62.12 ^c | 61.82 ^c | 54.55 ^b | 68.33 ^c | 44.37 ^a | 51.72 ^c | 56.75 |
| | $\chi^2= 16.81^*$ | | | | | | | N= 615 |
| Faithful Married Respondent | 93.75 ^a | 92.4 ^a | 92.45 ^a | 94.95 ^a | 92.73 ^a | 84.45 ^c | 92.78 ^a | 90.79 |
| | $\chi^2= 40.28^{***}$ | | | | | | | N= 2486 |
| Condom Use | 21.05 ^b | 19.69 ^a | 25.00 ^b | 23.44 ^b | 24.09 ^c | 19.32 ^a | 23.49 ^b | 22.13 |
| | $\chi^2= 9.57$ | | | | | | | N= 2887 |
| HIV Positive | 7.69 ^b | 7.75 ^c | 7.42 ^c | 8.1 ^c | 8.7 ^c | 7.35 ^c | 4.28 ^a | 7.38 |
| | $\chi^2= 4.79$ | | | | | | | N= 2345 |

SOURCE: MDICP-3

Cells indicate the presence (vs. absence) of the relevant HIV prevention behavior

^a different from group ^c at the p<.10 level

^b not significantly different from either group

^c different from group ^a at the p<.10 level

***p < .001, *p<.05

Table 4.7: Percentage Adhering to the ABCs, by Congregational Characteristics

| | No Relevant Messages | Frequent AIDS messages | Messages on Sexual Morality | Regular Messages on AIDS and Sexual Morality | Leader Doesn't Police | Leader Polices Members' Sexual Behavior | Condoms Not Endorsed | Condoms Privately Encouraged | Total |
|-----------------------------|----------------------|------------------------|-----------------------------|--|-----------------------|---|----------------------|------------------------------|---------|
| Abstinent Adolescent | 54.7 | 64.1 | 49.45 | 58.42 | 57.28 | 56.19 | | | 56.75 |
| | $\chi^2= 3.45$ | | | | $\chi^2= 0.07$ | | | | N= 615 |
| Faithful Married Respondent | 92.31 | 91.35 | 91.67 | 90.15 | 89.91 | 91.70 | | | 90.79 |
| | $\chi^2= 2.28$ | | | | $\chi^2= 2.37$ | | | | N= 2486 |
| Condom Use | 21.28 | 22.90 | 18.28 | 23.09 | 21.90 | 22.37 | 21.58 | 23.43 | 22.13 |
| | $\chi^2= 4.54$ | | | | $\chi^2= 0.09$ | | $\chi^2= 1.19$ | | N= 2887 |
| HIV Positive | 7.79 | 7.60 | 10.38 | 6.59 | 6.67 | 8.12 | 7.40 | 7.34 | 7.38 |
| | $\chi^2= 5.62$ | | | | $\chi^2= 1.82$ | | $\chi^2= 0.00$ | | N= 2345 |

SOURCE: Linked MDICP-3/MRP dataset

Cells indicate the presence (vs. absence) of the relevant HIV prevention behavior

Congregational Associations with the ABCs

The following tables present exponentiated logistic regression coefficients (odds-ratios) for random effects models that account for the assumptions involved with including congregational-level characteristics in models of individual-level outcomes – namely the assumption that observations are independent. The baseline model captures variation by individual-level religiosity; Model 2 introduces a set of key socio-demographic controls. In modeling condom use and HIV status, outcomes that are dependent on risk behavior, three measures of risk behavior are subsequently added. The final model estimates the associations between specific congregational characteristics and the individual-level HIV relevant outcomes: A, B, C and HIV status.

Table 4.8 predicts abstinence among unmarried adolescents. Model 1 shows that attendance at religious services is positively associated with abstinence and that Muslim adolescents are significantly less likely than Catholics, AIC members, and Mission Protestants to be abstinent.¹³ The addition of socio-demographic controls in Model 2 sharply reduces this denominational difference in both size and significance. As previous literature would lead us to expect, male adolescents are less likely than females to be abstinent, and those who are either currently attending or have completed secondary school are less likely to be abstinent – half as likely as those who are at an educational disadvantage. Model 3 includes measures of the particular characteristics of congregations and shows that adolescents attending congregations in which the leader reports frequently giving messages about AIDS are twice as likely to be abstinent as

¹³ Confirmed by t-tests, not shown.

those who attend congregations where such messages are not heard regularly. Frequent messages about sexual morality, on the other hand, whether alone or accompanied by messages about HIV, have no such effect for adolescent abstinence; nor does policing the sexual behavior of members. Religious leaders may be motivated to present themselves as savvy to the AIDS problem in their communities, activist oriented, and all-around “good” leaders. But the relationship between the messages leaders report and the behavior of their congregants confirms that leaders were not just showing off their AIDS-related knowledge in the MRP interviews and suggests that the AIDS-related messages they give are associated sexual behavior – at least for this sub-group.

Table 4.8: Logistic Regression Models (Odds Ratios)
 Predicting "A" - Abstinence Among Unmarried Adolescents in Rural Malawi, 2004

| Individual Religiosity | <u>Model 1</u> | <u>Model 2</u> | <u>Model 3</u> |
|---|----------------|----------------|----------------|
| Attendance | 1.25 *** | 1.50 ** | 1.50 ** |
| <u>Denomination (vs Catholic)</u> | | | |
| Pentecostal | 0.71 | 0.85 | 0.86 |
| Mission Protestant | 0.89 | 1.13 | 1.02 |
| AIC | 1.28 | 1.55 | 1.46 |
| New Mission Protestant | 0.61 | 0.74 | 0.64 |
| Muslim | 0.45 *** | 0.61 + | 0.59 + |
| No Church | 0.80 | 1.59 | 1.82 |
| Switched congregations | 0.95 | 0.91 | 0.88 |
| Born Again/Made Tauba | 0.95 | 1.07 | 1.06 |
| Socio-Demographic Characteristics | | | |
| <u>Region (vs Mchinji)</u> | | | |
| Rumphi | | 1.71 * | 1.69 + |
| Balaka | | 0.92 | 0.94 |
| Male | | 0.37 *** | 0.36 *** |
| Age | | 1.01 | 1.00 |
| Age Squared | | 1.00 | 1.00 |
| Age Missing | | 1.73 | 1.76 |
| Secondary Education | | 0.50 ** | 0.51 ** |
| Value of Livestock (logged) | | 0.99 | 0.99 |
| Social Desirability | | 1.06 | 1.07 |
| Congregational Characteristics | | | |
| <u>Relevant Messages (vs. no relevant messages)</u> | | | |
| Frequent AIDS messages | | | 2.23 + |
| Frequent messages on sexual morality | | | 0.89 |
| Frequent messages on both AIDS and sexual morality | | | 1.27 |
| Leader believes teens in congregation are promiscuous | | | 0.87 |
| Leader Polices Sexual Behavior of Members | | | 1.05 |
| Log Likelihood | -405.26 | -379.25 | -377.95 |
| Model Chi Squared | 29.44 | 72.66 | 75.51 |
| N | 615 | 615 | 615 |

Two tailed tests: †p<.10, *p<.05, **p<.01, ***p<.001

Source: MDICP 2004, MRP 2005

Some distinct patterns emerge when examining “B”, faithfulness, among married respondents in Table 4.9. As with adolescents, attendance at religious services is positively associated with faithfulness; however the baseline model for married adults reveals striking denominational differences. Members of AIC congregations, New Mission Protestants, Pentecostals, and Mission Protestants are more likely than both Catholics and Muslims to report being faithful during the past year. Net of attendance, the unaffiliated are also more likely than Catholics (but not Muslims) to report faithfulness. Except for the remaining Muslim distinction, the denominational differences disappear with the addition of socio-demographic controls in Model 2. Men and those with higher levels of education are less likely to have been faithful during the past year, while residents of Rumphu district are significantly more likely to have been. Model 3 demonstrates that individuals who attend congregations in which the leader perceives marital infidelity to be a serious problem are less likely to report being faithful themselves ($p < .052$); this lends credence to the accuracy of leaders’ perceptions of the sexual climate of their congregations. Unlike with adolescents, exposure to formal religious messages about AIDS or about sexual behavior is unrelated to reports of a non-marital partner; however individuals who attend congregations in which the leader functions as the “sex police” are over 50 percent more likely to report being faithful ($p = .026$).

Table 4.9: Logistic Regression Models (Odds Ratios)
 Predicting "B" - Faithfulness Among Married Adults in Rural Malawi, 2004

| Individual Religiosity | Model 1 | Model 2 | Model 3 |
|---|----------------|----------------|----------------|
| Attendance | 1.78 *** | 1.18 + | 1.18 + |
| <u>Denomination (vs Catholic)</u> | | | |
| Pentecostal | 4.95 *** | 1.26 | 1.25 |
| Mission Protestant | 3.07 *** | 0.81 | 0.78 |
| AIC | 3.51 *** | 0.90 | 0.93 |
| New Mission Protestant | 3.43 *** | 1.01 | 0.98 |
| Muslim | 1.44 | 0.51 * | 0.55 + |
| No Church | 12.58 * | 4.27 | 4.36 |
| Switched congregations | 0.89 | 0.89 | 0.88 |
| Born Again/Made Tauba | 1.10 | 1.25 | 1.24 |
| Socio-Demographic Characteristics | | | |
| <u>Region (vs Mchinji)</u> | | | |
| Rumphi | | 1.89 * | 1.86 * |
| Balaka | | 0.95 | 0.96 |
| Male | | 0.35 *** | 0.35 *** |
| Age | | 1.12 *** | 1.11 *** |
| Age Squared | | 1.00 ** | 1.00 * |
| Age Missing | | 0.60 * | 0.62 * |
| Secondary Education | | 0.59 * | 0.58 * |
| Value of Livestock (logged) | | 1.01 | 1.00 |
| Previously Married | | 0.90 | 0.90 |
| Social Desirability | | 0.81 ** | 0.81 ** |
| Congregational Characteristics | | | |
| <u>Relevant Messages (vs. no relevant messages)</u> | | | |
| Frequent AIDS messages | | | 0.92 |
| Frequent messages on sexual morality | | | 1.07 |
| Frequent messages on both AIDS and sexual morality | | | 0.91 |
| Leader believes unfaithfulness is rampant among members | | | 0.63 + |
| Leader Polices Sexual Behavior of Members | | | 1.51 * |
| Log Likelihood | -764.29 | -682.40 | -677.84 |
| Model Chi Squared | 507.78 | 607.71 | 687.16 |
| N | 2486 | 2486 | 2486 |

Two tailed tests: †p<.10, *p<.05, **p<.01, ***p<.001

Source: MDICP 2004, MRP 2005

Table 4.10 predicts condom use among all sexually active respondents. Model 1 shows that Catholics are more likely than members of any other groups to report having used a condom during the past year. While attendance at religious services is negatively associated with condom use in Model 1, the denominational and attendance associations disappear in Model 2 with the addition of socio-demographic controls. However an indicator that the respondent has been born again (for Christians) or has made Tauba (a parallel event of repentance for Muslims) is positively associated with reported condom use. Condom use is higher in Rumphu, among men, and among those who have completed secondary education. Although condom use declines with age, this relationship is slightly curvilinear. The risk measures added in Model 3 show that individuals who are at higher risk (reporting either an extramarital partner or a large number of lifetime sexual partners) of contracting or spreading HIV are more likely to report having used a condom recently. In this model the measure of attendance at religious services becomes significant again, net of the reported risk behaviors measured here. Condom use is largely motivated by an individual's perception of risk, and the previous two models showed that those who attend services regularly are less likely to be engaging in sexual behaviors they consider risky. Still, since the association between attendance and condom use is negative net of risk behaviors, we must consider the possibility that religious involvement in and of itself may impede condom use.

Associations between congregational-level characteristics and condom use reveal several interesting patterns. First, individuals who attend religious services where explicit messages about AIDS are frequently given are more likely to report having used a

condom than those who heard no such messages. On the other hand, individuals who attend churches in which sexual morality is often discussed but not in conjunction with AIDS are less likely to report than those who hear nothing about either topic at their church or mosque. Finally, individuals who attend religious congregations in which the leader reports ever privately advising members to use condoms are more likely to report having recently done so themselves.

These analyses provide evidence that religious congregations can be both an impediment and a resource for this aspect of HIV prevention. Leaders who discuss sexual morality frequently, but without situating their lessons within the broader context of AIDS, may be prohibiting their members from using condoms both directly (i.e., forbidding their use) or indirectly by failing to acknowledge them at all. On the other hand, religious leaders who give regular messages about AIDS without discussing sexual morality are likely expressing openness to the principle of protecting oneself against the disease and are tacitly communicating tolerance for condom use. At the far end of the spectrum, some religious leaders actually encourage their members to use condoms, and these messages appear to resonate with their members based on their own self-reported sexual behavior. Finally, those individuals who use condoms may select themselves into congregations where their use is promoted or at least tolerated.

Table 4.10: Logistic Regression Models (Odds Ratios)
 Predicting "C" - Condom Use Among Sexually Active Respondents in Rural Malawi, 2004

| Individual Religiosity | <u>Model 1</u> | <u>Model 2</u> | <u>Model 3</u> | <u>Model 4</u> |
|---|----------------|----------------|----------------|----------------|
| Attendance | 0.74 *** | 0.91 | 0.87 * | 0.86 * |
| <u>Denomination (vs Catholic)</u> | | | | |
| Pentecostal | 0.61 * | 0.91 | 0.86 | 0.91 |
| Mission Protestant | 0.60 * | 1.10 | 1.01 | 1.08 |
| AIC | 0.62 * | 1.17 | 1.10 | 1.12 |
| New Mission Protestant | 0.64 * | 1.05 | 0.99 | 1.05 |
| Muslim | 0.51 *** | 1.05 | 0.89 | 0.81 |
| No Church | 0.71 | 1.52 | 1.43 | 1.47 |
| Switched congregations | 1.19 | 1.24 | 1.23 | 1.20 |
| Born Again/Made Tauba | 1.12 | 1.21 + | 1.28 * | 1.28 * |
| Socio-Demographic Characteristics | | | | |
| <u>Region (vs Mchinji)</u> | | | | |
| Rumphi | | 1.70 *** | 1.76 *** | 1.90 *** |
| Balaka | | 1.00 | 0.82 | 0.85 |
| Male | | 2.12 *** | 1.61 *** | 1.61 *** |
| Age | | 0.94 *** | 0.94 *** | 0.94 *** |
| Age Squared | | 1.00 | 1.00 * | 1.00 * |
| Age Missing | | 1.25 | 1.22 | 1.23 |
| Secondary Education | | 1.46 ** | 1.28 + | 1.28 + |
| Value of Livestock (logged) | | 1.01 | 1.00 | 1.00 |
| Previously married | | 0.98 | 0.96 | 0.97 |
| Social Desirability | | 1.00 | 0.98 | 0.98 |
| Risk Behaviors | | | | |
| Nonmarital Partner | | | 3.11 *** | 3.15 *** |
| Lifetime Number of Sexual Partners | | | 1.04 * | 1.04 * |
| Missing Number of Sexual Partners | | | 0.53 ** | 0.52 ** |
| Congregational Characteristics | | | | |
| <u>Relevant Messages (vs. no relevant messages)</u> | | | | |
| Frequent AIDS messages | | | | 1.09 + |
| Frequent messages on sexual morality | | | | 0.67 + |
| Frequent messages on both AIDS and sexual morality | | | | 0.89 |
| Leader believes teens in congregation are promiscuous | | | | 1.00 |
| Leader Polices Sexual Behavior of Members | | | | 1.14 |
| Leader Privately Advises Condom Use | | | | 1.34 |
| Log Likelihood | -1539.79 | -1407.06 | -1358.07 | -1348.47 |
| Model Chi Squared | 332.20 | 709.14 | 743.75 | 761.32 |
| N | 2887 | 2887 | 2887 | 2883 |

Two tailed tests: †p<.10, *p<.05, **p<.01, ***p<.001

Source: MDICP 2004, MRP 2005

Finally, Table 4.11 provides estimates of the likelihood of actual HIV infection – a measure which is not subject to the type of reporting bias the previous three outcomes likely are. But there are other problems with modeling actual HIV infection with self-reports of recent behavior - namely respondents who test positive for HIV may have been infected ten days ago or ten years ago, making their current or recent sexual and religious behavior of questionable relevance. For this reason, I examine HIV status as an additional source of evidence but interpret the findings cautiously.

Model 1 shows that in addition to being associated with increased odds of abstinence and faithfulness, attendance at religious services is associated with lowered odds of testing positive for HIV. Catholics are more likely than members of any other religious group to have HIV, as are individuals who identify as “born again” or having made Tauba. The addition of socio-demographic controls somewhat reduces the denominational distinctions seen in Model 1. Here only new Mission Protestants and Muslims have reduced odds of infection compared to Catholics, as are respondents who score higher on the socially desirability index. HIV infection is lower among men and among Rumphi residents (compared with Mchinji and Balaka residents). Despite being less likely to report adherence to both A and B, Muslims in Malawi have reduced odds of testing positive for HIV, and this difference persists in all four models despite the addition of a number of controls for relevant socio-demographic and risk factors. A recent growing literature (Auvert et al. 2005; NIH News 2006) suggests that male circumcision is protective against sexually transmitted infections, including HIV – both for the circumcised men themselves and for their female sexual partners. Since being

Muslim is virtually synonymous with being circumcised in Malawi, this may be a very important reason for the low levels of prevalence among this group.

Interestingly, none of the measures of risk behavior employed here predict HIV status (see Model 3), but some congregational characteristics, specifically formal religious messages, emerge as significant in Model 4. Exposure to frequent religious messages about AIDS – either as its own topic or in conjunction with messages about sexual morality is associated with reduced odds for testing positive for HIV.

Table 4.11: Logistic Regression Models (Odds Ratios)
 Predicting HIV Status Among Sexually Active Respondents in Rural Malawi, 2004

| Individual Religiosity | <u>Model 1</u> | <u>Model 2</u> | <u>Model 3</u> | <u>Model 4</u> |
|---|--------------------|--------------------|--------------------|--------------------|
| Attendance | 0.48 *** (0.04) | 0.64 *** (0.06) | 0.65 *** (0.07) | 0.66 *** (0.07) |
| Denomination (vs Catholic) | | | | |
| Pentecostal | 0.44 * | 0.84 | 0.85 | 0.95 |
| Mission Protestant | 0.41 ** | 0.87 | 0.89 | 1.15 |
| AIC | 0.51 * | 0.98 | 0.99 | 1.28 |
| New Mission Protestant | 0.21 *** | 0.39 * | 0.40 * | 0.51 + |
| Muslim | 0.34 *** | 0.42 ** | 0.43 ** | 0.45 ** |
| No Church | 0.31 | 0.69 | 0.70 | 0.46 |
| Switched congregations | 1.05 | 0.97 | 0.97 | 0.93 |
| Born Again/Made Tauba | 1.44 * | 1.50 * | 1.49 * | 1.47 * |
| Socio-Demographic Characteristics | | | | |
| <u>Region (vs Mchinji)</u> | | | | |
| Rumphi | | 0.64 + | 0.63 + | 0.57 * |
| Balaka | | 1.52 + | 1.58 + | 1.59 + |
| Male | | 0.61 ** | 0.66 * | 0.67 * |
| Age | | 0.96 * | 0.96 * | 0.98 |
| Age Squared | | 1.00 | 1.00 | 1.00 |
| Age Missing | | 1.50 | 1.47 | 1.40 |
| Secondary Education | | 0.93 | 0.97 | 1.00 |
| Value of Livestock (logged) | | 0.97 | 0.97 | 0.97 |
| Previously Married | | 3.04 *** | 3.05 *** | 3.04 *** |
| Social Desirability | | 0.79 ** | 0.79 ** | 0.80 ** |
| Risk Behaviors | | | | |
| Nonmarital Partner | | | 0.69 | 0.69 |
| Lifetime Number of Sexual Partners | | | 0.99 | 0.99 |
| Missing Number of Sexual Partners | | | 1.04 | 1.07 |
| Used Condom | | | 1.12 | 1.14 |
| Congregational Characteristics | | | | |
| <u>Relevant Messages (vs. no relevant messages)</u> | | | | |
| Frequent AIDS messages | | | | 0.47 + |
| Frequent messages on sexual morality | | | | 0.65 |
| Frequent messages on both AIDS and sexual morality | | | | 0.47 ** |
| Leader believes teens in congregation are promiscuous | | | | 1.22 |
| Leader Polices Sexual Behavior of Members | | | | 1.02 |
| Leader Privately Advises Condom Use | | | | |
| Log Likelihood | -630.72 | -588.71 | -587.45 | -582.60 |
| Model Chi Squared | 625.97 | 779.17 | 771.88 | 753.39 |
| N | 2345 | 2345 | 2345 | 2345 |

Two tailed tests: †p<.10, *p<.05, **p<.01, ***p<.001

Source: MDICP 2004, MRP 2005

Predicting AIDS Activism among Religious Leaders

The findings about how religion is associated with sexual behavior – A, B, and C – and subsequently HIV status introduce important questions about the predictors of those religious messages and practices that are most strongly linked to individual behavior – delivering formal messages about HIV on a regular basis, policing the sexual behavior of individual members, and providing private counsel to use condoms. In other words, in what ways are leaders who send these particular messages different from those who do not? Table 4.12 provides exponentiated logistic regression estimates (odds-ratios), treating the key independent variables from the preceding multi-level analyses as dependent variables at the congregational level. Because denominational differences were not of primary import in predicting individual-level risk behavior, these congregation-level analyses focus on the characteristics of the leaders themselves that may influence their approach to AIDS in their congregations. Because the small Ns lend less statistical power to these analyses, variables that are significant at the $p < .10$ level are reported and discussed, but interpreted cautiously.

Leaders whose members talk with them regularly about AIDS are more likely to report preaching about sexual morality on a weekly basis; in fact, those whose members talk frequently talk with them about their AIDS-related worries are 40 percent more likely than those whose members do not. The leader's perception of the seriousness of the AIDS problem in his congregation increases the odds of preaching about AIDS

regularly, as does conversations with members about AIDS.¹⁴ Having attended an AIDS workshop is positively associated with reporting the most proactive form of sexual surveillance observed in this study (O.R.=1.97, $p<.01$). Belief that AIDS is a serious problem in the congregation, however, is actually negatively associated with sexual surveillance, which begs the question of whether or not religious leaders police the sexual behavior of their members in response to a growing AIDS problem, or if certain congregations have a more serious AIDS problem than others specifically *because* the leader does not police his members. Interestingly, having attended an AIDS workshop is not associated with encouraging members to use a condom; however, leaders who perceive AIDS as a very serious problem and those whose members talk with them frequently about AIDS are more likely to privately advise members on this matter. This suggests that AIDS education initiatives may not be very effective in changing the minds of religious leaders who resist condom use, but that in villages where the AIDS problem has reached a perceived critical mass (i.e., gotten “bad enough”), leaders express more permissive attitudes towards the acceptability of condoms to stop the spread of HIV.

¹⁴ Like others in rural Malawi (Anglewicz and Kohler 2005) religious leaders probably overestimate the magnitude of the AIDS epidemic in their communities.

Table 4.12: Predicting the AIDS-Related Activities of Religious Leaders, MRP 2005

| | Weekly messages on Sexual Morality | Weekly Messages on HIV/AIDS | Police Members on Sexual Morality | Advise Condom Use |
|---|--|-----------------------------------|--------------------------------------|----------------------|
| Age (18-81) | 1.00 | 1.00 | 1.00 | 1.00 |
| Some Secondary Ed. | 1.32 | 0.88 | 0.65 | 0.61 |
| Isolated Congregation | 0.61 | 0.67 | 1.03 | 1.09 |
| Has Attended AIDS Workshop | 1.30 | 1.58 | 1.97 * | 1.82 |
| AIDS problem in congregation (0-4) | 1.05 | 1.43 + | 0.70 * | 1.47 + |
| Members talk to leader about AIDS (0-4) | 1.40 ** | 1.54 *** | 1.24 * | 1.46 ** |
| N | 180 | 180 | 180 | 179 |
| Pseudo R2 | 0.07 | 0.12 | 0.05 | 0.10 |
| Log Likelihood | -97.27 | -94.14 | -118.44 | -93.88 |

Two tailed tests: †p<.10, *p<.05, **p<.01, ***p<.001

Variables are dichotomous unless otherwise noted

Odds ratios from logistic regression procedure

Nearly half of the religious leaders in the MRP sample have attended an AIDS workshop; but those who have done so are no more likely to report encouraging members to use condoms than others. They are, however, more likely to report that they police the sexual behavior of their members. The qualitative data confirms that religious leaders learn about condoms at these workshops – several recounted the demonstrations they witnessed, performed either with model male genitalia or a banana. However in recounting their experiences in these workshops, not one leader mentioned anything about being encouraged to police the sexual behavior of their members. So it is puzzling that participation in AIDS workshops would be associated with the practice that is not formally discussed in the workshop setting and not with the one that is specifically being promoted. While apparently ineffective at changing the minds of religious leaders on condoms, these workshops may facilitate the exchange of information among the participating leaders through informal mechanisms. By creating a setting in which religious leaders from different traditions and denominations are talking with one another about the AIDS situation in their villages, they might be exchanging information on what they do do about AIDS (lessons, home visits, confronting members) in this forum. If religious leaders are, indeed, learning about alternative interventions that are more acceptable to them from one another and swapping examples of lessons and analogies about AIDS to use in their sermons at these workshops, AIDS workshops may be serving a very important, though unintended, purpose.

Self reports from religious leaders, however, may also be subject to social desirability bias. For example, it is possible that having participated in an AIDS

workshop does not actually influence the way religious leaders behave at all but has taught them the “correct” answers to give when outsiders inquire about AIDS-related issues. This is a valid criticism; however, there are at least four reasons to believe that the MRP data are, in fact, a reliable source of information on what religious leaders in this region are actually doing about AIDS. First, preaching about AIDS frequently and privately advising condom use are the two outcomes that would be most susceptible to this type of bias. Finding no association between attending an AIDS workshop and reporting these behaviors substantially reduces this concern. Second, the self-reports of religious messages and on policing the sexual behavior of members are consistent with participant observation data collected in this same region in 2004, as well as with the in-depth interviews that were conducted with a randomly selected female member from 77 percent of the congregations. Third, aside from having been socialized to give public health-type answers at an AIDS workshop, a measurable phenomena given the capabilities of the MRP data, I have identified no other dimension along which over-reporting might be systematic. And only systematic overreporting would threaten the validity of the analyses presented here. Fourth, the significant relationships between congregational level characteristics and the behavior of individuals revealed in the multi-level analyses confirm that there is a consistency between the messages and practices leaders report and the behavior of their members. These relationships may not be causal, but they are not explained away by measuring selection effects – religious sorting – and are not a function of parallel forces of social desirability on the part of individuals and

leaders, as the patterns observed for risk behaviors hold true for predicting HIV status as well.

Perhaps a more pressing concern is the possibility that religious leaders conform to the sexual culture of their congregation. Religious leaders live in the villages and share the views of their neighbors – members and non-members alike. In cases where religious leaders do not share their views, they likely know what their members think and may not want to alienate them by preaching on unpopular ideas. They may give messages and advice that affirm what members are already doing and serve more as a reflection of the state of the congregation than as a force of influence within it. This possibility brings us to one of the perennial critiques of research on religion and human behavior – the problem of selection effects. In congregations led by clergy who confront sexual sin on a regular basis and teach against sexual morality, the individuals who are engaging in such behaviors might simply leave – either switch to another congregation where such behaviors are tolerated or become apostates in the traditional sense of the word. Although the indicator of religious switching included in the multi-level models was insignificant throughout the analyses, religious affiliation and practice in SSA is a dynamic phenomenon that deserves attention in and of itself – as well as how it relates to AIDS related issues like behavior change.

CONCLUSIONS

The ABCs of HIV prevention have provided a simple framework that guides both how individuals in AIDS-ridden parts of the world approach sexual behavior *and* how health scholars evaluate disease prevention efforts. The role of FBOs in the fight against AIDS in SSA has been the subject of intense controversy, much of which has centered on the role of religious leaders in promoting or opposing condoms as a method of HIV prevention. But not until recently has the role of religious congregations actually been the subject of any rigorous empirical analysis. This study suggests that religious congregations are, indeed, an important force for understanding HIV risk in the context of rural Malawi.

A - Adolescents who regularly hear messages about AIDS from the pulpit are more likely to report being abstinent.

B - Married adults who belong to congregations where the leader “policies” the sexual behavior of his members are more likely to report being faithful to their spouses.

C - Religious opposition to condom use is far from monolithic. A sizable portion of religious leaders report privately advising members to use a condom, and members of these congregations are more likely to report doing so.

In the context of rural SSA, religious involvement is not only an important force for the regulation of sexual behavior; it is also a strong predictor of HIV status. But the lack of association between sexual risk behaviors and HIV status highlights the need for scholars to think beyond “risk” conceptualized as an individual-level phenomenon. Although a large number of lifetime sexual partners undoubtedly indicates a widened

circle of potential exposure to HIV, actual infections likely depend more upon who the partners are and the frequency of intercourse.

Given the very small likelihood of infection from a single coital act (Gray et al. 2001), correlations between reported “risk behaviors” and HIV infection would not be particularly strong - even if every respondent’s high-risk partners were infected with the disease. Still, the total lack of associations between risk behaviors and HIV status is surprising. One possible explanation for this paradox is the questionable reliability of self-reports of sensitive behavior, particularly those that involve sexual practices that may be judged as morally reprehensible. Although reporting error almost certainly plays a key role, there are a number of reasons why this explanation is not entirely sufficient and why the pursuit of other explanations for the disconnect between reported risk behaviors and HIV status is important.

First, if a large proportion of reporting error is driven by social desirability and the variable constructed and employed to measure such bias should positively predict HIV positive status, but this is not the case. The correlations between the measure of social desirability used here and reported risk factors are low, and additional analyses did not reveal any association between this measure of social desirability and self-reports of risky sexual behavior. Furthermore, a number of methodological studies have suggested that self reports of sexual behavior actually are a reliable source of data on sexual behavior.

A second possible explanation for the disconnect between reported risk behaviors and HIV status is that the “risk behaviors” emphasized in public health campaigns,

though certainly potential nexus of transmission, are not the *primary* ones responsible for the spread of HIV. Perhaps individuals in SSA are not contracting HIV primarily from their casual partners, but from regular sexual partners – spouses, boyfriends, girlfriends, and fiancées. This explanation is consistent with our knowledge about the low likelihood of infection from a single coital act and with the finding that having previously been married is the strongest predictor of HIV positive status.

These findings and new paradoxes point to an unsettling but not altogether surprising conclusion – though much is known about the proximate causes by which individuals contract the disease, in actuality, HIV transmission remains a mysterious thing - both for residents of SSA and for scholars. The popular press often depicts rural Africans, in particular, as ignorant, superstitious, and fatalistic with respect to AIDS, despite a wealth of evidence pointing to universally high levels of knowledge about HIV transmission throughout the region. Beliefs about AIDS causation are complex, and often involve a synthesis of natural (sometimes called “real”) causes and local beliefs. In fact, a recent study on disease aetiology in this region has declared “an urgent need for culturally appropriate interventions to address HIV/AIDS causation beliefs in the region” (Mshana et al. 2006). Throughout much of SSA, biomedical explanations of causation have been readily incorporated into traditional views of how illnesses are caused (Liddell, Barrett, and Bwdawell 2005). In some sense, the failure of available measures of supposed proximate factors to predict HIV status actually affirms the reliance many rural Africans have on ultimate factors of disease causation such as witchcraft, ancestral spirits or God’s will, for explaining illness in general – and AIDS in particular.

Although these analyses emphasize the important role of religious congregations and their leaders as they contribute to AIDS-related messages and practices, it is critical to point out some of the limitations on their influence. If, for example, religious leaders encourage HIV testing while provision of VCT in rural areas remains poor, does that message matter? If religious leaders encourage a faithful female member to leave her unfaithful spouse, but her poverty impedes her ability to do so, what difference does their encouragement make? Do messages about condom use really make a difference for an individual who does not want to use a condom in the first place? Do individuals really resist condom use on religious grounds or merely employ religious explanations when describing their general opposition to condom use? With consistent condom use being so low in this area to start with (30 individuals out of 3300 in the MDICP sample report using a condom *consistently* with *all* their sexual partners during the past *year*), should condom use be a key focus of HIV prevention efforts?

Clergy are not the only leaders responding in rural Malawi responding to the AIDS epidemic, and congregations are not the only institutions. However religious leaders and congregations are the ones with which the greatest number of people have the most regular contact. If only for that reason, understanding what religious leaders say and do is important for better understanding the disease and its likely trajectory. This study, the first to connect individual-level outcomes with the characteristics of respondents' immediate religious context, shows that religious congregations in rural Malawi may matter a great deal for the sexual behavior of individuals. Not only does simply participating in a religious congregation positively associated with following the tenants

of ABC, the specific characteristics of the congregations themselves may be important as well. Though previous studies have identified denominational differences in patterns of sexual behavior, it seems evident from this study that denomination is serving as a rough proxy for differences in the content and structure of religious congregations in which individuals are located. Denominational differences all but disappear when we are able to pinpoint the specific doctrines and practices that are relevant for the lives of Christians and Muslims in this context. Religious congregations in Malawi are currently the sources of critical AIDS related interventions and messages, and their influence is only likely to increase as religious health disparities become more and more visible in this area.

CHAPTER FIVE: ADDING A “D” TO THE ABCs

Though their actual impact has never before been measured empirically, previous studies have suggested that religious congregations in SSA are well positioned to play a role in HIV prevention through the promotion of A (abstinence) and B (faithfulness to a single partner), and that their level of tolerance for (or opposition to) C (condoms) may be an important factor as well. In demonstrating that specific doctrines and practices at the congregational level matter for all three of these individual-level AIDS-related behaviors, Chapter 4 has made headway in establishing that religious congregations are, indeed, relevant behavior-shaping institutions – at least in the context of rural Malawi.

However, religious organizations may be associated with the future of the epidemic in other important ways. Perhaps the most important recent contribution to developing a more meaningful understanding of the AIDS epidemic in SSA has come from astute and innovative social demographers who have urged scholars and public health professionals to move beyond the ABCs to understand how Africans are responding to the disease. The crux of their criticism is this: a disproportionate focus on individual behavior has directed attention away from other factors that influence the spread of HIV. These other factors may be both more important for understanding the course of the epidemic *and* more sociologically interesting aspects of social organization that influence the spread of the disease (Reniers 2003; Reniers 2006; Schatz 2005; Watkins 2004). In particular, the institution of marriage is a domain that, until recently, has received relatively little attention. Since many scholars believe that much of the

transmission in sub-Saharan Africa occurs within stable unions (i.e., marriages), this is an especially important area for research.

The present chapter aims to develop a more nuanced understanding of the role of religion in the HIV crisis of SSA by moving beyond what religious leaders say about A, B and C . Research on contraception and fertility has shown that religious influence cannot be reduced to specific rules governing such matters as contraception or sexual morality; religion also motivates reproductive behavior through the sets of values relating to gender roles, sexuality, and family life it provides (Goldscheider 1999; McQuillan 2004). Just as it would be misguided to assess the role of religion on fertility by focusing only on doctrines related to sex and contraception, it would be similarly inadequate to examine the role of religion on HIV transmission by focusing only on doctrines and practices that relate directly to sexual behavior. For this reason, I shift emphasis from examining how religious leaders deal with sexual behavior specifically to considering religious messages on family life more broadly, specifically to messages about marriage and divorce, and ask about the implications of these for the AIDS situation in rural Malawian villages. Using a combination of survey and in-depth interview data from religious leaders in rural Malawi (MRP, 2005), I propose adding “D” for “divorce” – which is being used in Malawi to regulate exposure to HIV (Reniers 2006; Watkins 2004) – to the existing ABCs of HIV prevention in order to more fully understand how religious leaders and the moral climate of religious congregations may contribute to or hinder HIV prevention in sub-Saharan Africa.

Background

An important study by Reniers (2006), argues that both men and women in SSA make strategic marital decisions – aiming not only to improve their livelihoods but also to deliberately avoid HIV infection. Using the MDICP data, Reniers argues that the A and Cs are perceived as both unrealistic and impractical, and that B is often beyond an individual's own control, at least with regard to the faithfulness of one's spouse. His primary contribution lies in emphasizing the importance of marriage as a resource that individuals use to avoid HIV infection – individuals engage in both *positive selection* (partner choice) and *negative selection* (divorce of an adulterous spouse) in order to avoid infection. Using longitudinal survey data, Reniers provides evidence that these two marital strategies gathered momentum in the period that AIDS became an increasingly serious and evident problem in rural Malawi and suggests that marital strategies may have contributed to the recently observed stabilization of HIV prevalence in this region.

Marriage in rural Malawi is best understood as a process rather than as a singular, static event (Poulin 2006) and, in rural areas, primarily as a social – and not a legal – contract. In general, marriage transactions in Malawi are not very substantial; they take place with relative ease and are completed quickly (Schatz 2002; Zulu 1996). Although the future husband normally initiates marriage negotiations, Malawian women have an important role in the decision-making process—they can, and do, refuse the overtures of suitors and parents only rarely interfere with the choice of the spouse or the outcome of the negotiations (Poulin 2006). Marriages are formalized either through traditional or

religious ceremonies, with traditional ceremonies being the most common route to marriage.

The dual concept of *nkhows*e (pl. *ankhoswe*) and *mbumba* is important for understanding marriage in Malawi. *Ankhowse* are guardians for their *mbumba* – younger female and male relatives – and everyone in rural Malawi has an *nkhows*e. Depending on the ethnicity, *nkhows*e may be a maternal uncle, a brother, the eldest paternal uncle, or some other male relative. Generally speaking *ankhowse* are responsible for ensuring that the *mbumba* are adequately provided for – this means seeing that they have adequate access to land and other productive resources; in the case of illness they are involved in seeking out medical attention and/or medicine, and *nkhows*e take charge of burial arrangements when a *mbumba* dies. Although their responsibilities are not limited to marriage, *ankhowse* are often referred to as marriage guardians in translation, and the *nkhows*e's most important role may be that in facilitating traditional marriage arrangements. They are involved with advising youth who are entering into marriage, settling marital disputes, and a divorce when problems cannot be rectified (Mitchell 1956; Mtika and Doctor 2002)

Most couples begin to live together soon after the traditional formalities and forgo church formalities or registering with Malawi's Registrar General. However, a sizable minority of couples formalizes their relationship at a church or mosque during the course of the marriage. Although traditional and religious paths to marriage are the standard, it is also quite common to find young men and women living together as husband and wife before participating in any traditional or religious ceremonies; they may simply inform

relatives of their decision and make some form of payment to the bride's family - though payment practices vary substantially by a variety of factors including: urbanicity, region, and ethnicity.

To be sure, marriage and divorce practices vary widely within Malawi, the main distinction being that the marital negotiations are less formalized in the matrilineal south than in the patrilocal northern districts. Religious differences also come into play here – polygamy, for example, is less common in the predominantly Muslim (though matrilineal) South than in the Christian (but patrilocal) Northern region (Trinitapoli and Regnerus 2006). Consistent with longstanding arguments that women's autonomy contributes to marital instability, higher rates of divorce are observed in the country's primarily matrilineal regions (Reniers 2003).

Just as marriages are relatively easy to arrange in Malawi, they are also relatively easy to dissolve. Divorce rates in Malawi has historically been among the highest on the African continent, and divorce rates across SSA have risen dramatically over the course of the past ten years (Reniers 2003). Not only has divorce risen across the board, but the association between suspected infidelity and divorce in Malawi has increased by five percent a year since the visible onset of AIDS in this area, suggesting that individuals are increasingly willing and able to sanction their spouses' sexual indiscretions with divorce (Reniers 2006).

Attitudes towards divorce have also changed as both men and women in AIDS-ridden SSA have become increasingly concerned about their spouse's fidelity. Men have long been expected to divorce an unfaithful wife (Schatz 2002), but MDICP survey data

show that the proportion of both men and women who say that divorce is justifiable to avoid HIV infection has increased dramatically since AIDS became visible in rural areas (Smith and Watkins 2005; Watkins 2004). The observed liberalization of divorce attitudes appears to be AIDS-specific, with acceptance increasing over time for issues involving infidelity or suspicion of AIDS, but not for other reasons, e.g., if a man cannot provide for his wife financially or if he is unable to provide her with children (Smith and Watkins 2005).

As marriage is a social, and not a legal, contract in rural Malawi, the question of what constitutes divorce is a relevant one for understanding the possible role of religion and religious authority in its regulation. Schatz notes that as the AIDS epidemic has worsened in this area, Malawian women (primarily in the matrilineal and matrilocal South) are increasingly likely to initiate divorce by telling their misbehaving husband (i.e., having girlfriends, spending time with bar girls) to ‘take your mat and go’. Furthermore, even in the patrilineal and patrilocal North, where divorce usually requires a repayment of bride-wealth and the woman returning to her natal home, the stories showed that kin are supporting women who divorce a man suspected of infidelity. Watkins (2004) discusses a chief’s court, where the chief praises a woman for leaving her unfaithful husband and protecting the wellbeing of her children, thereby legitimizing the divorce she initiated. The key ingredient for a divorce in the rural context is for the dissolution to be seen as legitimate in the eyes of one’s family, the *ankhoswe*, religious leaders, and fellow villagers. This is, of course, especially important if one wishes to be considered eligible for remarriage in the community.

While traditional marriage arrangements are most commonly practiced, however, religious marriage ceremonies have become increasingly common in rural areas during recent years and religious authority over marriage is expanding substantially for both Christian and Muslim religious leaders alike in rural Malawi. Many religious leaders are finding themselves in a unique position to either facilitate or inhibit the types of marital selection Reiners identifies. In particular, religious leaders might facilitate positive selection in any number of the following ways: providing “pre-marital counseling,” regulating the sexual behavior of members through the sexual surveillance practices discussed in Chapter 4, investigating the background of a potential spouse (Watkins 2004), encouraging couples to get an HIV test before marriage (Luginaah, Yiridoe, and Taabazuing 2005), encouraging (or requiring) them to share the results with one another and with him, refusing to bless the marriage of couples who do not comply with the (sexual) moral code of their tradition, or refusing to bless second marriages for individuals who have been widowed or divorced under circumstances involving suspicion of AIDS.

Religious leaders may play an even more salient role when it comes to regulating negative selection – aka divorce. Both religious doctrines and institutional practices are almost certainly relevant to how individuals divorce in a rural African setting. Though the teachings of Christianity and Islam explicitly prohibit divorce under most circumstances, in practice there is, of course, substantial variation in the level of tolerance of divorce. Both men and women likely employ marital strategies in a similar fashion; however these are gendered processes, in which women are substantially disadvantaged. As in most

places across the globe, men in SSA are both more likely to be unfaithful and are better positioned to get a divorce. Religious leaders who teach against divorce for any reason (even suspicion of infidelity or HIV infection) may discourage or even prohibit the sort of negative selection Reniers identifies, and this type of authority may have an especially strong impact for women. Immersion in a religious setting that prohibits divorce under any/all circumstances may prevent a woman from engaging in negative selection strategies; on the other hand, involvement in a religious community that takes a neutral stance on divorce or would actually support her decision to leave her husband, might have the opposite effect. Religious leaders who teach that divorce is biblically¹⁵ justified in cases of infidelity could actually empower women to leave an unfaithful spouse, as might congregations with a history of providing instrumental support to members. The existence of a social safety net in one's religious congregation may facilitate a woman's desire to end a marriage she believes is endangering her health, especially in patrilocal cultures, where returning home to one's family of origin is more difficult.

Although the doctrines of some religious traditions forbid condom use and divorce, evidence from the MRP suggests that a sizable minority of leaders deviate from these official doctrines when they privately advise members to avoid contracting HIV. Table 5.1 provides information – some of which is redundant from Chapter 4 – on some of the AIDS-related messages religious leaders report giving; these are broken down by tradition. Particularly relevant for ABCD is that over one third of religious leaders have encouraged a member to leave a spouse so as to avoid contracting HIV. This message is

¹⁵ This would be true for both Christians and Muslims, as Muslims recognize the authority of the Bible and use the Koran as an additional source of authority.

more common than encouraging members to use condoms – even informally – and is most prevalent among Muslim leaders, over half of whom report ever giving such advice. Since Muslims in Malawi are concentrated in the matrilineal Southern region, where divorce is much more common, this finding is not surprising.

Pentecostal and New Mission Protestant leaders are the least likely to say they have ever advised a member to leave a spouse in order to avoid being infected with HIV. These two groups are the most counter-cultural, with strict doctrines and norms about both sexual behavior and family life, and prohibitions against divorce are more of an absolute for leaders and members of these two traditions. Pentecostal leaders are not any more likely than other leaders to have encouraged their members to use a condom, but the combination of their absolutist beliefs about divorce and their demographic qualities -- Pentecostals in Malawi tend to be more educated, less impoverished, and urban – make them the only ones who are more likely to encourage condom use than divorce.

Table 5.1: Percent of Religious Leaders Who Report Privately Advising Members to Do One of the Following, MRP 2005

| | Stop promiscuity | Addresses promiscuity on a <i>weekly</i> basis | Get an HIV test | Leave a Spouse Due to HIV Suspicion | Use a Condom |
|-------------|---------------------|--|-----------------|-------------------------------------|-----------------------|
| Catholic | 100.00 ^d | 47.62 | 80.95 | 30.00 ^b | 23.81 ^b |
| Muslim | 90.91 | 50.00 | 59.09 | 59.09 ^{acdef} | 59.09 ^{acef} |
| Mission | 97.50 | 57.5 | 82.50 | 35.00 ^b | 15.00 ^b |
| AIC | 89.19 ^a | 42.11 | 64.86 | 35.14 ^b | 35.14 |
| Pentecostal | 96.88 | 59.38 | 59.38 | 21.88 ^b | 28.13 ^b |
| New MP | 97.06 | 52.94 | 52.94 | 20.59 ^b | 11.76 ^b |
| Total | 95.16 | 51.87 | 66.67 | 32.43 | 26.88 |

N=187

Significantly different at the $p < .05$ level from:

^a Catholics

^b Muslims

^c Mission Protestants

^d AICs

^e Pentecostal

^f New Mission Protestants

What about Marriage?

The evidence presented here up to this point suggests both directly and indirectly that marriage may be a key factor for understanding patterns of HIV transmission in SSA. Previous marriage is the single strongest and most significant predictor of HIV positive status, while self-reports of risk factors commonly held to be the primary causes of HIV transmission (e.g., transactional sex, extramarital partners, and many sexual partners) do not predict HIV status at all. The role of religious leaders in the regulation of marriage and as facilitators of the types of partner selection processes that scholars like Watkins (2004) and Reniers (2006) have suggested are crucial AIDS avoidance strategies in rural SSA merits additional exploration here.

In-depth interviews with religious leaders show that advice to get tested for AIDS normally occurs within the context of preparing for marriage. According to the pastor of a Presbyterian congregation in Mchinji district, “if boys and girls have fallen in love, the older members encourage them to go for blood test before *kulowana* [marriage] so that they can be assured their spouse is free of AIDS.” Similarly, the leader of an African Independent Church that allows polygamy advises HIV tests before adding another wife to the family, along with several other recommendations for maintaining peace in a polygamous household. “In our congregation you are allowed to have *mitala* [two or more wives], but it should not be a habit to have many wives. And before marrying another wife, there should be a procedure to go for a blood test at the hospital. If the doctor finds that both the husband and the wife are okay, then they can marry.”

It is reasonable to be skeptical about the claims of the leaders that they advised HIV testing: the MRP was conducted just after the government began to strongly promote testing. And the religious leaders themselves showed skepticism that their advisees would actually be tested. Many acknowledged that HIV testing in their village is not feasible due to poor provision of VCT in rural areas and the costs involved with travel to a hospital or VCT clinic for a test, including the opportunity costs forgone to get the test (i.e., at least one full day's work). These leaders emphasized the importance a background check on possible spouses – especially those who are not from the community – as an alternate mechanism of positive selection. The chairman¹⁶ of one Catholic congregation spoke first about marriage in describing the congregation's response to the AIDS problem in their village.

We do teach each other nowadays there is a disease of AIDS, so system of playing with someone's wife is not good. For boys this is not allowed. If they want to marry a girl, they should go in the right channel and see. If that girl does not have any other boy lovers, we encourage him to marry that girl.

The lay leader of one Catholic parish in a particularly remote area concurred: “We advise the youth to choose a well behaved girl, and when they want to marry they should let the mediators to know so that they go for follow-up for the particular girl/boy.” This emphasis on going through the proper channels is distinct from but not inconsistent with the assessment made by scholars emphasizing the important role of partner selection for avoiding HIV (Kaler 2004; Watkins 2004).

¹⁶ Chairman and church secretaries were frequently key informants for the MRP. This was especially true for Catholic congregations. The shortage of priests in Malawi and elsewhere in the world is dramatic. In the Southern diocese of Malawi, one priest is in charge of 80 parishes, which are run by chairman and visited by the priest about once a year.

Because there is so much gossip in the villages, those who are considering a particular partner may already know a great deal about that person, and, if not, they search for information by asking others. Those who do not consult local knowledge are considered foolish (Watkins 2004: 689).

The gossip networks Watkins emphasizes are comprised of friends and acquaintances who provide an important source of information for Malawians negotiating the terrain of sexual relationships in a context of high HIV prevalence. However religious leaders may also be well positioned to facilitate the transmission of local knowledge – especially as their authority over family life increases relative to *nkhoswe*. Whether one relies on fellow villagers, *nkhoswe*, religious leaders, or some combination of these for gathering important background information on a potential sexual partner, the general purpose is the same: to obtain both a sexual and health history and assess the level of risk involved with this new relationship. While they certainly are not the *only* source of such information – and may not be the best either - religious leaders and their networks may offer an additional source of counsel, and the qualitative data analyzed here suggests that in many areas they are, indeed, doing so.

Divorce

Finally, I consider the role religious leaders may play in fostering negative selection as a marital strategy by examining their attitudes towards divorce. Survey data from the religious leader interviews and from MDICP respondents presented in Table 5.2 show the level of acceptance of divorce in a number of different circumstances.

Respondents were asked about the acceptability of a wife leaving her husband under a

variety of circumstances and were asked if this would be acceptable. The gendered nature of the questions lead to conservative estimates of the acceptability of divorce; asking about the acceptability of a husband leaving his wife would only reveal additional support. Religious leaders are much less tolerant than lay people of divorce for any of these reasons. Not surprisingly, attitudes towards divorce are more liberal among lay women than among lay men. Despite these difference, however, the general patterns of acceptability are remarkably similar in each of these three groups.

Consistent with reports by other scholars, for both religious leaders and lay people, infidelity is by far the most acceptable reason for an individual to divorce a spouse. Some religious leaders tolerate divorce under such circumstances “If she catches him, the Bible allows it. If she catches him, you ask him in the house ‘Do you want to get disease for me?’ ” Rural Malawians put a strong emphasis on the need to catch an adulterous spouse “red-handed,” and the qualitative data shows that religious leaders tend to agree. Stories from the villages involve elaborate schemes pretending to go out of town and sneaking back to catch the cheating spouse. Of course, as Kahler has noted, one can just up and leave – “take your mat and go” – however it is important for the divorce to be seen as legitimate in the eyes of others in one’s community and by the *nkhoswe*. Phrases like “in the house” are frequently used by religious leaders discussing issues of infidelity to emphasize the importance of first confronting a spouse privately, and not making such a serious accusation in a public place for neighbors and others in the village to witness.

Table 5.2: Acceptable Reasons for a Woman to Divorce Her Husband in Rural Malawi

| | Religious Leaders ^a | Lay Men ^b | Lay Women ^b |
|--|-----------------------------------|-------------------------|---------------------------|
| He is sexually unfaithful | 62% | 85% | 83% |
| He beats her frequently | 33% | 66% | 79% |
| He doesn't sexually satisfy her | 19% | 37% | 40% |
| She thinks he might have an STI | 14% | 33% | 34% |
| He does not allow her to use family planning | 12% | 25% | 28% |
| He cannot support her financially | 11% | 47% | 49% |
| He cannot provide her with children | 9% | 31% | 49% |
| She thinks he is infected with AIDS | 7% | 27% | 31% |
| N | 164 | 1401 | 1700 |

Sources: ^aMRP 2005, ^bMDICP 2004

Other religious leaders virtually mandate divorce in the case of infidelity, saying things like: “She should leave him; he can kill her” or “Yes. She must [leave him]if he is moving around with other women carelessly. Nowadays it is dangerous.” Though we do not have longitudinal data from the religious leaders by which to track liberalization of attitudes over time, the frequent use of words and phrases like “nowadays” and “this *present* disease” emphasizes the contemporaneity of their assessment and strongly suggests that they may not have provided the same type of advice twenty years ago.

Contrary to epidemiological data suggesting that the likelihood of transmission for each act of unprotected sex with an infected partner is relatively low, most Malawians believe that HIV is easily transmitted through sexual intercourse. Indeed, once is considered enough: MDICP-3 data reveals that 94 percent of survey respondents believe

that if you have sex once with an infected person you're certain or highly likely to be infected yourself. Thus, someone who is known, or even suspected, to be unfaithful is considered dangerous. Once they have AIDS, however, the situation is different. Divorce in this circumstance is not only *not* tolerated; the idea of abandoning a sick spouse in their hour of need meets strong disapproval. This accounts for the lower approval of divorce if you think your spouse actually has AIDS. Suspicion that one's spouse has AIDS receives the lowest level of support among religious leaders (seven percent) and the second lowest among MDICP respondents (30 percent, ranking just slightly above prohibiting the use of family planning.)

In the interviews with religious leaders, the primary reason given for opposing AIDS-related divorce is the mandate to care for the sick. One leader who strongly and emphatically opposed divorce under suspicion of AIDS emphasized the wife's role to care for her husband: "No! It is not appropriate!! Who are you going to leave him with? Who would take care of him?" The religious leaders who invoked the caregiving mandate addressed husbands and wives almost evenly. The words of one sheik in Balaka concisely summarized the sentiment of most religious leaders who opposed divorce over suspicion of AIDS: "He must continue to stay together because they were staying together, and if she has caught AIDS while with him. If he drops her, who is going to take care of her? He must care for her."

There are two primary explanations for this gender equality. First is that the sheik is expressing the widespread understanding of interdependence in marriage. Although virtually all caregiving of PLWAs is done by women (Chimwaza and Watkins 2004), a

sick woman would have to depend on her husband for the expenses of her illness. The second explanation draws on local understandings of the epidemiology of HIV: that that if one spouse is infected so is the other one. However, they insist that it is impossible to determine which spouse brought the disease into the relationship, since it would be wrong to divorce an innocent wife. In the words of one lay Catholic leader: “If your wife is becoming thin, you yourself shall be thin soon. What you should do is live together as husband and wife. God will judge.” A few leaders expressed concern that a sick individual who has been abandoned by their spouse might turn to suicide, but almost all those who explained their opposition to divorce under this circumstance explained that the very essence of Christianity and Islam would prohibit abandoning a sick person under any circumstances.

Though the caregiving mandate was, by far, the most common explanation given for opposing AIDS-related divorce, two other themes came up with lesser, but still substantial frequency. The first is motivated by concern for public health by containing the infectious. Remarriage is common in Malawi (Reniers 2003) and abstinence is widely considered impractical if not impossible, even among religious leaders. A sizable minority of religious leaders articulated the importance of making sure positive-positive unions stay intact: no divorce because “This is exactly how the disease spreads!”

According to one Church of Christ leader in Mchinji

That is not good because when one in the family has got this disease automatically the other one has it too. If we can accept [divorce], it means now both people will spread a disease to other people. If we can talk this things [accept divorce in this circumstance] it means we are not thinking properly because what you say to your friend, the same

thing is following you and when one is sick, this is the time for his partner to show his/her love.

An AIC leader expressed a similar sentiment:

If a person wants to divorce a wife when she has AIDS. But if a wife is in such status [HIV positive] that means he too has the virus. So, if he divorces her and marries somewhere he is spreading the disease. So, we encourage these people that if you have this disease you should just stay. Be lovely in your heart. Because to us who are well, that people have diseases we do advise them to stay together.

Finally, a number of leaders insisted that suspicion of AIDS was insufficient grounds for divorce, but that a confirmed infection was a legitimate justification. “Do not divorce your spouse based on suspicion, but first go for a blood test.” Leaders offering such an explanation say they encourage both parties to get tested and receive counseling to decide how to proceed. Several leaders expressed their concern that accepting divorce under AIDS suspicion could lead to an epidemic of unfounded AIDS accusations as grounds for divorce, which would wreak havoc on the community “No. The husband is not allowed to leave the woman because there is not strong evidence. It is just a rumor.” Similar to the importance of confirming adultery by catching a spouse red-handed in order to legitimize divorce, many religious leaders do not consider mere suspicion of AIDS to be sufficient grounds for divorce.

For the three reasons described above – caregiving, the intent to contain, and the insufficiency of suspicion -- of all the possible justifications for divorce, the suspicion of HIV infection alone is viewed as an unacceptable reason to leave a spouse by both religious leaders and lay people in rural Malawi. However, most religious leaders believe that there is a window of opportunity for a legitimate AIDS-related divorce. *If one’s*

spouse has been caught red-handed and *if* one is not already infected, divorce is not only accepted, but considered wise. “Yes. She has to do that, before the husband transmits diseases to her. But she has to do that only if she has enough evidence that her husband had sex with this woman. She has to do that before she gets any disease!” Of course, some religious leaders still prohibit divorce under any circumstances. After responding negatively to each and every situation in the battery of divorce circumstance questions, one Church of Christ leader in Balaka added, “If they promised at the church, our rules do not allow them to divorce each other.” However only two (out of 194 religious leaders interviewed) expressed disapproval of divorce in all of the possible circumstances given.

DISCUSSION

Taken together, Chapters 3 and 4 present a wealth of evidence that religious authority is, indeed, relevant for HIV prevention and transmission in sub-Saharan Africa. As we would expect, religious teachings and practices are relevant to the ABCs of HIV prevention, but religion's relevance extends well beyond what religious leaders say and do about sexual behavior per se. Chapter 4 demonstrates that by looking only at A, B, and C, we miss much of what is interesting and important about how individuals negotiate relationships, sex, and family life in general given the very high – real and perceived – levels of HIV prevalence around them, and about the potentially important role of religion in this.

Religious teachings about family life, particularly marriage and divorce, can be understood as both cause and consequence of the broader changes occurring in rural African communities. On one hand, religious teachings on sexual behavior, marriage, divorce, and caregiving are likely influencing how people navigate the AIDS epidemic in SSA and, on the other hand, the evidence presented here strongly suggests that religious beliefs and practices are also changing as a consequence of the demographic processes (i.e., increased divorce rates, lowered life expectancy, alternative household structure) currently underway in this region. Chapter 4 specifically examines the role of religious authority over marriage and divorce in AIDS-ridden rural Malawi, leading to several key observations: 1) that religious authority over family life is growing in response to AIDS; 2) that religious authority is being used as a cultural resource; 3) that the tools may be

effective for avoiding HIV, a proposition that will be examined in more detail in the following chapter.

The findings from this chapter contradict depictions of rural Africans - women in particular - as fatalistic and powerless observers of their own fates. Consistent with observations made by Schatz, Watkins, Reniers, and others, women in rural Malawi have developed and are implementing alternative strategies of HIV prevention. To start, they are making more careful choices about sexual partners, relying on local information and are entering into marriage with a great deal of information about the sexual and health history of their partners, some of which is being facilitated by religious leaders. Women also sit and discuss the dangers of infidelity and AIDS with their husbands, emphasizing the need to “preserve one’s family” in “these dangerous times” (Schatz 2005). When infidelity is suspected or known, women invoke other strategies, such as calling on their social networks for advocacy and advice, and this may include invoking religious authority by asking their priest, pastor, or imam to talk to their husband to stop him from bringing AIDS into the household. Finally, women in rural Malawi are initiating divorce when these other strategies fail – often times with the full support of their families, neighbors, and religious communities. Utilized as one of many cultural resources available to them, religious authority provides rural Malawians with advocacy – an additional recourse for those who see themselves at risk of being infected by their partners – religious legitimization for divorce under certain circumstances, and an imperative to and a rationale for remaining with and caring for a sick spouse.

It seems clear that the rules surrounding marriage and divorce have changed – in both popular perception and in religious circles – in response to the AIDS epidemic. Not only has divorce become more common, it has also become more acceptable in the minds of most Malawians, specifically when infidelity is involved. Religious leaders are espousing new sets of suggestions about entering into marriage (gatherer information on the person, get an HIV test, allow the mediators to advise you) and about when it is acceptable – even encouraged – to leave a spouse. Religious leaders are contributing to the AIDS-relevant update to the existing scripts for initiating and sustaining marriage. This new or updated set of schema involves: premarital counseling, HIV tests, church weddings, marital counseling (in periods of hardship), a religiously justified divorce, and a religious script for being faithful to an ailing spouse and providing care in their last days.

Finally, this chapter demonstrates that religious authority reflects broad cultural values that include but are not limited to the physical health of individuals. In many ways these messages are out of step with the western bio-medical approach to HIV prevention that focuses on individual-centered understandings of risk and prevention. In discussing the rules surrounding AIDS and divorce, religious leaders tend to emphasize community well-being, broadly defined, over the health of any particular individual. For example, by encouraging presumably positive-positive unions to stay intact with the goal of preventing the further spread of the disease in the community, religious leaders may even be sacrificing the health of some individuals (i.e., actually encouraging an uninfected person to stay with their infected partner) for their vision of community well-being –

preventing the *further* spread of the disease and preventing sick spouses from being abandoned. Seen in this light, the doctrine of a “window of opportunity” for getting a divorce (after infidelity but before getting infected) makes a great deal of sense; however, combined with strong religiously-based messages about a moral obligation to care for the sick, religious mandates about marriage and family life in the AIDS era are fraught with inherent contradictions. This is particularly true as religious leaders struggle to balance competing mandates of abandoning neither one’s children (through death) or ailing spouses in their time of need.

Furthermore, many of the leaders in the MRP expressed tremendous concern about the chaos that could result from unfounded AIDS-accusations flying around a village and being invoked recklessly as grounds for divorce. Whether these worries are founded or unfounded is beside the point. Religious leaders are responding to the demand for a new set of scripts and schema in unsettled times – times of rapid social change and crisis, in which old cultural competencies are being used in new ways to address the challenges presented by HIV and AIDS. Their congregation members appear to be absorbing messages and living with the contradictions.

CHAPTER SIX: RELIGION AND HIV STATUS

One of the main contributions of the sociological perspective to the study of any social issue is the ability to take into account the importance of social context. Both the fields of demography and the sociology of religion emphasize the importance of contexts for understanding the behaviors of individuals in their everyday lives. However research on HIV from both areas has focused almost exclusively on those associations deemed most important for understanding and predicting HIV transmission at the individual level. A handful of recent studies on the connection between religion and HIV risk in sub-Saharan Africa (SSA) suggest that members of certain “strict” churches and those who report high levels of religious involvement may have distinctive behaviors that reduce their risk for HIV infection (Garner 2000; Hill et al. 2004; Trinitapoli and Regnerus 2006). However, these studies do not account for how religious involvement affects risk behaviors. A long tradition in the demographic literature has emphasized the importance of understanding social contexts for explaining reproductive behavior – particularly in rural areas of developing countries (Axinn and Barber 2001; Degraff et al. 1997; Entwisle et al. 1989; Hank 2002; Lobao and Brown 1998; Stephenson and Tsui 2002). Additionally, sociologists of religion have often drawn from the Durkheimian notion that the religious composition of one’s community is relevant for understanding individual behavior (Regnerus 2003; Stark 1996). This study pulls together the theoretical and empirical work from these two distinct disciplines in order to examine how religion may shape the sexual behavior of individuals and, in turn, shed light on key aspects of the HIV epidemic still largely overlooked.

This present examination of religion and HIV in SSA is first and foremost about problematizing the simple understandings of HIV transmission often put forth in the existing AIDS literature. First, this paper aims to move beyond those studies of HIV that focus on sexual behavior strictly as a matter of individual-level decisions and actions by emphasizing the role of contextual factors in HIV transmission. Unlike previous studies dealing with community effects on fertility, fertility preferences, contraceptive behavior, and the usage of health and family planning services, however, this paper examines villages as contexts for sexual behavior as it relates to HIV infection in SSA. Second, this paper aims to develop a more thorough understanding of the ways in which religion may shape behavior and subsequently influence health in SSA by addressing a specific case: the link between religious involvement and the spread of HIV in rural Malawi. Rather than considering religion strictly as an individual trait that may influence the likelihood that an individual engages in risky sexual behavior, this analysis also conceptualizes religion as a group property that influences behavior regardless of one's own religious beliefs and practices. Finally, the social science and public health literatures on HIV/AIDS, upon which most AIDS-related policies and programs are based, have focused almost exclusively on risk factors. I argue that individual "risk" factors are, in fact, relatively poor predictors of HIV status and suggest that a deliberate shift towards prioritizing the identification of potentially protective factors would well-serve the efforts to curb the spread of AIDS in this region.

A major limitation to the existing literature on HIV in SSA is its reliance on self-reports of sensitive behavior such as condom use, extramarital partners, and presence of a

sexually transmitted infection (STI). We know that self-reports are of questionable reliability and that self-reports of sensitive behaviors, sexual behavior in particular, are particularly susceptible to systematic reporting errors such as social desirability bias. This knowledge makes it especially important for us to develop and use more objective measures when examining HIV and relevant behaviors. Recent technological advances, most notably the increased availability and affordability of rapid tests for HIV, have allowed for the inclusion of biomarkers data in a number of recent data collection projects. This paper uses innovative data from Wave 3 of the Malawi Diffusion and Ideational Change Project (MDICP-3) to evaluate existing theories of both religious and community-level effects on HIV infection in the Malawian context. I first describe some of the social and demographic patterning in both HIV infection and religious practice in Malawi. I discuss variation in a number of HIV-related risk factors commonly highlighted in the literature; I then present a multilevel analysis combining community- and individual-level effects on actual HIV status. I test the usefulness of the moral communities thesis, which posits that religious context influences individuals' behavior regardless of their own religiosity and discuss the implications of the findings for both future studies of religion and of HIV in this region.

CONCEPTUAL FRAMEWORK

Based on the previous literature, I expect that religious involvement both at the individual and village level will be associated with lower likelihood of HIV infection. In this section, I outline some of the mechanisms that might produce this relationship and discuss the variables employed in this chapter to measure them.

Religious Affiliation

Because availability of survey data on religion in this region has been extremely scarce, most previous studies have investigated the association between religious denominational membership and HIV-related risk behaviors using broad denominational categories. Evidence from South Africa (Garner 2000), Zimbabwe (Gregson et al. 1999), and Brazil (Hill et al. 2004) suggests that individuals belonging to certain behaviorally strict denominations, like Pentecostal and some African Independent Churches (AICs), may exhibit reduced risk of HIV infection, due in part to their reduced likelihood of having extramarital partners when compared with members of other religious groups. Other research, however, suggests that due to restrictions on sexual behavior and the consumption of alcohol and the practice of circumcision, Muslims in Africa may experience reduced levels of risk for contracting HIV (Gray 2004; Gray et al. 2000).

Religious Involvement

A large literature in the United States investigates the association between religion and a variety of health outcomes, including mortality (Ellison 1991; Hummer et

al. 1999; Musick 1996). Most of these studies have identified a beneficial association between religious involvement and health, despite substantial variation in the ways both concepts have been measured. A sizable portion of the observed health differentials can be attributed to differences in health behaviors such as reduced levels of smoking (Ahmed et al. 1994; Gillum 2005; Strawbridge et al. 1997), problem drinking (Bazargan et al. 2004; Ford and Kadushin 2002), and risky sexual practices (Head 2006; Sterk et al. 2004; Treas and Giesen 2000). Differential risk behaviors are particularly relevant for applying the Western religion-health paradigm to the subject of HIV in SSA, where the disease is primarily transmitted through heterosexual sexual contact. Empirical evidence from a handful of studies conducted in this region confirms that religious involvement is, indeed, linked to reports of HIV risk behaviors. One study of black South African university students found that students who scored high on a global religiosity scale experienced a later onset of sexual activity but were less likely to make use of safe sex practices (Nicholas and Durrheim 1995). A more recent study shows that independent of denomination, attendance at religious services is associated with reduced odds of both risk behavior and perceived risk, an effect that is particularly strong for members of Pentecostal churches (Trinitapoli and Regnerus 2006).

Because of data limitations, most studies that examine religious involvement use a measure of attendance at religious services as the sole indicator. Particularly in studies related to health and mortality outcomes, attendance at religious services has been the most commonly used and robust indicator of religious involvement. Religious attendance serves as a general indicator of one's involvement with a religious community – a

network of individuals who act as a source of instrumental support, social resources, and behavioral norms. While some have observed that religious leaders in some sub-Saharan African nations do not discuss AIDS openly (Pfeiffer 2004), the messages given in weekly religious services throughout rural Malawi frequently address issues of sexual morality and AIDS specifically (Trinitapoli 2006). I, therefore, expect frequent exposure to such messages (as indicated by reporting regular attendance) to be associated with lower likelihood of HIV infection.

Selectivity

People who frequently attend religious services may differ from people who attend less often on several different demographic factors. Research conducted in the US suggests that age, sex, and regional differences are important for understanding attendance patterns; women, residents of the South, and older adults report attending religious services most frequently. Ancillary analyses (shown in Appendix F) suggest that in rural Malawi, patterns of religious involvement do vary significantly by age, but not in the way literature from the US would lead us to expect. In Malawi, attendance decreases with age, and there is no evidence of systematic differences by sex or by region. However, because these demographic characteristics are also related to the risks of contracting HIV, we control for them in our models. Socioeconomic factors may present another type of potential selectivity. For example, those people who are more educated may be less likely to attend religious services and more likely to be HIV positive. Thus, observed associations between religious involvement and HIV status

may, in fact, be due to socioeconomic characteristics. The MDICP-3 contains data on a variety of different factors with which to measure socioeconomic status.¹⁷ Consequently, we can directly assess the selectivity impact of two key indicators of socioeconomic status, education and value of livestock - an appropriate measure of household wealth in this context.

The third, and possibly the most problematic, source of possible selection bias is health status – an issue that has received a substantial amount of attention in the literature on religion and health in the US (Ellison and Levin 1998; George et al. 2002; Levin 1994). Those who do not attend religious services or who attend only infrequently may be limited because of poor health, which may also be an indicator of the outcome in question – depression (Koenig et al. 1998; Musick et al. 1998), cancer (Enstrom 1989; Musick et al. 1998; Troyer 1988), mortality (Hummer et al. 1999; Musick et al. 2004), or, in this case, HIV status. This is of particular concern in the context of SSA, where attending religious services often involves walking long distances. Fortunately, the data used in this study allow us to control for baseline health status.¹⁸ Additionally, the nature of the data collection process somewhat inhibits the comprehensiveness of the

¹⁷ Available measures include: value of crops, value of livestock, household goods index. The value of livestock variable is preferable because its meaning is more constant across districts when compared with the other two possible measures. Value of crops varies substantially by region, as Rumphu residents tend to grow cash crops, while Balaka and Mchinji residents live as subsistence farmers. Because of the skewed distribution of livestock value, our models employ this variable in its logged form.

¹⁸ The household roster involves asking a single informant (generally the female head of household) a series about each member of the household; the questions included basic demographic information and three questions used to construct a measure of baseline health status. 1) Is NAME ill? 2) Is NAME seriously ill? 3) Is NAME often ill? If the answer to any one of these three questions is YES, we considered the respondent “sick” for the purposes of this study. It was not possible to construct this variable for those respondents who did not complete the household roster themselves (most male respondents and some female respondents).

population; for example, people who were hospitalized at the time of the survey were excluded from the sample.

Contextual Effects: Sex Markets and Moral Communities

Most of the existing research on HIV risk and prevention focuses on the three primary outcomes emphasized by the ABC approach to HIV prevention: abstinence, faithfulness, and condom use. Not surprisingly, these studies primarily conceptualize the risks of contracting HIV at the individual level; however some researchers have begun to examine the extent to which supra-individual factors shape reproductive behavior, including HIV risk behaviors. The concept of the *sex market* (Laumann 2004), a spatially and culturally bounded arena subject to the influence of a variety of social forces in which decisions about sexual partnering are made, is useful for understanding how community-level phenomena affect the patterns of sexual partnering that facilitate the spread of AIDS in SSA. Not only do certain demographic factors like the age and sex ratios of a community indicate structural constraints on the sex market (Oppenheimer 1988), the role of supra-individual factors like organizational interventions or the surveillance of family members also challenge the relevancy of the purely individual-level model. For example, a recent study of marital infidelity in Zambia identified a number of community-level factors that predict extramarital sex for both men and women. Increased economic opportunities in a community appear to reduce levels of male infidelity, in part because it increases women's economic independence and their bargaining power, while community based interventions were associated with reduced levels of male and female infidelity, as were community media efforts (Benefo 2005).

Like other contextual factors that provide constraints and opportunities on the sex market, religious effects may operate through contextual influences as well. The moral communities thesis is rooted in this line of thought; it not only posits the existence of religious contextual influences on individuals' behavior – regardless of their own particular commitment to the religion – but also suggests that living with or near a considerable number of religious people will affect how any given religious individuals will behave. Cast this way, religious contexts are thought to *directly* affect the behavior of the group's members as well as *indirectly* moderate how individuals' own religious traits shape their decision making. Stark (1996: 164) argues that “what counts is not only whether a particular person is religious, but whether this religiousness is, or is not, ratified by the social environment.” Religiosity is related to conformity (or obeying community norms), he argues, only in distinctly *religious* contexts – among groups of people or in communities where the mean level of religiosity is high (Stark and Bainbridge 1996).

Thus the moral communities thesis suggests that in the presence of like-minded peers, individuals who share those norms are more likely to act in consonance with them. I refer to this secondary effect as the “light switch” portion of the moral communities thesis. That is, only when a religious individual is in community with (e.g., a friendship network, school, etc.) others who share their beliefs and practices does their religious beliefs significantly affect their behavior. Communally-ratified religiosity, in essence, “turns on” the light switch of an individual's own personal belief system. Without the

support of normative consensus, the influence of religion on personal behavior—so the thesis argues—is weakened.

Put in statistical terms, the thesis proposes the presence of direct and indirect effects of living in a devoutly religious context: direct religious contextual effects, and indirect effects of religious context as it shapes how individual religiosity is associated with the behavior in question. Many studies have found support for the moral communities thesis, whether measured as high collective religiosity or religious homogeneity (Breault 1986; Ellison et al. 1997; Pescosolido 1990; Pescosolido and Georgianna 1989; Stark and Bainbridge 1996; Stark, Kent, and Doyle 1982).

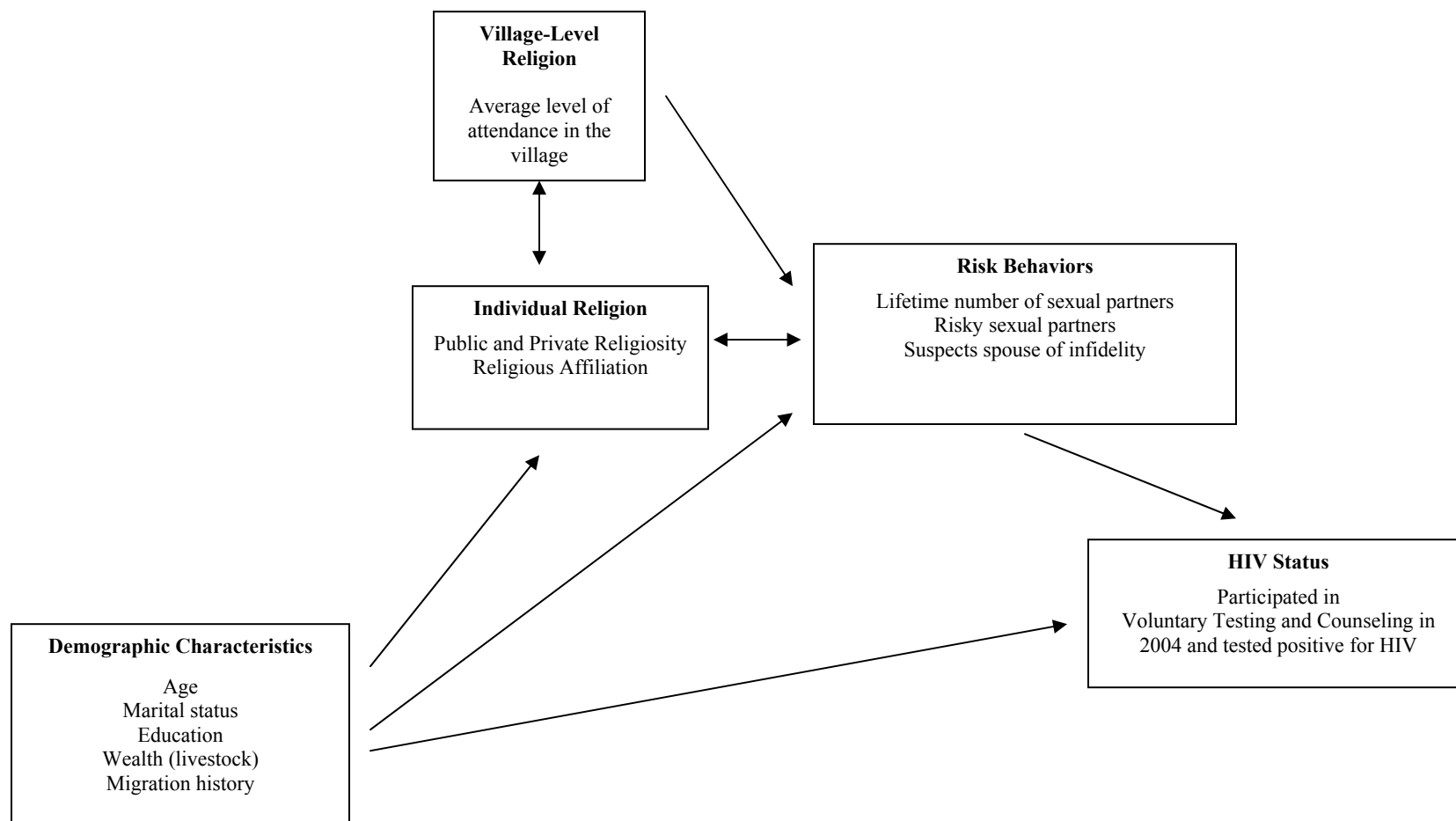
As an example from this study, MDICP respondents who hold risk-reductive attitudes (e.g., believe that extramarital sex is sinful and always to be avoided) should be more effective in exhibiting low-risk behavior and remaining HIV-negative in villages that reflect rather than contradict such norms. In villages where extramarital behavior is more permissible, individuals' own risk-reductive attitudes should be less effective at predicting risk behavior and HIV status.

While the evidence favoring the moral communities thesis is fairly consistent and beginning to amass, some scholars dispute its logic, arguing instead that a local normative *monopoly*—where most everyone holds a particular moral value or exhibits elevated religiosity—should likely breed apathy among individuals such that their own personal values or religious practices would not likely affect decision-making. Instead, they argue, it is in contexts of moral ambiguity (rather than clarity), low social integration, and perceptions of peer nonconformity that religious individuals should stand

out from the crowd (Tittle and Welch 1983). This is because they perceive themselves to be “embattled,” resisting local norms and making distinctly religious decisions that appear countercultural. The very religious, encouraged by local leadership, may more readily understand themselves as “embattled” or engaged in conflict with the “spirit of the world” around them, which often includes a sense of immoral sexual culture (Penning and Smidt 2002; Smith 1998).

Thus religiosity’s inhibitory effects are impaired in step with the degree of normative ambiguity in a given social context: the more normative ambiguity is present, the more evident the religious effect on decision-making ought to be. It is more countercultural. Religious influence is thought to hold greater effect where the community or reference group (i.e., the context) is most apparent, as in small towns or villages. In other words, where agreed-upon moral guidelines are unclear or contrasting with religious ones, the importance of religious proscriptions on sexual behavior is enhanced because “secularized” social contexts lack the tools to produce conformity (Tittle and Welch 1983: 672). This argument directly contradicts Stark’s suggestion that intensely religious contexts reinforce prosocial behavior.

Figure 6.1: Conceptual Model of Religious Influences on Sexual Behavior and HIV Status



Whether the embattledness is real or only imagined is important, and would certainly affect empirical analyses.¹⁹ That is, in communities where actual religiosity is high yet the most religious among them nevertheless perceive it as otherwise, this segment may believe themselves to be embattled yet the empirical analyses may still find in favor of the moral communities explanation. Figure 6.1 provides a model illustrating how religion, conceptualized as both an individual and group characteristic, may be related to relevant HIV risk behaviors and, consequently, to HIV status.

DATA, MEASUREMENT, AND METHODS

The data for this study come from Wave 3 of the Malawi Diffusion and Ideational Change Project (MDICP-3), which was collected during the summer of 2004. Wave 3 of the MDICP contains an expanded religion component, which includes more refined measures of religious affiliation than is available in any other comparable dataset, as well as detailed information on religious beliefs and practices. The unique availability of detailed information on religious beliefs and practices, as well as biomarker data indicating HIV status, makes the MDICP-3 the ideal data source for exploring the research questions guiding this study.

¹⁹ It is unclear, however, how much African Christian pastors and Muslim sheikhs work to create (or simply give voice to) a collective sense of moral decline and general sexual licentiousness.

Village-Level Variables

To understand villages as a context for sexual behavior and HIV status in rural Malawi, this study employs village-level measures of a number of factors. The village-level dataset was constructed by aggregating measures from the individual level data.

Depending on the measure in question, proportions, counts, and means were calculated from survey respondents living in the same village using the village identifier available for each respondent. Given the sampling strategy described in Chapter 2, the sample by village should reflect overall village size, and the count of respondents per village serves as a measure of village size for the purposes of these analysis. Village-level religiosity was calculated by averaging the individual-level reports of attendance at religious services for each village. Two other village-level measures - percent male and average age - were calculated the same way. Village-level variables were calculated using all MDICP respondents, regardless of whether or not they were actually included in the analytic sample. Means, standard deviations, and ranges of the village-level variables are displayed in Table 6.1.

Table 6.1: Descriptive Statistics for Village-Level Variables

| Variable | Mean | Std. | Min | Max |
|---------------------------|-------------|-------------|------------|------------|
| Respondents Per Village | 31.35 | 24.14 | 10.00 | 142.00 |
| Average Age | 33.38 | 3.66 | 23.44 | 42.33 |
| Proportion Male | 0.45 | 0.09 | 0.25 | 0.71 |
| HIV prevalence | 0.07 | 0.08 | 0.00 | 0.33 |
| Average Church Attendance | 3.44 | 0.25 | 2.40 | 4.00 |
| N | 95 | | | |

Source: MDICP-3

MEASURES

Key Outcome Variables:

Nonrelational Partner All survey respondents were asked about their sexual history. Adult respondents were asked to give initials (or a fictional name) of the last three sexual partners they have had in the past 12 months, including their spouse. They were then asked a series of questions about the named partners. Adolescent respondents were asked to do the same for their past two sexual partners; there was no time frame specified for adolescents. Respondents were asked to characterize the type of relationship they had with each partner. The possible responses for adults were: HUSBAND/WIFE/LIVE-IN PARTNER; STEADY BOYFRIEND/GIRLFRIEND/ FIANCE; INFREQUENT PARTNER; AFISI (HYENA); ONE-NIGHT STAND/HIT-RUN; CLIENT; and OTHER. For adolescents, the response categories were: STEADY BOYFRIEND/ GIRLFRIEND; EXPECTED SPOUSE; INFREQUENT PARTNER; OTHER FRIEND; ONE-NIGHT STAND/HIT-RUN; CLIENT; and OTHER. For both adolescent and adult respondents alike, sexual partners who were not identified as a spouse, expected spouse, steady boyfriend or girlfriend were coded as a nonrelational partner. Respondents reporting having at least one nonrelational sexual partner were coded as 1 on this variable, while respondents who listed only relational sexual partners, or no sexual partners at all were coded 0. Respondents who refused to participate in this section of the survey (87 adults and 33 adolescents) were excluded from the analytic sample.²⁰

²⁰ See Obare 2005 for a detailed discussion of some problems involved with this particular type of non-response

HIV Status Unlike previous studies that focus on risk behaviors as the primary outcome of interest, this study uses an objective measure of actual HIV status, obtained through the biomarker data collected by the MDICP-3. The testing method used by MDICP for HIV was not anonymous, since identifying individuals who were tested was necessary to inform them of their test results. However, the MDICP ensured confidentiality of the respondents who agreed to be tested. The respondents' unique biomarker ID was kept on every specimen collected from them, and it was linked to the respondent's computerized data. No personal identifier (such as the name of the respondent or the village where he or she lives) was kept on the specimens. The HIV tests were done with oral swabs. ORASURE saliva test was used for HIV; positive results were confirmed through Western Blot on the same specimen. These tests were selected according to guidelines of the Malawian Ministry of Health and in conjunction with specialists at Lilongwe Central Hospital. The MDICP STI/HIV testing protocol was approved by the IRB in Malawi and at the University of Pennsylvania in the United States. Respondents who tested positive for the HIV-1 virus are coded 1 for this variable.

Risk Factors

Total Number of Sexual Partners Survey respondents were also asked the question "How many people overall you have ever had sex with?" Because the distribution of this variable was skewed, outliers were recoded to the 99th percentile, which resulted in a range of 0-20. Close to nine percent of the total sample did not answer this question, either because they refused or reported that they did not know how many sexual partners they have had. Rather than excluding all these cases from our analyses, I performed mean

substitution for these cases and created a dummy variable indicating missing data for this variable that is included in the all analyses using the total number of sexual partners measure.

Unfaithful Spouse HIV risk is, of course, not limited to an individual's own behavior; the risk behaviors of one's sexual partner(s) may also put an individual at risk. Many women in rural Malawi report their spouse as their primary risk of contracting HIV, and men also express concern about their wives' fidelity as it relates to AIDS (Watkins 2004). Furthermore, there is some evidence to suggest that reports of suspicion in Malawi, particularly by women, are fairly accurate indicators of risk. In analyzing survey data between husbands and wives Clark (2003) found a significant association between husbands reporting an extramarital partner and wives reporting suspicion of such. Survey respondents were asked: "Do you suspect or know that your husband [wife] has had sexual relations with other women [men] apart from you since you were married?" For women married to polygamous men, the question asked about sexual relationships women who are not wives. Individuals reporting that they know or suspect that their husbands have additional sexual partners were coded 1 for this measure of risk. All others were coded 0.

Religion Variables

Affiliation Our measure of religious affiliation varies somewhat from the traditional way of gathering data on this question. Normally, survey respondents are asked about their religious affiliation, and given the opportunity to select from a list of options (i.e., Catholic, Protestant, Moslem, No Religion, or Other.) However many individuals do not

identify themselves using the same categories scholars of religion impose when conducting analyses. For this reason, the MDICP asked all respondents to name the church or mosque they normally attend; typical answers were: Balaka Catholic, Balaka CCAP, or Balaka Mosque. In most cases, the interviewer was able to easily and immediately assign to a religion code from a list of 11 categories.²¹ In cases where the interviewer was unable to assign the respondent to a category, the author assigned the respondent to a category retroactively based on the church or mosque they named. This was a highly reliable method, since the author spent months visiting all the churches and mosques in all three of the MDICP sample sites during 2004 and 2005. For the purposes of these analyses, the 11 possible categories were collapsed into six broad categories that represent distinct denominational traditions; all respondents are categorized as one of the following: Catholic, Pentecostal, African Independent, Muslim, Traditional Mission Protestant, or New Mission Protestant.²²

Attendance Religious service attendance is a reliable and traditional measure of the public and collective expression of religion, and captures involvement in an adult-child moral community across cultures and several religions. Our attendance measure is ordinal, and was derived from the question “When was the last time you went to church (or mosque)?” Respondents could answer “in the last week,” “in the last month,” “last 2-6 months,” “more than 6 months ago,” or “never.” The attendance variable has been

²¹ No Religion, Catholic, Quadriya Muslim, Sukutu Muslim, CCAP, Baptist, Anglican, Pentecostal, Seventh Day Adventist, Jehovah’s Witness, Indigenous Christian, Indigenous Non-Christian, and Other.

²² “Traditional” and “New” Mission Protestant churches were distinguished based on the era missionaries began work in Malawi. Traditional Mission Protestant churches (i.e., Anglican, Presbyterian) arrived during the latter half of the 19th Century, while New Mission Protestant churches (i.e., Church of Christ, Seventh Day Adventist, Jehovah’s Witnesses) arrived in the early 20th century.

reverse coded, so larger values correspond with a more frequent pattern of attendance. Because more than sixty percent of the MDICP sample reported having attended religious services within the past week, while just a small fraction reported attended very infrequently, we recoded this variable to range from 1-3. Respondents who reported attending religious services in the past 2 months or more comprise just ten percent of the sample and were combined into a single category.

Control Variables

Based on both theoretical concerns and previous empirical findings, a series of control variables indicating key social and demographic characteristics are included in the models. I include a series of control variables, including age (and a quadratic term for age), a dichotomous indicator that the respondent was previously married, a dichotomous measure of the respondent's successful completion of secondary education, a continuous measure of the logged value of the animals their household owns as an indicator of respondent's socio-economic status, a dichotomous variable indicating if the respondent has ever been in a polygamous marriage (largely exclusive to Muslims and AIC), and an indicator of the likelihood that the respondent would give socially desirable survey answers.²³ Means, standard deviations, and ranges of all variables are displayed in Table 6.2.

²³ The measure of social desirability used here is based on a series of three questions asking if the respondent agrees that it is true of them: "I never regret my decisions;" "I never get sad;" "I never criticize other people." Respondents who reported agreement with any of these statements were accorded one point for each on the social desirability measure, which ranges from 0-3. It is important to note that although the use of social desirability scales can be valuable – particularly to studies that utilize self-reports of sensitive behaviors - they are subject to the same questions of cultural validity as any other measure and have their

**Table 6.2: Descriptive Statistics for
Sexually Active Adults Tested for HIV in Rural Malawi, 2004**

| Key Outcome Variables | Women | | Men | |
|----------------------------------|--------------|-----------|-------------|-----------|
| | Mean | SE | Mean | SE |
| HIV Positive | 0.08 | 0.27 | 0.06 | 0.23 |
| Nonrelational Partner | 0.06 | 0.23 | 0.18 | 0.38 |
| Total Number of Partners | 1.74 | 1.27 | 5.01 | 4.90 |
| Missing Total Number of Partners | 0.02 | 0.15 | 0.12 | 0.32 |
| Demographic Factors | | | | |
| Age | 32.91 | 12.43 | 34.93 | 14.71 |
| Previously Married | 0.29 | 0.45 | 0.35 | 0.48 |
| Value of Livestock (logged) | 6.88 | 3.59 | 7.47 | 3.29 |
| Secondary Education | 0.09 | 0.29 | 0.16 | 0.37 |
| Religion Measures | | | | |
| Attendance (1-3) | 2.51 | 0.67 | 2.58 | 0.65 |
| Pentecostal | 0.10 | 0.30 | 0.08 | 0.28 |
| AIC | 0.15 | 0.36 | 0.17 | 0.38 |
| New Mission Protestant | 0.09 | 0.29 | 0.11 | 0.32 |
| Traditional Mission Protestant | 0.23 | 0.42 | 0.21 | 0.41 |
| Muslim | 0.25 | 0.43 | 0.26 | 0.44 |
| Catholic | 0.18 | 0.38 | 0.16 | 0.37 |
| Social Desirability (0-3) | 1.22 | 0.98 | 1.17 | 0.97 |
| Respondent Sick | 0.15 | 0.36 | NA | NA |
| N | 1389 | | 1096 | |

Source: MDICP-3

limitations. Their inclusion in models, while prudent, should not, therefore, be interpreted as a blanket safeguard against any reporting bias. Employing a measure of social desirability bias – particularly one explicitly designed to avoid the Western biases inherent in most of the traditional scales used by social scientists - offers a marked improvement upon previous studies in the field which have not been able to employ such a measure.

SAMPLE SELECTION

Starting with a sample of respondents with completed surveys from wave 3, I employed three selection filters to create the specific sample used for this study. First, I included only respondents with valid data on the main variables of interest. Respondents who were missing data on HIV status (n=671)²⁴ were eliminated from this analysis; respondents missing data on other key variables of interest - nonrelational partners (n=45) or religious involvement (n=77) - were also excluded.²⁵ Finally, since the village-level measures are aggregates and may not be an accurate representation of the village when based on a very small number of sampled individuals, I excluded cases where there are less than 10 respondents in a single village. This selection process left a final study sample of 2344 individuals from a total of 101 different villages. As shown in Table 3, the selection filters did skew the study sample slightly towards more wealthy respondents – relatively speaking, of course. Female respondents are slightly overrepresented in the final sample, and respondents from Mchinji district (where villages tend to be very small in comparison to those in the two other research sites) are underrepresented, but this bias is not extreme and is balanced by the necessity of each filter.

²⁴ The large amount of missing data on HIV status is, in part, a function of the data collection strategy used by the MDICP. The survey team completed interviews with 3386 respondents; approximately 1 week later, the STI data collection team followed up with these respondents with an additional questionnaire and offered free testing for HIV and four other STIs. Of the 3386 who filled out the initial survey, the STI team was able to locate 2847. The 376 respondents were lost between teams for a variety of reasons; examples include: migrated to find work, traveled out of town to attend a funeral, went to the hospital, married and went to live with spouse in new town, traveled to town to participate in a religious revival. A second source of attrition for the biomarker data was refusal. Of the located survey respondents, 260 (approximately 10%) refused to be tested. Compared with other studies that have collected biomarker data, this refusal rate is remarkable low, suggesting a high unmet demand for free HIV testing in this area. An additional 12 cases were deleted from this analysis because the result of the HIV test was indeterminate.

²⁵ Of those excluded by the imposition of this filter: respondents who do not identify with any religious tradition or attend any congregation (n=32) as well as those who listed a congregation that could not be identified (n=3).

Table 6.3: Descriptive Statistics for Each Stage of the Sample Selection Process

| | Initial Sample | Filter 1 | Filter 2 | Filter 3 |
|---------------------------------|----------------|----------|----------|----------|
| HIV Positive | 0.07 | 0.07 | 0.07 | 0.07 |
| Nonrelational Partner | 0.11 | 0.11 | 0.11 | 0.11 |
| Total Number of Sexual Partners | 3.23 | 3.24 | 3.18 | 3.18 |
| Attendance | 2.53 | 2.54 | 2.55 | 2.54 |
| Rumphi | 0.28 | 0.31 | 0.34 | 0.34 |
| Balaka | 0.28 | 0.30 | 0.32 | 0.33 |
| Mchinji | 0.32 | 0.27 | 0.27 | 0.25 |
| Male | 0.46 | 0.45 | 0.44 | 0.44 |
| Age | 33.84 | 33.81 | 33.88 | 33.80 |
| Secondary Education | 0.11 | 0.12 | 0.12 | 0.12 |
| Value of Livestock (logged) | 6.87 | 7.03 | 7.13 | 7.14 |
| N | 3386 | 2715 | 2571 | 2485 |

Source: Data are from the 2004 Malawi Diffusion and Ideological Change Project (MDICP-3)

ANALYTIC STRATEGY

The goal of this analysis is to determine whether the moral communities thesis can contribute to explaining observed variation in risky sexual behavior (conceptualized here as self-report of a nonrelational partner during the past year) or in HIV status in Malawi. The outcome variables in this analysis are dichotomous variables with a value of 1 if a respondent reported having a sexual partner during the past year who was not a spouse or a steady girlfriend or boyfriend, and a value of 1 if a respondent participated in the biomarker portion of the MDICP and tested positive for HIV. Because risk behaviors and HIV status vary markedly by gender, models for men and for women are estimated separately. Men in Malawi have more sexual autonomy than women. Therefore, I expect

to observe a stronger and more direct relationship between reported sexual risk behaviors and HIV status for men, while women may be most vulnerable to being infected with HIV by their spouse. Age is another factor that may operate differently for men and for women, as several recent studies have suggested that young women are particularly physiologically vulnerable to contracting the disease (Glynn, Caraël, and Auvert 2001). Indicators of wealth and education may also operate differently for men and women in this context. While wealth may indicate autonomy and independence for women, and make women less likely to engage in transactional sex, wealth may afford men more access to sexual partners, therefore placing them at higher risk for HIV.

Because the research questions involve estimating individual (level 1) and village-level (level 2) effects on dichotomous dependent variables, I estimate pairs of hierarchical logistic regression models for each outcome using the statistical program HLM 6.0a (Raudenbush et al. 2004). The first model for each outcome includes only level-1 predictors; village-level characteristics and cross-level interaction terms are added in the second model. A series of graphs depicting the cross-level interactions facilitates the interpretation of the associations documented in these models.

The model used is a variation on the standard logistic regression model. The equations below are used to estimate the probability, for example, that respondent i in village j tested positive for HIV, where β_j is the intercept, x_{kij} are explanatory variables, and β_k are the coefficients for those variables.

$$(1) \quad \log[p_{ij}/(1-p)] = \beta_j + \beta_1 x_{1ij} + \dots + \beta_k x_{kij}$$

In the level 2 model, village-level effects are represented separately from individual level effects. Instead of a common intercept, each village has its own intercept, represented by β_j . The village-specific intercept is modeled on key village-level characteristics, including village-level religiosity. The overall population intercept is represented by β_0 , a fixed intercept, and the explanatory variables in this model x_{qj} are village-level characteristics and not the traits of individuals.

$$(2) \quad \beta_j = \beta_0 + \beta_1 x_{1j} + \dots + \beta_q x_{qj}$$

Finally, cross-level interaction terms are modeled by estimating β_k , the coefficient for individual-level explanatory variables, as a function of village-level characteristics.

$$(3) \quad \beta_k = \beta_0 + \beta_1 x_{1j} + \dots + \beta_q x_{qj}$$

The key independent variables at each level (individual and village-level attendance at religious services) are mean centered for ease of interpretation.

RESULTS

Exponentiated regression coefficients (odds ratios) for reporting a nonrelational sexual partner during the past 12 months are presented in Table 6.4. Several patterns are immediately clear in Model 1, the individual level model for women. The likelihood of reporting a nonrelational sex partner decreases with age, but this relationship is slightly curvilinear, as evidenced by the marginally significant squared term. Women with higher levels of SES (value of livestock and education) are more likely to report a recent nonrelational partner, as are those who have been previously married (divorced or

widowed), those who report suspicion that their current partner is unfaithful, and interestingly, those who give socially desirable answers. There are also some important religious variations in women's reported sexual behavior. Consistent with previous research on religion and sexual behavior in multiple contexts, women who attend religious services frequently have reduced odds of reporting a nonrelational partner. Net of factors like SES and attendance at religious services, some denominational differences also emerge as significant. Relative to Catholic women, Muslim women are over 60 percent more likely to report a recent nonrelational sexual partner, while women belonging to all other religious traditions have significantly reduced odds. Pentecostal and AIC women, however, are by far the least likely to report having a recent nonrelational partner and are only one third as likely as Catholic women to report this type of risk behavior. Finally, women who have compromised health (report that they are either currently or frequently sick) are less likely to report an extramarital partner.

The introduction of village-level factors in Model 2 reveals some distinct patterns. First, once village-level variation is accounted for, economic advantage (measured by the value of livestock) is negatively associated with reporting a nonrelational partner; this finding may suggest that poor women in rural Malawi are engaging in what many researchers and activists refer to as "survival sex" – nonprofessional sex-for-money exchanges (Wojcicki 2002). While the denominational patterns remain the same, overall, their magnitude is amplified; with Muslim women being more than twice as likely as Catholic women to report a nonrelational sex partner and AIC women being only 15 percent as likely to report this. The village-level characteristics added in this model show

that women in smaller villages and in younger villages have reduced odds of reporting a risky sexual partner, and that there is a positive association between the proportion male in a village and risky sexual behavior among women in the village. In other words, women in villages where the sex ratio favors men are more likely to report a nonrelational sexual partner than women in villages where the sex ratio favors women. While individual-level religiosity remains negatively associated with nonrelational sex among women in rural Malawi, village-level religiosity has the opposite effect. Women in villages where the average level of religiosity is high are actually more likely than those in less-religious contexts to report a nonrelational sexual partner.

Table 6.4: Individual and Community-Level Predictors of Reported Nonrelational Sexual Partner
WOMEN **MEN**

| | Model 1 | Model 2 | Model 3 | Model 4 |
|----------------------------------|----------------|----------------|----------------|----------------|
| Intercept | 1.13 | .89 | .52 * | .48 ** |
| Age | .89 *** | .91 *** | .90 *** | .90 *** |
| Age Squared | 1.00 † | 1.00 | 1.00 *** | 1.00 *** |
| Value of Livestock (logged) | 1.13 *** | .93 *** | 1.01 | 1.02 † |
| Secondary Education | 1.53 *** | 1.59 *** | 1.34 *** | 1.35 *** |
| Previously Married | 1.56 *** | 1.61 *** | .58 *** | .58 *** |
| Suspect Partner Unfaithful | 1.34 *** | 1.26 *** | 1.25 * | 1.23 * |
| Social Desirability | 1.12 *** | 1.14 *** | 1.03 | 1.03 |
| Attendance at Religious Services | .77 *** | .81 *** | .83 *** | .85 ** |
| Pentecostal | .33 *** | .31 *** | 1.67 *** | 1.81 *** |
| New Mission Protestant | .76 * | .67 *** | 1.14 | 1.18 |
| AIC | .34 *** | .14 *** | 1.20 | 1.22 *** |
| Mission Protestant | .69 *** | .67 *** | 1.57 *** | 1.65 *** |
| Muslim | 1.62 *** | 2.25 *** | 1.86 *** | 1.99 *** |
| Respondent Sick | .78 *** | .77 * | NA | NA |
| Village Size | | .99 *** | | 1.00 |
| Average Age in Village | | .96 *** | | .94 *** |
| Proportion Male | | .18 *** | | .20 *** |
| Village Religiosity | | 1.99 *** | | .61 *** |
| Village * Individual Religiosity | | .84 | | 1.51 † |
| N | 1387 | 1387 | 1039 | 1039 |

Odds Ratios from Logistic Regression Procedure

Standard Deviations in Parentheses

Denominational coefficients are compared to Catholic

† p<.10 * p<.05 **p<.01 ***p<.001

FIGURE 6.2

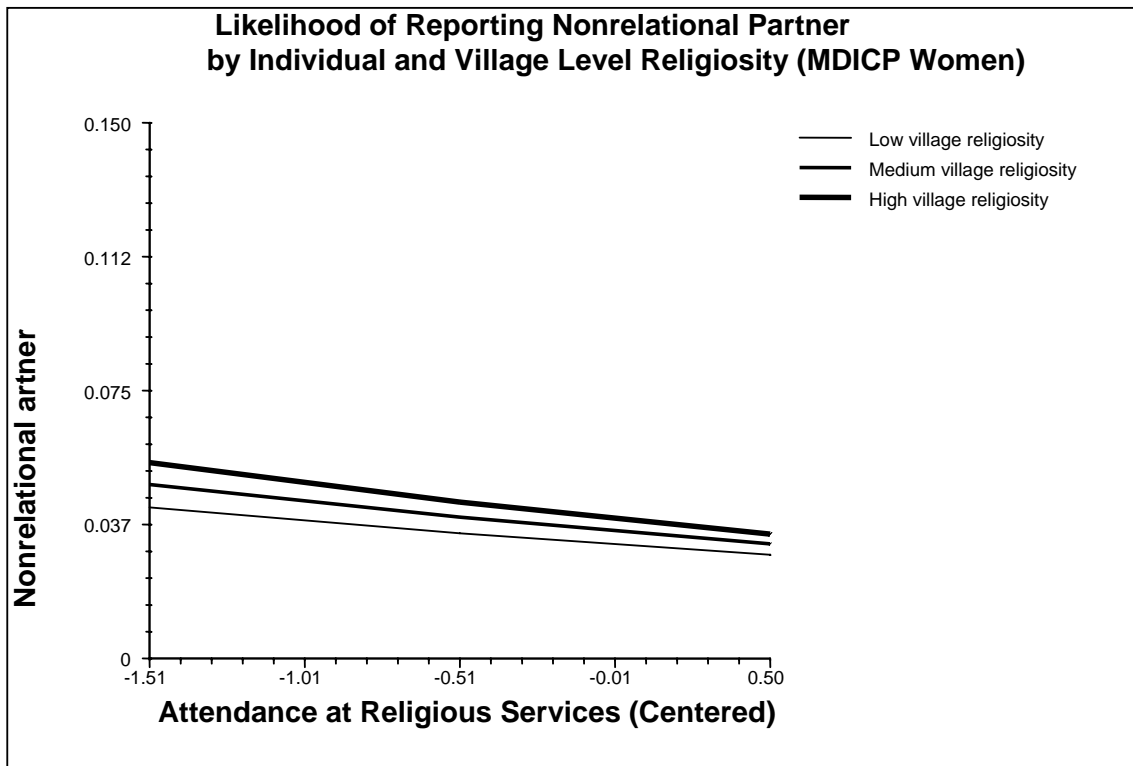


Figure 6.2, above, illustrates the relationship between religiosity and a reported nonrelational partner for women. As expected, individual-level religiosity is associated with reduced odds of reporting a nonrelational partner, however village-level religiosity does not constrain sexual behavior among women; in fact, highly religious villages²⁶ provide a context in which significantly (though not substantially) more, and not less,

²⁶ The aggregated village-level attendance measures can be difficult to interpret, since the theoretical range is from 0-4 but actually only ranges from 2.4 to 4 (as illustrated in Table 6.1). On an individual scale, 4 corresponds to weekly attendance, and 2 to less than monthly attendance. The graphs represent “high,” “medium” and “low” levels of village level religiosity by graphing the 25th, 50th and 75th percentiles for illustrative purposes. In villages in the 25th percentile of religiosity, 65 percent of villagers report attending religious services weekly. Seventy-one percent report attending weekly or more often in “median religiosity villages.” At least 86 percent of respondents report attending religious services at least weekly in the most religious villages (75th percentile and above.)

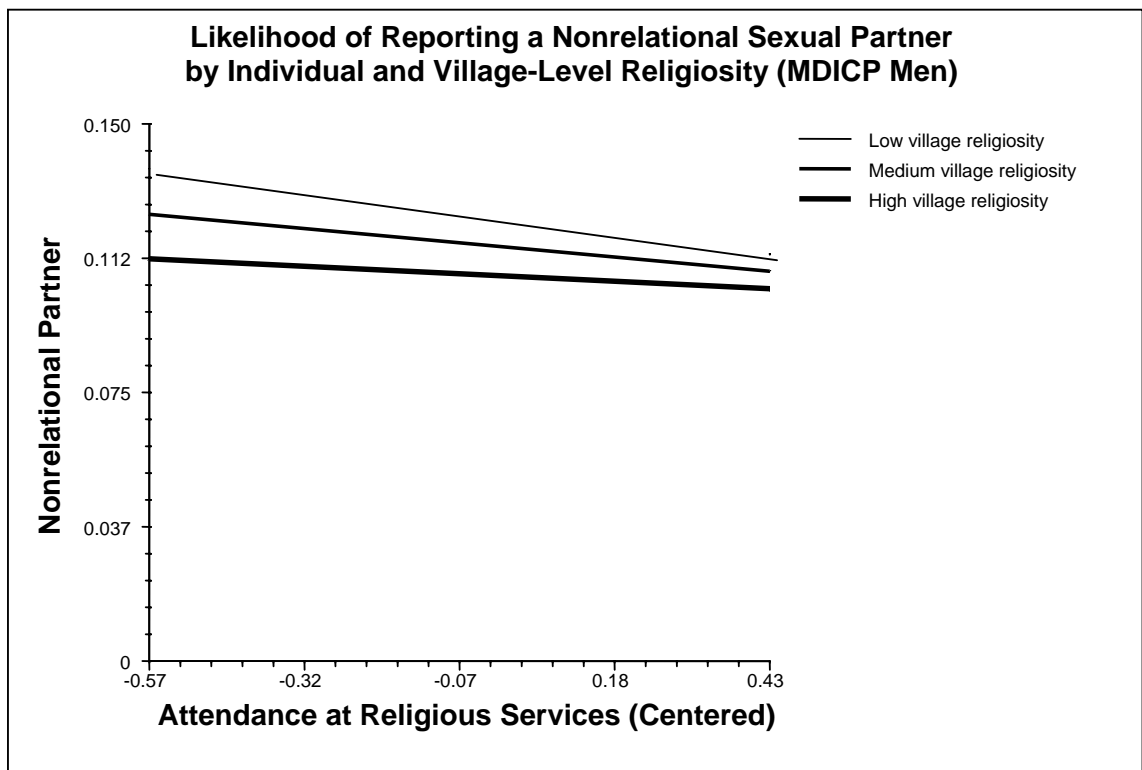
nonrelational sex occurs. The cross-level interaction term between individual and village-level religiosity is not significant for women, demonstrating that the relationship between individual-level religiosity and nonrelational sexual activity does not vary by religious context.

In estimating the same models for men, several different patterns emerge. First of all, reports of a recent nonrelational partner are far more common among men than among women. Unlike for women, men who are either widowed or divorced have reduced odds of reporting a nonrelational partner (O.R.=0.58, $p<.001$), and the social desirability measure employed here is not significant for men. While attendance at religious services is negatively associated with reporting a nonrelational partner, the denominational patterns among men vary from those observed among women. Catholic (reference category), AIC, and New Mission Protestant men are the least likely to report a nonrelational partner and are not statistically different from one another, while Pentecostal, Mission Protestant, and Muslim men have elevated odds of reporting this, at least relative to Catholics.

Once certain village level factors are accounted for in Model 4, we find that wealth (value of livestock) is positively associated with reporting a nonrelational partner. While the findings suggest that economically disadvantaged women are more likely to engage in nonrelational sex, the opposite appears to be true for men. Village level characteristics like the sex ratio, size and average age in the village operate similarly for both men and women. However, village-level religiosity provides a substantial and significant constraining effect on nonrelational sex among men. Men in villages where

average religiosity is high are much less likely than those in villages where it is lower to report a recent nonrelational partner. Furthermore, the significant cross-level interaction terms shows that the individual-level association between religious involvement and sexual behavior varies by village religious context. Since cross-level interaction terms are often difficult to interpret, Figure 6.3 below is used to clearly illustrate the relationships identified in the table.

FIGURE 6.3



The three lines represent varying levels of village-level of religiosity, with the darkest line representing the most religious villages (top quartile) and the lightest line, the least religious villages (bottom quartile). The intercepts for each line are different from one another – both visibly to the eye and statistically speaking - demonstrating that in and of itself, residing in a religious village lowers one’s odds of reporting a nonrelational sexual partner. The negative slopes for individual-level religiosity for each line show that very religious men are less likely than their less-religious counterparts to report nonrelational sex and that this is true across religious contexts. The magnitude of these negative slopes, however, differs by village-level religiosity. In less religious villages, the impact of individual religiosity is greater, suggesting that religious distinctiveness engenders distinctive sexual behavior in this context. The constraining effect of village-level religiosity, lowers, but highly religious men in such a context are less distinct than their less religious counterparts. The findings from this model offer an explanation of religious influence on male sexual behavior that is consistent with the “embattled” version of the moral communities hypothesis. In addition to the protective effect of individual-level religiosity, the level of religiosity in a community has a direct, constraining effect on risky sexual behavior among men. However the effect of individual-level religiosity is strongest in less-religious villages, where strong personal religiosity signals distinctiveness.

Table 6.5: Individual and Community-Level Predictors of HIV Positive Status
WOMEN **MEN**

| | Model 1 | Model 2 | Model 3 | Model 4 |
|----------------------------------|----------------|----------------|----------------|----------------|
| Intercept | .00 *** | .00 *** | .00 *** | .00 *** |
| Age | 1.31 *** | 1.32 *** | 1.40 *** | 1.40 *** |
| Age Squared | .99 *** | .99 *** | 1.00 *** | 1.00 *** |
| Value of Livestock (logged) | .99 † | .99 | .93 *** | .94 *** |
| Secondary Education | 1.18 | 1.18 | 1.00 | .99 |
| Previously Married | 2.11 *** | 2.11 *** | 2.56 *** | 2.61 *** |
| Total Number of Partners | 1.12 *** | 1.08 *** | 1.03 *** | 1.03 *** |
| Suspect Partner Unfaithful | 1.36 *** | 1.46 *** | .92 | .95 |
| Social Desirability | .89 *** | .86 *** | .95 | .95 |
| Attendance at Religious Services | .90 * | .86 *** | 1.10 † | 1.14 * |
| Pentecostal | 1.31 * | 1.38 ** | .93 | .86 |
| New Mission Protestant | .36 *** | .39 *** | .58 *** | .58 *** |
| AIC | 1.34 ** | 1.38 *** | .55 *** | .56 *** |
| Mission Protestant | 1.21 † | 1.32 ** | 1.02 | .99 |
| Muslim | 1.24 * | .84 † | .71 *** | .65 *** |
| Respondent Sick | 2.12 *** | 2.20 *** | NA | NA |
| Village Size | | 1.02 *** | | 1.00 |
| Average Age in Village | | .96 *** | | 1.04 *** |
| Proportion Male | | 2.52 * | | .94 |
| Village Religiosity | | .53 *** | | 1.36 † |
| Village * Individual Religiosity | | .44 *** | | 2.09 ** |
| N | 1387 | 1387 | 1039 | 1039 |

Odds Ratios from Logistic Regression Procedure
Standard Deviations in Parentheses
Denominational coefficients are compared to Catholic
† p<.10 * p<.05 **p<.01 ***p<.001

In Table 6.5 we predict HIV positive status for men and for women, using the same modeling strategy employed in Table 6.4. Using an objective measure like actual HIV status offers a great improvement over relying exclusively on self reported sexual behavior, as most previous studies have done. Biomarker data are not without their own particular set of problems, and several important cautions merit some discussion here. Biomarker data to establish HIV status was collected at a single point in time, but the timing of infection for each positive case remains unknown; an HIV positive individual may have been infected 6 days ago, 6 months ago or 6 years ago. It is impossible to tell. I therefore do not use current risky behaviors (such as the previous dependent variable) to predict current HIV status, but rely instead of a more global measure of risk – the total number of lifetime sexual partners an individual reports. In fact, since some HIV positive individuals are symptomatic and others know their status and have adjusted their sexual behavior accordingly to avoid infecting their current or most recent partners, we would, if anything, expect risky sexual behavior to be lower among HIV positive individuals, particularly among those who are currently symptomatic and are either not well enough to engage in or enjoy sex or who have been socially diagnosed HIV positive by their friends and neighbors and, thus, identified as undesirable sexual partners.

For women, older individuals (O.R.=1.31, $p<.001$), and those who have been previously married (O.R.=2.11, $p<.001$) have increased odds of testing positive for HIV; in fact, divorced and widowed women are more than twice as likely to test positive for HIV than women who are currently in their first marriage or who have never married. The total number of partners a woman reports is associated with increased odds of testing positive, with each additional partner increasing the odds by

12 percent. Women who suspect or know that their partner is or has been unfaithful are also more likely to test positive than those who do not, while women who attend religious services often are less likely than their less-religiously-active counterparts to test positive for HIV. This is true, independent of a significant measure of current health status, which would indicate that a person is not well enough to walk to religious services (O.R. 2.12, $p < .001$).

Denominational differences in HIV status among women are striking. Pentecostal, Mission Protestant, and Muslim women are more likely than Catholic women to have tested positive for HIV, while New Mission Protestant women have significantly and substantially reduced odds (O.R.=0.36, $p < .001$). Only one of the patterns identified in the individual-level model changes substantially with the addition of village-level variables in Model 2. Once controls for village-level factors like size, age, proportion male, and religiosity, are accounted for, Muslim women actually experience reduced odds of testing positive for HIV, though the association is only marginally significant. Women in larger villages, and in villages where the sex ratio favors men are more likely to test positive, while women in the villages where the average age is older (likely an indicator of less mortality) and where religiosity is high are less likely to test positive for HIV. The significant cross-level interaction term signifies that the negative relationship between individual-level religiosity and HIV status varies by religious context for women.

FIGURE 6.4

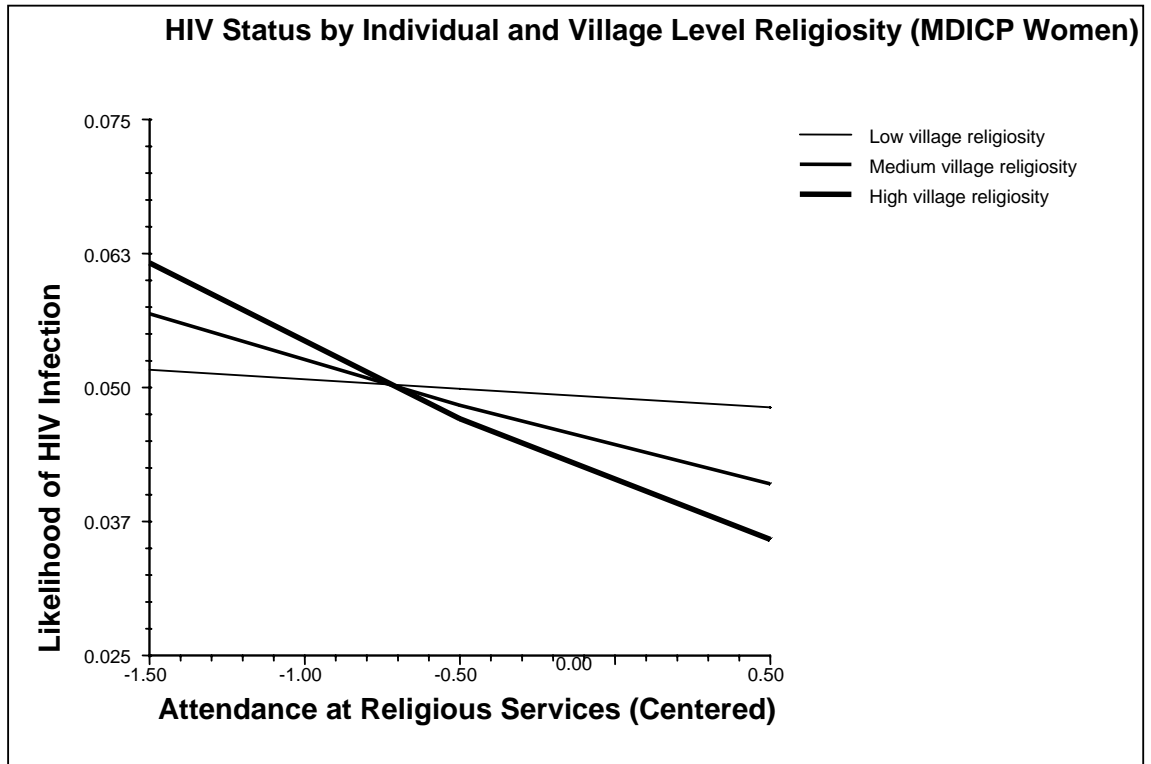
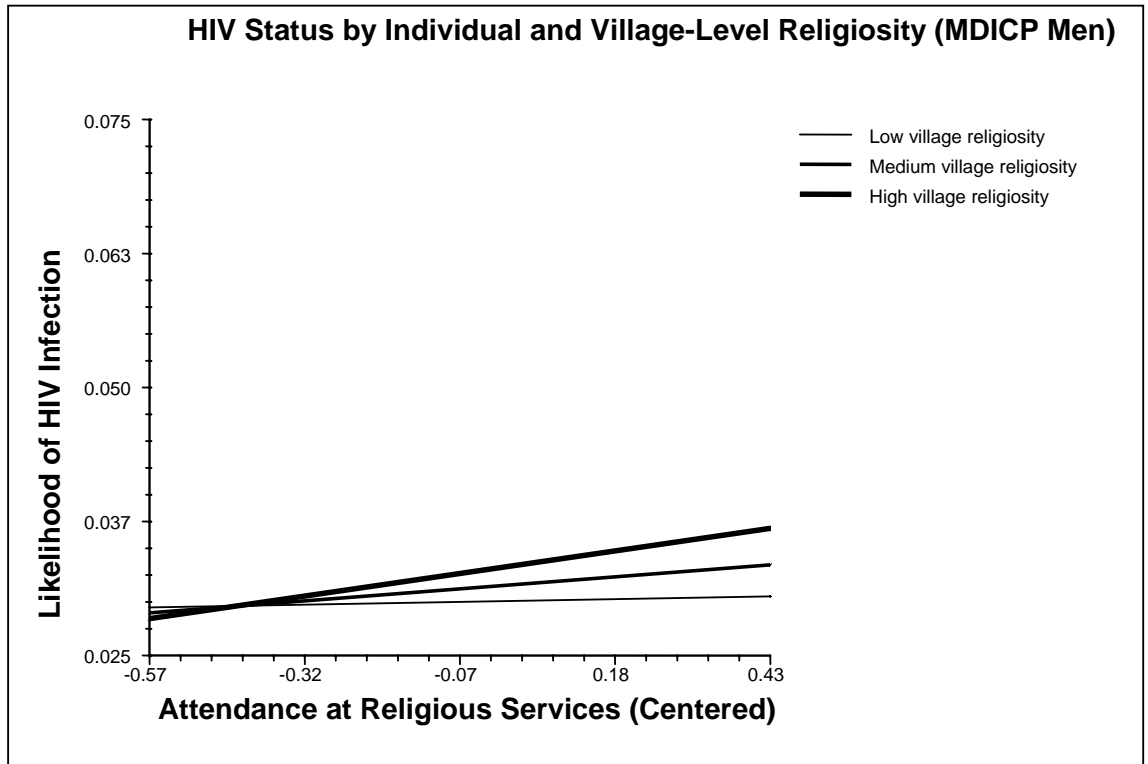


Figure 6.4 illustrates this relationship for women, showing that while the relationship between religious involvement and HIV positive status is negative (evidenced by downward sloping lines) across village contexts, the relative impact of individual-level religiosity varies dramatically. Religious women in religious villages (located at the right-most point of the darkest line) are least likely to test positive for HIV, and the impact of religious involvement for women in this context is strongly protective against testing positive for HIV. In villages where religiosity is low overall, on the other hand, individual-level religiosity has only a tiny protective effect for women. In short, while individual-level religiosity is negatively associated with HIV infection for women, the magnitude of this association is dependent on the religious context. Consistent with the “light switch” variant of the moral communities hypothesis, highly religious contexts provide the “teeth” to make individual-level

religiosity matter, whereas the impact of religiosity is almost null in less-religious contexts.

Modeling HIV infections among men, as shown in Models 3 and 4 reveals some distinct patterns compared to those observed among women. First of all, while wealth is not associated with HIV infection for women, wealth is advantageous in terms of reducing the odds of being infected with HIV for men; each one-unit increase in the reported value of one's livestock is associated with a seven percent reduction in the likelihood of being infected. Like women, men who have been previously married are more likely to test positive for HIV, and each additional sexual partner reported is associated with a three percent increase in the odds of testing positive. However, unlike women, religious involvement is positively associated with testing positive for HIV. The key denominational differences observed among men are the reduced odds of infection among Muslims, AIC, and New Mission Protestants compared with Catholics. While none of these relationships changes with the addition of village-level variables in Model 4, there are some surprising results. Village-level religiosity is a marginally significant variable, but unlike for women positively predicts HIV infection among men. Furthermore, the interaction term between individual and village-level religiosity shows that the positive association between religious involvement and HIV positive status is actually amplified in highly religious contexts. Figure 6.5 below illustrates.

FIGURE 6.5



Although the findings for men run contrary to the theoretical expectations, there are a number of possible explanations to be explored. Religious men in religious villages are most likely to test positive for HIV, net of many socio-demographic and risk factors, which is surprising given that religious men in religious villages, where norms against extramarital sex are strong, are less likely to engage in extramarital and nonrelational sex. Men in this situation who do, however, have extramarital partners are probably not having sex with other women in their village. It seems likely that these men are drawing extramarital partners secretly, from outside their villages, probably while they are traveling. The extramarital partners of these men are probably sex workers and other “dangerous” partners from whom they are more likely to have been infected.

Gender differences in selection processes also shed light on this apparent anomaly. Although teachings against extramarital sex are applied to both men and women, religious norms against extramarital sex may be particularly strong for women, leading women who are either engaging in risky sexual behavior or who know that they are infected with HIV to reduce their levels of religious involvement as a way of avoiding real or perceived stigma. Men, on the other hand, may be less likely to experience social sanctioning from religious leaders or fellow members; men who are infected may also be less fearful of being stigmatized. In fact, the men who are most likely to be infected may be increasing their levels of religious involvement precisely as a strategy for avoiding HIV.

During the collection of MDICP-3 and data collection, I heard a recurring narrative about a womanizing man who saw many of his friends die from AIDS and AIDS-related diseases during the early 1990s.²⁷ Realizing that he must change his ways or meet the same fate, the man struggled to be faithful to only his wife and failed; struggled and failed, with tremendous guilt and worry as he honestly did not want to hurt his wife, whom he loved, or their children. After realizing that he could not resist temptation on his own, this man joined a strict religious group, where he knew that the leader was vigilant and that the other parishioners had good families and did not tolerate obvious sexual behavior among their members – the Seventh Day Adventists. Several years later, this man is happy and healthy, married and faithful to his wife - with the support of God and the church, as both strengthen him to resist the temptation of all the beautiful women around him. His spiritual testimony involves

²⁷ This narrative also appeared with some regularity in the ethnographic journals written by local interviewers over a period of 8 years. See Watkins and Swidler 2004 for a description of these data.

praising God that he did repent from his womanizing ways in time to escape the fate that befell many of his friends.

However an alternate version of this narrative ends at the graveyard. The man who converted in order to avoid the disease he saw all around him got sick after spending one year praying with the Seventh Day Adventists, a group known for their strictness on matters of sexual behavior. During his year there, he was a good member, praying regularly, tithing, and singing with the choir. When he got sick, the members organized to visit him on a regular basis, bringing cans of maize and other small gifts, as well as offering prayer and encouragement to him and to his family during his dying days. Although this man died of AIDS, he experienced spiritual healing, died in the company of his loyal and loving family, and his life was celebrated with a well-attended funeral, where the pastor of his church preached about faithfulness.

Although women in Malawi do engage in risky sexual behavior either by choice or because of economic necessity, the dominant narratives about religion and HIV infection among women are distinct. A woman, a Presbyterian who attends religious services sometimes but not regularly, grows tired of her husband's wandering ways. She talks with her friends and neighbors regularly about their AIDS-related worries, and notices that the women in her village who seemed least worried about being infected by their husbands attended a new Pentecostal congregation that seems to be growing rapidly. All of the Pentecostal husbands have quit drinking; they are spending more time at home in the evenings and less time wandering around the trading centers, where they are likely to find drinking partners and sex partners as well. The woman begins attending prayer meetings with the Pentecostal women and

after several weeks, convinces her husband that they should join the Pentecostals for weekly services – the church there is “spirit filled” and consistent with the messages about the health and wealth that follows from being faithful to God’s the blessings in the other members’ lives are visible to outsiders. A second woman, who has started to show signs of wasting, has stopped attending religious services as regularly as she used to for two reasons, 1) she no longer feels well enough to make the long walk, and 2) she is afraid of what the other members will say about her when they see the sores on her face. Members of the church notice her absence and come to visit her, bringing small gifts and “cheer” (prayer and encouragement).

These narratives show both men and women invoking religion, specifically religious change as a strategy for avoiding HIV infection. Successfully or unsuccessfully, men and women in rural Malawi are using religion as a resource; however, they appear to be doing so in different ways. Women who are most likely to be infected may also be most at risk of “dropping out” of religious participation, while men who are most at risk may take the opposite approach. While I cannot actually confirm this explanation with the survey data from the MDICP these data do provide additional suggestive evidence that this is, indeed, the case.

Table 6.6: Exploring Gender Differences in Selectivity

| | MEN | | WOMEN | | MEAN | | All |
|-----------------------|--------------|--------------|--------------|--------------|------|-------|------|
| | HIV Negative | HIV Positive | HIV Negative | HIV Positive | Men | Women | |
| Decreased Attendance | 22% | 14% | 24% | 31% | 24% | 25% | 25% |
| Stable Attendance | 57% | 66% | 52% | 48% | 56% | 52% | 53% |
| Increased Attendance | 21% | 20% | 23% | 20% | 20% | 23% | 22% |
| N | 522 | 35 | 931 | 93 | 697 | 1271 | 1914 |
| Same Congregation | 94% | 92% | 91% | 88% | 90% | 87% | 88% |
| Switched Congregation | 6% | 8% | 9% | 12% | 10% | 12% | 12% |
| N | 511 | 34 | 914 | 93 | 671 | 1194 | 1865 |

Source: linked MDICP-2 (2001) and MDICP-3 (2004)

Using a subset of respondents from the analyses presented in Tables 6.4 and 6.5, Table 6.6 shows simple cross tabs on changes in religiosity between waves (2001 to 2004) by HIV status for men and for women. Since there are very few HIV positive cases in this analytical subsample (35 men and 93 women), cell sizes are small, and differences between cells are not significant in any of the combinations seen here. Still, interpreted cautiously and in combination with other sources of data, specifically the qualitative data in the interviews and journals, the cross tabs suggest that there may be something to the gender selectivity explanation for the different patterns in religion and HIV status observed for men and women. While HIV positive men are less likely than HIV negative men (14 percent vs 22 percent) to have decreased their reported religious attendance between waves, the opposite is true for women. Thirty-one percent of HIV positive women reported a decline in religious involvement between 2001 and 2004, compared with 24 percent of HIV negative women. For both men and for women, a higher proportion of HIV positive individuals reported switching religious congregations during the past five years.

DISCUSSION

This analysis finds a stable negative relationship between religious involvement and nonrelational sexual partners for both men and women, and suggests that religious involvement also is associated with lowered levels of HIV infection for women. However this study also reveals that the nature of the relationship between religion and HIV is more complex than the examinations presented in most previous studies have allowed for. When considering only individual-level factors, religious involvement negatively predicts HIV positive status, and some significant denominational differences do surface in these models, both for men and for women. Ultimately, however, the story of the relationship between religion and HIV risk is not a story of religious affiliation, nor is it one of individual-level religiosity as an indicator of sexual piety and, consequently, reduced risk of HIV infection. The multi-level models featured here show that certain community characteristics – including religious ones - are strong predictors of an individual's sexual behavior and of actual HIV status.

Table 6.7: Summary of Findings and Theoretical Implications

| | WOMEN | MEN |
|---------------|---|--|
| HIV Risk | <ul style="list-style-type: none"> ● individual religiosity - direct negative effect ● village-level religiosity - direct positive effect ● no significant cross-level interaction effect ○ individual sexual piety ○ village-level religiosity may facilitate opportunities for relationships - including sexual ones | <ul style="list-style-type: none"> ● individual religiosity - direct negative effect ● village-level religiosity - direct negative effect ● village-level religiosity constrains the effect of individual-level religiosity ○ clear support for the embattled version of Moral Communities hypothesis |
| HIV Infection | <ul style="list-style-type: none"> ● individual religiosity - direct negative effect ● village-level religiosity - direct negative effect ● village-level religiosity amplifies the effect of individual-level religiosity ○ support for "light switch" effect | <ul style="list-style-type: none"> ● individual religiosity - direct positive effect ● village-level religiosity - direct positive effect ● village-level religiosity amplifies the effect of individual-level religiosity ○ selection effects ○ drawing "dangerous" partners may increase infections among religious men |

Table 6.7 provides a summary of these findings and highlights the theoretical implications in a single snapshot. The data do not match the theory seamlessly; however, it is clear that the moral communities thesis does, indeed, provide a useful framework for understanding how the collective dimension of religious life may influence both sexual behavior and HIV status. Nonrelational sex among women is low, and thus hard to predict. The same is true for HIV prevalence among men. However two distinct versions of the moral communities hypothesis are supported in examining behaviors that are prevalent enough to be modeled with some confidence – risky sexual behavior among men, and HIV prevalence among women.

Regardless of an individual’s own level of religious commitment, residence in a village where the average level of attendance is high negatively predicts HIV risk behaviors for men, net of numerous other individual and village-level factors. For men, however, the protective effects of individual and village-level attendance are not

additive in their magnitude. In fact, the effect of individual religious involvement is significantly reduced in areas where attendance is almost ubiquitous. The idea of oppositional identity – the embattled version of the moral communities hypothesis – is useful here. In environments where most everyone engages in the particular practice of attending religious services, a type of apathy may develop among religious individuals; their behaviors and attitudes may be barely distinguishable from those around them. However in village contexts where religious involvement is not normative, the patterns of HIV infection among highly religious individuals are particularly distinct from their less-religiously involved counterparts. It seems clear that social structural factors (i.e., large villages, predominantly young population, low male to female ratio) assist in HIV transmission by creating (or at least indicating) conditions that lead to high prevalence, a condition which in and of itself is a key factor in facilitating the spread of the disease. This chapter suggests another social structural factor – religious context – that, though rarely considered by social scientists or epidemiologists, merits further attention in studies examining population health, in particular those health issues that involve behavior change.

Why does village-level religiosity operate differently for men and for women in predicting nonrelational sexual partners? Data from the sermon reports and the religious leader interviews make it clear that religious messages about fidelity and sexual behavior as these relate to AIDS are first and foremost directed at men. The practice of policing sexual behavior, as discussed in Chapters 4 and 5, is also an intervention that focuses on changing the sexual behavior of men for the sake of their wives and their families. Since women are not often specifically targeted by these messages, a context of high religious involvement may not have the same enforcing

power as it does for men. This would explain null findings between village-level religiosity and nonrelational sex for women, but not the fact that village-level religiosity operates in the opposite direction.

It may be that religious villages are more integrated socially, and that high overall levels of religious participation provide opportunities for fostering opposite sex relationships -- including sexual ones. Unlike men who mostly draw their nonrelational partners from outside their villages while traveling, opportunities for travel and migration are more limited for women, and those with extramarital partners probably draw them from within their same village or at least nearby. If this is true, the strong messages about sexual morality that are focused on men may reduce this certain type of extramarital sex – nonrelational sex with “outsiders” – the most common type of extramarital sex among Malawian men. Village-level religiosity may not, on the other hand, function to reduce extramarital sex or sexual relationships within the village for men or for women. Still, this finding is a mysterious one that merits more in-depth exploration in future studies.

Since women, especially young women, are both physiologically and socially more vulnerable to HIV infection than young men, it makes sense to focus efforts to understand the HIV epidemic on women, especially when the statistical power is limited due to the “small” number of infections observed in available data. A different version of the moral communities hypothesis appears to better explain the observed patterns between religion and HIV status for women. Risky sexual behavior (dangerous partners, many partners) is relatively low among women, but is an important predictor of HIV status nonetheless.

Attendance at religious services may signal lowered odds of engaging in nonrelational sex for both men and for women, as evidenced by the analyses presented here. However one's level of risk for contracting HIV is not limited to one's own sexual behavior; this is particularly true for women in SSA. As such, it makes sense both intuitively and sociologically that women in villages where village-level religiosity is high would be less likely to test positive for HIV. It is in precisely these villages that the sexual behavior of men is most sharply constrained. Understood in this way, the explanation offered by the light-switch hypothesis fits what we know about HIV transmission in SSA to a "T". Women who abstain from risky sexual behavior are protected from HIV infection only to the extent that others in their community, specifically their husbands, are also protecting themselves from infection – whether through faithfulness to their uninfected partner or through condom use with potentially dangerous partners.

Conversely, this same phenomenon may explain why religious men in religious villages are most likely to test positive for HIV, despite having reduced odds of reporting at least one particular risk behavior in this study -- and other relevant behaviors in other studies examining individual-level risk factors only. The social control exerted by religious communities may successfully reduce what are commonly known as "risk behaviors" – prohibited on moral grounds by religious leaders and ill-advised as a public health risk by government and NGO workers. But risk reduction (conceived as individual-level behavior change) is a necessary but insufficient precondition for avoiding infection. Men who engage in "few" risk behaviors may have the most dangerous partners and thus have elevated odds of

actually having contracted the disease and of spreading it to their current and future partners.

This study has broken ground in identifying the ways in which religion shapes sexual behavior and the religious patterning of HIV infections in a particular area of SSA. However, many questions about the relationship between religion and HIV remain and others have arisen specifically through these analyses. First, the question of whether these findings are specific to rural Malawi or generalizable to other parts of the continent is an important one that should be a high priority for future research. Second, despite attempts to deal carefully with religious and health selectivity, selection effects largely remain a black box for researchers on religion and health. This is particularly true with regard to the role of AIDS related mortality in SSA – past, present, and future. The loss of life experienced throughout the course of fifteen years of the AIDS epidemic has certainly shaped who in SSA is left to be interviewed, observed, and tested. Finally, this study highlights the importance of developing a better understanding of how individual-level religious involvement and religious context may shape partner selection – which is likely the key to better understanding HIV in this part of the world.

CHAPTER SEVEN: AIDS RELATED STIGMA IN SUB-SAHARAN AFRICA: RECONSIDERING ITS PREVALENCE AND SOURCES

The contours of the AIDS epidemic in sub-Saharan Africa (SSA) are now well known. Close to 25 million adults in this part of the world are currently infected (likely sick), approximately 2 million AIDS deaths occur in this region annually, and the dead have left behind over 12 million orphans. While many studies on the AIDS in this region have focused on changes in sexual behavior in light of the epidemic, the consequences of this disease are still poorly understood. How are people in this part of the world responding to the hardship surrounding them? Twenty years into the epidemic, how do individuals respond to family members, friends, and neighbors who are sick and showing signs of AIDS? What are the social forces that shape their reactions?

Organized religion is one of the factors that has been identified as having both positive and negative implications for effective responses to the AIDS epidemic (Jenkins 1995). In SSA, Christian and Islamic religious organizations are believed by many to be key mechanisms for sustaining AIDS-related stigma or at least failing to contest discrimination, since they remain central institutions in many Africans' lives and tend to advocate sexual conservatism (Ahianté 2003; Atatah 2004; Moonze 2003; World Bank 1997). Cape Town Anglican Archbishop Njongonkulu Ndungane suggests that churches have contributed to AIDS stigma and has identified fighting such stigma as one of his top priorities for the church in South Africa (Gross 2005; Ndungane 2004). The primary reason for the presumed link between religion and stigma is the assumption of nonmarital sexual behavior and its status as immoral conduct. As a result, the sexual risk behaviors that make people vulnerable to

HIV/AIDS can be interpreted as moral transgressions, which may function to further distance HIV-positive individuals from organized religion, in turn deepening their stigmatization. Alonzo and Reynolds (1995) go so far as to suggest that organized religion may not only reinforce stigma, but may offer little comfort to the infected. Social support to the sick and dying requires that they “accept the perspective of the condemners” (1995: 311).

On the other hand, organized religion is also thought to be a primary means by which AIDS-related stigma and discrimination are *combated*. The primary texts of Christianity and Islam—the Bible and the Koran—do not easily lend themselves to justifying poor treatment of the outcast. Indeed, examples of congregations and religious NGOs (e.g., World Vision’s *Hope Initiative*) actively combating stigma abound (e.g., Gatheru 2002; Komakech 2003). Nevertheless, such anecdotal evidence still conveys the impression that the *average* congregation or religious individual is prone to discrimination. Little empirical evidence exists to support either the suggestion that religious ideologies actually breed discrimination and stigma about HIV/AIDS or the assertion made by others – that religious organizations across SSA have become key providers of care and support to people living with HIV/AIDS and of preventive education, in spite of the limited funds at their disposal (Liebowitz 2002; Pfeiffer 2002).

No social scientific study of stigma and discrimination gets far without making reference to Erving Goffman’s seminal work. Goffman (1963) locates stigma as “an attribute that is deeply discrediting,” one that diminishes the bearer “from a whole and usual person to a tainted, discounted one.” As Herek and colleagues (2005) note, stigma is different from prejudice and discrimination. Prejudice is a negative

attitude (an evaluation or a judgment) toward a member of a social group. It resides in the mind of the individual, whereas stigma resides in the structure of social relations within a society. In contrast to stigma, discrimination tends to be active, referring to differential treatment of individuals according to their membership in a particular group, and primarily concerns the producers of rejection and exclusion (Link and Phelan 2001). Discrimination and overt prejudicial sentiment are nevertheless not necessary for stigma to exist. Felt stigma may motivate people to hide their condition, rather than pursue possible treatments. In the case of HIV/AIDS, felt stigma may prevent access to counseling and effective therapy, as well as undermine personal efforts at planning for one's own (and family) future. Most definitions of stigma do not include discrimination, yet stigmatized persons often experience it (Link and Phelan 2001).

In the context of AIDS in rural Malawi, discrimination may take a number of forms that vary in their degree of severity: PLWAs may be the subject of mild or excessive gossip, they may be excommunicated from their church or mosque. In the most extreme cases they may be abandoned by their families and left to die alone. Religious organizations may contribute to perpetuating AIDS-related stigma by being silent, even complicit, in the mistreatment of persons living with AIDS (PLWA). Religious organizations may also be a force for combating stigma by fulfilling their imperative to love and care for the sick. In rural areas, in particular, where religious congregations may be the only formal organizations, they may play a key role in providing instrumental, spiritual, and social support for PLWA, in officiating funerals, and in providing support for the orphans and widows left behind when a PLWA dies.

This chapter examines how religious organizations both promote and combat AIDS-related stigma and discrimination by examining AIDS-related attitudes and behaviors at the individual, household, and organizational level, examining the role of religious organizations in rural Malawi. In order to address stigma and discrimination as the multi-faceted phenomena they most certainly are, the analysis examines both AIDS-related attitudes and behaviors and will take care to differentiate between stigma and discrimination (conversely, between articulated support and actual helping behaviors).

DATA, MEASURES, AND ANALYTIC PROCEDURES

The present chapter considers four outcomes of interest, including two attitudinal indicators (tapping support vs. stigma) and two behavioral measures of how individuals respond to PLWA (tapping helping vs. discrimination). All MDICP-3 respondents were asked the following question: “If a female teacher has the AIDS virus but is not sick, should she be allowed to keep teaching school?” Respondents who answered yes were coded 1 for supporting PLWA; otherwise 0. Similarly, respondents were also asked: “Would you buy fresh vegetables from a vendor who has the AIDS virus?” Those answering “yes” were coded 1. Additionally, a series of other questions about the level of perceived stigma are used to provide a descriptive overview of the climate towards PLWA. Like the stigma/support questions described above, these questions and their response categories are straightforward and thus are not described in detail here.

In rural areas of SSA, the common practice of “visiting” absent members serves several purposes. First and foremost, members check in on absent members to

see if they are ill, to assist sick members with daily tasks like hauling water and smearing the house,²⁸ and to bring food (normally corn) and soap. In short, both African Christians and African Muslims carry on the practice instituted by the early Christian church of caring for the sick, taking very seriously the following passage from the book of Matthew (bold text added), in which Jesus describes the way God will welcome those who have been merciful to others and damn those who have not:

‘for I was hungry and you gave Me food;
I was thirsty and you gave Me drink;
I was a stranger and you took Me in;
I was naked and you clothed Me;
I was sick and you visited Me;
I was in prison and you came to Me.’

MDICP respondents were asked about a series of religious activities and whether or not they had engaged in these during the past month. Respondents who reported having visited the sick during the past month were coded 1 for this variable; otherwise 0.

Using household roster data from the MDICP-3, I constructed a variable to indicate the presence of an orphan in the household. Households containing a permanent resident who is under the age of 18 and not a biological relative were flagged as possible orphans. If the head of household reported that either parent (mother or father) of this child is deceased, the household is considered an orphan host. That is, maternal orphans, paternal orphans, and double orphans who are residing in the home of a non-relative are included in this figure – not in terms of how many orphans there actually are but in terms of how many households they occupy. However since our strategy excludes close relatives, this strategy provides a very conservative estimate of the number of households containing an orphan.

²⁸ Smearing a mud house with fresh mud to prevent cracks in the walls from

The following analyses provide a thorough descriptive overview of AIDS-related stigma and helping behaviors in the context of rural Malawi. In order to assess the associations between the characteristics of religious congregations and key attitudinal and behavioral outcomes at the individual level, these analyses utilize the linked MRP-MDICP dataset described in Chapter 2 and utilized extensively in Chapter 3. Bivariate associations between a host of socio-demographic factors and the four key outcome variables lay the foundation for this paper. Continuous independent variables (i.e., wealth – operationalized as the value of livestock, number of suspected AIDS deaths, number of AIDS conversation partners, and number of religion conversation partners) are broken down into four-category ordinal variables based on quartiles. To further explore the relationship of religion to two of these outcomes: articulating support for a teacher who is infected with HIV (attitudinal) and having visited the sick during the past month (behavioral), I estimate a pair of models in Stata 9 using the *xtlogit* command for multi-level models of a binary outcome variable.

A DESCRIPTIVE OVERVIEW

Stigma and Support: What people say

Respondents were asked to try to put themselves in the shoes of someone with HIV. “That is, imagine what would happen to you if you were HIV positive. Do you think that some people would act as though it is your fault that you have AIDS? Do you think that you would stop socializing with some people because of their reactions to your having AIDS?” While 60 percent of respondents felt like they would be faulted for having been infected, less than 30 percent believed that the reactions to their HIV status would result in less socialization. In other words, Table 1 shows that

MDICP respondents are substantially more concerned about what people would think about them if they were infected compared with how they might actually be treated. A full 65 percent say that most people in their village are comfortable around a person who has AIDS.

TABLE 7.1: Descriptive Overview of Anticipated Stigma in Rural Malawi

| If you were infected with HIV: | Agree | N |
|--|-------|------|
| Some people would act like it's your fault | 59% | 3264 |
| You would lose some friends | 27% | 3268 |
| Most people in your village are comfortable around someone with AIDS | 65% | 3062 |

Source: MDICP, 2004

Respondents were also asked about their level of agreement with the following statement: People in your village feel that those who are movious (a local term for promiscuous) and got AIDS through sex have gotten what they deserve. The same question was asked about religious leaders in the respondent's village. How do they view people who have gotten AIDS through sex? While a majority of respondents disagrees that religious leaders feel this way, over half (57 percent) say that others in their village would make this assessment. In other words, survey respondents perceive the religious leaders around them to be less damning in their attitudes towards people with HIV than their neighbors in general.

Table 7.2: Individuals' Perceptions of Stigma in Their Communities

_____ in your village feel that those who are promiscuous and got AIDS through sex have gotten what they deserve

| | <u>People</u> | <u>Religious Leaders</u> |
|-------------------|---------------|--------------------------|
| Strongly disagree | 12% | 17% |
| Disagree | 31% | 42% |
| Agree | 44% | 33% |
| Strongly agree | 13% | 8% |
| N | 3128 | 3038 |

Source: MDICP, 2004

Survey data on what individuals think the people around them think have some value. While individuals may be unlikely to admit their own biases and attitudes to an interviewer, they likely give accurate information on the social climate of their villages, compounds, and social circles when asked about what *other people* believe. But what about religious leaders themselves? What do they say about people with HIV and how do they assess the level of stigma and discrimination in their villages? In their congregations? Using data from the MRP, Table 7.3 presents frequencies that illustrate how religious leaders view those with promiscuous behavior and the attitudes of those around them. Several patterns stand out here. First, religious leaders do not perceive significant differences between how members of their congregation view people with AIDS and how the village more generally views them. Religious leaders themselves are far more likely to blame than they are to say that other individuals (in their village or in their congregation) believe this. Furthermore, if we compare Column A in Table 7.3 with Column B of Table 7.2, we see that religious leaders are significantly more likely to report holding damning beliefs about

individuals who have contracted HIV through sex than to be perceived this way by individuals in their community ($p < .01$, analyses not shown).

Table 7.3: Religious Leaders' Views on People Living With HIV/AIDS and Others' Perceptions

| | People who are movious and got AIDS through sex have gotten what they deserve | People in your village believe... | People in your congregation believe... |
|-------------------|---|-----------------------------------|--|
| Strongly Disagree | 11% | 14% | 10% |
| Disagree | 13% | 16% | 18% |
| Agree | 25% | 30% | 33% |
| Strongly Agree | 51% | 40% | 39% |
| N | 184 | 181 | 183 |

Source: MRP, 2005

When interacting with a person they know to be HIV positive, what do individuals (lay people) say they would do? Table 7.4 provides the answers to this question. First, individuals were asked if they would purchase fresh fruit from a vendor who they knew was HIV positive. Approximately 24% of the MDICP respondents said no to this question. Secondly, respondents were asked if a *female* teacher who has HIV (and not AIDS) should be allowed to continue teaching. The stereotype of the male teacher as a man who preys upon school girls as sexual partners, often exchanging high marks or waived school fees for sexual favors, makes the gender specificity of this question very relevant. No such associations are attached to female teachers. Additionally, questions regarding stigma posed by previous studies have sometimes failed to distinguish between HIV and AIDS in the question, either because of an oversight or translation problems. Failing to distinguish between HIV and AIDS causes problems for interpretation, as many individuals would respond: “No, she cannot teach, she is sick, probably dying. A dying person cannot perform her duties in the classroom. She cannot teach.” The MDICP’s

carefully worded and specific questions eliminate problems that have plagued previous studies that have asked about teachers. Overall, 76 percent of MDICP respondents agreed that a female teacher who is infected with HIV but is not sick should be allowed to continue teaching.²⁹

The bivariate analyses show that men are more tolerant than women towards PLWA. They are both more likely to say they would buy vegetables from an infected vendor and that an infected teacher should continue teaching. Individuals who have completed secondary school are more tolerant than their less-educated counterparts, as are wealthier individuals, evidenced by the significant increases in support for PLWA for each quartile based on the value of the livestock individuals reported owning. Knowing more people suspected to have died of AIDS is associated with more positive attitudes toward PLWA. While tolerance for PLWA does not vary by religious involvement (measured by attendance at religious services), differences in religious affiliation are substantial, with Muslims expressing the lowest levels of support for infected vegetable vendors and teachers. At the bivariate level, greater reported numbers of AIDS and religion conversation partners are associated with higher levels of support for PLWA. The characteristics of specific religious congregations also signal some important differences. While attending a congregation run by a leader who has attended an AIDS workshop, and presumably received some education, is not associated with an individual's attitudes towards PLWA, individuals who attend congregations in which the religious leader is less generous towards PLWA are less likely to express positive attitudes towards PLWA themselves.

²⁹ The correlation between these two variables is .55.

Table 7.4: Bivariate Associations for Select Predictors of Support for People Living with HIV/AIDS

| | | Buy Vegetables | Teacher Can Continue |
|---|-----------|------------------|----------------------|
| Overall Frequency | | 76% | 76% |
| Sex | $\chi^2=$ | 28.69*** | 23.16*** |
| Male | | 82% | 82% |
| Female | | 73% | 73% |
| Age | $\chi^2=$ | 0.12 | 0.27 |
| Adolescent | | 23% | 22% |
| Adult | | 24% | 21% |
| Education | $\chi^2=$ | 59.06*** | 42.24*** |
| Secondary Education | | 92% | 90% |
| No secondary Education | | 74% | 74% |
| Wealth - value of livestock, quartiles | $\chi^2=$ | 51.10*** | 46.09*** |
| 1st quartile | | 68% | 68% |
| 2nd | | 77% | 77% |
| 3rd | | 79% | 79% |
| 4th | | 82% | 81% |
| Suspected AIDS Deaths | $\chi^2=$ | 74.80*** | 52.65*** |
| 1st quartile | | 67% | 69% |
| 2nd | | 76% | 74% |
| 3rd | | 83% | 83% |
| 4th | | 81% | 79% |
| Attendance | $\chi^2=$ | 2.26 | 1.9 |
| less than 1x a month | | 76% | 74% |
| monthly - two weeks ago | | 75% | 77% |
| Weekly | | 78% | 78% |
| Affiliation | $\chi^2=$ | 187.66*** | 77.76*** |
| None | | 91% | 78% |
| Catholic | | 81% | 78% |
| Mission Protestant | | 84% | 82% |
| Pentecostal | | 81% | 80% |
| AIC | | 79% | 78% |
| Muslim | | 58% | 65% |
| New Mission Protestant | | 84% | 81% |
| Number of AIDS Conversation Partners | $\chi^2=$ | 62.32*** | 67.86*** |
| 1st quartile | | 68% | 68% |
| 2nd | | 80% | 79% |
| 3rd | | 79% | 83% |
| 4th | | 83% | 82% |
| Number of Religion Conversation Partners | $\chi^2=$ | 43.26*** | 43.79*** |
| 1st quartile | | 72% | 71% |
| 2nd | | 73% | 74% |
| 3rd | | 79% | 80% |
| 4th | | 84% | 83% |
| Leader has attended AIDS workshop | $\chi^2=$ | 3.04+ | 0.27 |
| No | | 74% | 76% |
| Yes | | 77% | 75% |
| Leader believes movious got deserve | $\chi^2=$ | 18.68*** | 16.10*** |
| Yes | | 83% | 82% |
| No | | 74% | 74% |
| N | | 3263 | 3261 |

Source: MDICP-3

Discrimination and Helping Behaviors: What people do

In addition to what people say or believe about people living with AIDS, a study of stigma and discrimination needs to consider what individuals actually do in response to the epidemic. The practice of visiting the sick is one of the primary ways individuals provide care, encouragement, and material support to their friends and neighbors and is often organized as a religious activity (Trinitapoli 2006). Granted, not all those who are sick are sick because of AIDS or AIDS-related illnesses. However, since mortality estimates suggest that 30 percent of all deaths in this region are AIDS related (Doctor and Weinreb 2003; Doctor and Weinreb 2005), it is not unreasonable to believe that a great many of these visits involve providing care and support to PLWA. Furthermore, at least two qualitative studies have provided evidence that individuals organize within their religious congregations specifically to provide support for PLWA (Pfeiffer 2004; Trinitapoli 2006)

As shown in Table 5, a full 23 percent of the MDICP sample reports having participated in this form of support during the past month. Participation in this type of activity is evenly distributed between adolescents and adults, however as expected caregiving is a strongly gendered activity, with women bearing a much heavier burden. The burden of caring for the sick also falls on those in the village who are most advantaged, evidenced by higher levels of participation among those who have finished secondary school (compared to those who have not) and those with more wealth, measured by the value of their livestock. Importantly, individuals who have had more exposure to the disease (measured by the number of deaths they suspect were due to AIDS) are much more likely to be visiting the sick in response to this.

Significant associations by both religious involvement and religious affiliation show that individual religiosity is strongly associated with visiting the sick. None of the individuals who do not affiliate with any religious tradition reported participating in this practice; a very small proportion of Muslims (seven percent) visit the sick, while over a third of all New Mission Protestants do. Participation among Catholics, Mission Protestants, AICs, and Pentecostals hovers around 30 percent. While a mere five percent of those who seldom attend religious services report visiting the sick, compared with almost 30% of those who attend weekly.

In the second column of Table 5, the units of analysis change from individuals to households. Compared with visiting the sick, having a resident orphan is a much less common phenomenon and the patterns associated with it are much less clear. As we might expect, orphans are absorbed into households where the female head of household is more highly educated and reports higher levels of wealth – at least in terms of the livestock owned.

Table 7.5: Associations for Select Predictors of Helping Behavior

| | | INDIVIDUALS % Visits Sick | HOUSEHOLDS % Orphan Present |
|---|-----------|------------------------------|--------------------------------|
| Age | $\chi^2=$ | 24% | 6% |
| Adults Visting sick | | 6.27* | NA |
| Adolescents | | 19% | |
| Gender | $\chi^2=$ | 22.41*** | NA |
| Men | | 20% | |
| Women | | 27% | |
| Wealth - value of livestock, quartiles | $\chi^2=$ | 12.20*** | 17.20*** |
| 1st | | 21% | 4% |
| 2nd | | 23% | 4% |
| 3rd | | 23% | 8% |
| 4th | | 28% | 9% |
| Education | $\chi^2=$ | 2.14 | 6.48* |
| secondary education | | 20% | 11% |
| no secondary | | 24% | 6% |
| Suspected Aids Deaths | $\chi^2=$ | 23.62*** | 2.71 |
| 0-2 deaths | | 19% | 7% |
| 3-4 deaths | | 22% | 7% |
| 5-10 deaths | | 27% | 5% |
| more than 10 deaths | | 27% | 7% |
| Attendance at Religious Services | $\chi^2=$ | 111.03*** | 0.61 |
| < last month | | 5% | 7% |
| last month 2 weeks ago | | 18% | 6% |
| weekly | | 29% | 7% |
| Affiliation | $\chi^2=$ | 184.10*** | 9.56 |
| No Religion | | 0% | 0 |
| Catholic | | 27% | 9% |
| Mission Protestants | | 28% | 8% |
| AIC | | 28% | 4% |
| Pentecostal | | 29% | 6% |
| Muslim | | 7% | 5% |
| New Mission Protestant | | 37% | 8% |
| Number of AIDS Conversation Partners | $\chi^2=$ | 13.02** | 0.14 |
| 1st | | 22% | 6% |
| 2nd | | 22% | 6% |
| 3rd | | 22& | 6% |
| 4th | | 29% | 7% |
| Number of Religion Conversation Partners | $\chi^2=$ | 32.63*** | 4.00 |
| 1st | | 19% | 6% |
| 2nd | | 23% | 6% |
| 3rd | | 25% | 6% |
| 4th | | 31% | 9% |
| Religious leaders says movious deserve | $\chi^2=$ | 3.45† | 3.21† |
| agrees | | 23% | 4% |
| disagrees | | 26% | 7% |
| Religious leader attended AIDS workshop | $\chi^2=$ | 0.02 | 12.83*** |
| no | | 23% | 8% |
| yes | | 23% | 5% |
| N | | 3037 | 1875 |

Source: MDICP-3

MULTIVARIATE RESULTS

Bivariate associations provide a strong foundation for better understanding phenomena, like stigma and helping behaviors in SSA, about which little is known. However in order to assess the relative importance of each of these, multivariate regression is a more appropriate tool. Logistic is used to predict only two key variables of interest – support for a teacher who is infected with HIV and visiting the sick – using both individual and congregational factors. Because none of the individuals who claim “no religion” reported visiting the sick, perfectly predicting the outcome of interest, these cases (n=32) are dropped from the subsequent analyses. Because the clustering of individuals in villages and in congregations violates assumptions about the independence of observations, the *xtlogit* command in Stata is used to appropriately adjust the standard errors.

Model 1 predicts support for PLWA, and shows that women are significantly less likely than men to support an infected teacher’s right to keep working. Individuals from higher SES positions and those who have been exposed to more AIDS-related deaths are more likely to express support for an infected teacher. Religious involvement is not related to an individual’s perception of PLWA (at least by this measure) and only one denominational difference emerges, with Muslims being significantly less likely than Catholics to say an infected teacher should be allowed to continue teaching. Having more conversation partners – religious and AIDS related – is positively associated with expressing support for infected teachers. Conversely, individuals who attend a congregation in which the leader expresses a discriminatory attitude towards PLWA, saying the movious have gotten what they deserve, are less likely to express this type of support.

Table 7.6: Logistic Regression Coefficients Predicting Positive Responses to People Living With HIV/AIDS in Rural Malawi

| | Model 1 | Model 2 |
|---|---------------------|------------------|
| | Support for Teacher | Visited the Sick |
| Female | -0.40 *** | 0.50 *** |
| Age | 0.00 | 0.02 *** |
| Secondary Education | 0.64 ** | -0.40 * |
| SES (quartiles) | 0.12 ** | 0.02 |
| AIDS deaths (quartiles) | 0.10 * | 0.05 |
| Denomination (compared with Catholics) | | |
| Pentecostal | 0.00 | -0.01 |
| AIC | -0.08 | 0.04 |
| Mission Protestant | 0.05 | 0.03 |
| Muslim | -0.54 ** | -1.69 *** |
| New Mission Protestant | 0.15 | 0.46 ** |
| Attendance (0-3) | 0.01 | 0.79 *** |
| Religion Network Partners | 0.09 * | 0.12 ** |
| AIDS Network Partners | 0.11 * | 0.04 |
| Religious leader movious got deserved | -0.32 † | -0.04 |
| Religious leader attended AIDS workshop | -0.10 | 0.08 |
| Support for teachers | --- | 0.01 |
| Constant | 0.77 * | -4.46 *** |
| N | 3087 | 2877 |

Source: MDICP-3

In Model 2, several different patterns emerge. First of all, net of other factors, women and older people bear the brunt of the caregiving responsibilities and are much more likely to have visited the sick during the past month. Educated individuals are actually less likely to have participated in providing this type of assistance and SES has no significant relationship to visiting the sick. Religious characteristics have a lot of predictive power for this outcome. Compared with Catholics, Muslims are much less likely to have engaged in the practice of visiting the sick recently, but New Mission Protestants (e.g., Seventh Day Adventists, and Church of Christ) are significantly more likely to have visited the sick. Not only is attendance at religious services strongly and positively related to visiting the sick, but having a large number

of religious network partners (and not AIDS network partners) is also positively related to this practice.

DISCUSSION AND CONCLUSION

Journalistic accounts of AIDS in SSA and reports from NGOs active in the region have speculated on the role religious leaders play in perpetuating and combating stigma and AIDS-related discrimination in this region. To date, however, there has not been any systematic assessment of AIDS-related stigma at the individual level or at the organizational level. This paper represents the first empirically-based attempt to carefully define, measure, and assess the role of religious organizations in perpetuating and combating AIDS-related stigma in SSA. Though basic, the analyses presented here contribute a first step toward identifying some of the patterns in how people in rural SSA are responding to their friends and neighbors with AIDS and to understanding how religion, a critical social force in SSA, contributes to shaping these reactions.

Dramatic stories of infected individuals being abandoned in their hour of need – dying alone – have received a great deal of attention in the US media’s portrayal of AIDS and stigma in SSA. MDICP data clearly shows that this is not the norm in rural Malawi. Individuals in rural SSA show tremendous compassion toward the people around them. While they express strong concern about what others would think about them if they started to show symptoms of AIDS, they are far less concerned about actually losing friends if they fall ill, and they respond to their own sick friends and relatives by providing care, material support, and encouragement.

As with most social phenomena, the burden of tasks like caring for the sick and for orphans is not randomly distributed in rural Malawi. In particular, the task of caring for the sick falls along religious lines. The strong positive relationship between religious involvement and visiting the sick is consistent with other research on religion and volunteering in the United States (Wilson and Musick 1997) and other countries (Ruiter and De Graaf 2006). Several other emergent factors merit further discussion. First, while attendance at religious services is a strong predictor of visiting the sick, it is not significantly related to what they say about PLWA. Attitudes towards PLWA are more strongly shaped by other religious factors - including the number of people with whom they talk about AIDS and religion and the attitude about PLWA their leader expresses - than by their own religious involvement.

While only a few denominational patterns emerge, the question of Muslim distinctiveness is an important one. At the bivariate level, Muslims are significantly less likely than members of other groups to support PLWA for three out of the four outcomes examined, and net of other controls, multivariate analyses show that Muslims are less likely to express support for an infected teacher and visit the sick. There are several possible explanations for this finding. Unlike Christianity, which focuses on collective weekly worship, Islam in Malawi is a more individually-centered religion that focuses more on personal practice – specifically praying five times a day. While most Muslims do attend Friday prayer services on a weekly basis, participation is not necessary for Muslims. As a whole, Islam is a less “congregation” focused tradition, and mosques may not serve the same purposes for Muslims that churches do for Christians in Malawi. Whereas weekly services provide Christians with a forum for identifying who is absent from their congregation, organizing to visit

sick members during the coming week, and reporting back on the visits made the following week (Pfeiffer 2004; Trinitapoli 2006), there is less direct evidence of such occurring in Muslim congregations.

Finally, the present analyses also illuminate questions about the nature of religious authority in SSA and the ways in which religion might matter for attitudes and behaviors. Are the observed religious influences more likely to be a function of people interactions with like-minded others in religious settings or a direct consequence of the attitudes and beliefs of the leader? Negative attitudes toward PLWA on the part of the leader may shape individuals' attitudes toward PLWA (evidenced by the significant association in Model 1), however the leader's attitude does not negatively affect how likely people are to visit the sick and provide care for members of their community. Relative to significance and magnitude of "religious leader effects," the associations between religious network partners and support for PLWA are stronger and more significant. This suggests that religious motivation for supporting PLWA may not be coming from the pulpit or directly from formal religious authority, but may be cultivated more organically with others in one's congregation or village.

Furthermore, negative attitudes toward infected teachers (or vegetable vendors – analyses not shown) are not associated with providing care for the sick, which may be because of several different mechanisms. People who articulate stigmatizing attitudes may actually react quite differently when their own friends or family members are affected with the disease. The fact that there is no association between the leader having participated in an AIDS workshop and how members of the congregation actually respond to PLWA suggests that the sensitization and caregiving

portions of these workshops are not very effective – if the workshops are effective at all.

Taken as a whole, the evidence presented here points to the fact that religious communities in SSA– in this case congregations - can and may be places that promote "love and support of everyone" even apart from their beliefs about AIDS. This may happen because of or in spite of the leader's own attitudes toward PLWA. To the extent that religion facilitates caring for the sick and articulating support for PLWA, the source of such religious motivation appears to be primarily internal. Secondly, positive responses to PLWA are facilitated through conversations with others in ones congregation or one's community – particularly in conversations about religion and religious things.

The evidence – or lack thereof – with regard to religious leaders is a double-edged sword. On one hand, we can be comforted with the knowledge that the journalistic evidence about religious leaders giving damning messages about AIDS and those infected with it; such leaders are the exception and not the rule. To the extent that they even exist, their messages probably don't matter at all. The leader's own attitudes about PLWAs are only moderately associated with the attitudes lay people articulate about PLWA and they have no statistically significant relationship to what people actually do in response to PLWA. On the other hand, the impact leaders communicating positive messages about PLWA have on members of their congregation remains unknown, and should be considered in future research on responses to AIDS in this region. Rather than looking at formal messages, congregational characteristics, and top-bottom influences, the most promising direction for future research on how religion shapes responses to AIDS in SSA is

almost certainly at the level of social interactions with other lay persons – both in and outside of religious services.

CHAPTER EIGHT: CONCLUDING REMARKS

Given the magnitude of the HIV/AIDS epidemic in SSA, the widespread participation of Africans in religious organizations, the highly politicized nature of international sexual politics, and the large amounts of money flowing from donor organizations through plans like the UN Millennium Project and the President's Emergency Plan For AIDS Relief (PEPFAR), it is surprising that there has been little systematic assessment of the extent to which, and the mechanisms by which, religious organizations in SSA facilitate or impede effective responses to the epidemic. The four parts of this dissertation function to lay a foundation for the nascent social science literature on the relationship between religion and health in this part of the world – a foundation that combines the methodological and conceptual rigor of the demographic tradition with the strengths of the sociology of religion - an attentiveness to cultural phenomena and the possibility to add insights to much broader questions about the relevance of religion in shaping human behavior in general.

Rather than summarize the findings presented here, I conclude by highlighting some of the priorities for advancing research in this area. Despite the many important advances in recent years, the challenges to understanding and monitoring the AIDS epidemic in SSA loom large. HIV surveillance studies have made enormous contributions toward advancing current understandings of the epidemic. However, due to the expense and complications involved in instituting these, studies like the MDICP that employ HIV surveillance in a population-based sample are few and far between. Furthermore, many of the data collection efforts currently underway have

little to no stake in learning more about the religious contexts of the areas in which they monitor.

Only through purposive, long-term data collection projects will we be able to assess the role of religion on AIDS-related behavior *change* and on HIV *infections*. A fourth wave of the MDICP was fielded in 2006 and is currently being entered; its release will allow for the exploration of these important questions. However until similar projects in other settings begin to ask serious questions about the religious lives of their respondents, our ability to assess the role of religion throughout the region will be severely limited. Religious congregations may play a very different role in urban areas of Malawi, where they are one of many opportunities for participation in civic life, compared with its role in rural areas, where such opportunities are few. Religion may function differently in Kenya, for example, a country that is religiously homogenous relative to Malawi (predominantly Christian) and where prevalence levels remain high but have stabilized during the past several years. The extent to which the findings reported here are particular to the setting of rural Malawi remains unknown, and answering this question should be a high priority.

The collection of data that tracks changes in sexual behavior, religious identity, belief, and participation, and infection status will also allow for the implementation of more rigorous methods of dealing with the selectivity issues that plague analyses like this one. Although retrospective questions on sexual behavior and on religion have allowed me to broach these issues more successfully than other studies have in the past, perhaps the greatest selectivity question of all – mortality – remains. Twenty years into the epidemic, we are asking questions of and collecting biomarker data from people who are alive. But as opposed to showing up in our

surveys as People *Living With AIDS* (PLWA), many in this region are dead from the disease and from others. Their stories are not factored in here and their impact is absent from much of the other work on HIV as well. Retrospective mortality studies using verbal autopsy data, community records, etc. will be tremendously important for constructing a better understanding of this, very important but still missing piece of the puzzle.

While previous studies on religion and HIV have often focused on denominational differences, the evidence presented here reveals relatively few such differences and suggests that we look to other characteristics to explain the religious variation we do observe in rural Malawi. Denominational differences serve as a rough proxy for some of these differences – frequency and intensity of messages on sexual behavior, “strictness” with regard to sexual behavior, organizational structures that facilitate the enforcement of these norms. However the amount of variation within religious traditions is staggering, reminding us that there is nothing magical about being Pentecostal or being Muslim or going to church on a weekly basis for one’s HIV status. The utility of identifying denominational differences in patterns of behavior is severely limited for advancing understandings of how or why religion matters in the lives of individuals – whether for their sexual behavior, as in the case of this dissertation, or for other outcomes of interest. The methodological approach used in this dissertation can be applied to a host of other issues and contexts, like how religious congregations in the United States shape the levels and persuasion of political activism, to give just one example.

While I am not advocating for the abandonment of denominational differences as a line of inquiry, the examination of more fine-grained units of analysis (such as

congregations) and their characteristics is a more promising avenue for researchers who are committed to unpacking the whats and whys of religious influence. The sociological enterprise requires that we move beyond merely identifying patterns of behavior and differences between groups. We must offer compelling explanations for these differences. Even the basic congregation-level analyses presented here have added a tremendous amount of explanatory power to the religious patterning of sexual behavior in SSA that has been documented in the past. More fine-grained units of analysis – such as an individual’s immediate social network - which may not include many members from his or her congregation – could have even greater relevance for sexual behavior, level of risk, and HIV status.

As others have argued, social demographers and sociologists of religion would be well-served to prioritize carefully measuring and working to better understand the daily interactions that structure life all over the world. In the remote villages of rural Malawi, these interactions consist of things like: 1) the counsel a pastor gives to a member; 2) The useful gossip a woman shares with another while walking to their mosque together; 3) the pressure she applies to her husband to get him to attend the “stricter” congregation in the hopes that it will restrict his behavior and protect her from AIDS; 4) the AIDS allegory that really resonates with a man sitting in the pew, lending additional resolve to his extant goal of resisting the temptation of extramarital partners. All the sophisticated modeling techniques in the world are useful only to the extent that they allow us to capture the relevance of interactions like these for outcomes like the health of populations.

One of the central contributions of this dissertation is the presentation of evidence that certain dimensions of religious life may be important for motivating and

facilitating the regulation of sexual behavior in a context of high HIV prevalence. At the same time, however, a host of cultural phenomena in SSA are changing as a result of AIDS, and this is an area that is ripe for future research. Viewing religious change as a sub-set of broader cultural transformation, this dissertation has already begun to document some of the religious changes that are occurring in rural Malawi. The rules governing marriage and divorce are changing. Funeral practices are changing. Norms for entering into sexual relationships are changing. “Strict” religious congregations and denominations appear to be growing, and their leaders are amassing more authority in their communities. Though currently limited to the realms of sexual behavior and family life, the authority religious leaders are cultivating in this era of “disaster evangelism” may be transferable to other dimensions of social life in the years to come. Only time will tell.

Appendix A

Malawi Religion Project (MRP) Data Collection Protocol: Integrated Survey and Interview with Religious Leaders

August 1, 2005

The principal aim of this study is to collect data on religious organizations to examine how these organizations and their “moral communities” influence responses to the HIV/AIDS epidemic in one sub-Saharan African country. The MRP adds new, comprehensive data to an NIH-funded longitudinal study in rural Malawi, thus enhancing the value both of the congregation data as well as the existing individual and community level data. The project enables us to: (1) *collect and analyze new data* that permits a rich description of the characteristics of religious organizations, particularly those that are relevant for assessing the role of religious congregations in combating the AIDS epidemic; (2) *integrate the new data with an unusual ongoing longitudinal study* and (3) *conduct individual, village, and multilevel analyses* using the integrated data set to examine the influence of religious organizations on individual and community-level HIV status and risk practices. The project’s specific aims are:

1. To collect new data through: i) surveys with the leaders of approximately 200 congregations in 35 denominations in rural Malawi; ii) in-depth interviews with these leaders; iii) sermons delivered in these congregations; iv) in-depth interviews with members of these congregations; and v) in-depth interviews with national level representatives of those denominations.
2. To use the qualitative data to describe variation across congregations and denominations in doctrines, institutional practices, and participation in national denominational networks.
3. To use the survey of congregational leaders augmented by numerical summaries of in-depth interviews with these leaders to create a congregation-specific data file and then to integrate this file with data already collected by the Malawi Diffusion and Ideational Change Project (MDICP), which includes survey data and biomarkers for HIV and other sexually transmitted infections for individual adults and adolescents. Altogether, then, this unique multi-level data set will include information on individuals, the congregations to which they belong, and the villages in which they live.

This document provides a protocol for the data collection aspect of the MRP that took place over a period of 8 weeks during the summer of 2005. In order to avoid being redundant in our data collection and to economize both time and money, given the constrained budget (which was funded at 80% of the original approved amount), the MRP combined survey and interview techniques to accomplish the first two new data collection components (surveys with the leaders of approximately 200

congregations in approximately 20 denominations in rural Malawi and in-depth interviews with these leaders) at once.

During project planning meetings in April 2005, we discussed the MRP plan and goals for this data collection project. Incorporating the interests, research questions and grant obligations of the research team, we outlined six primary goals to guide this study: 1) Networks, 2) Organizational Structures, 3) Informal Structures, 4) Social Services, 5) Doctrinal Issues, and 6) Denominational Mobility. The data collection addressed these six areas, each with a specific focus on their links with the issue of HIV/AIDS in the religious congregations' communities. In addition, the qualitative instrument taps other relevant and timely issues such as the prevalence and directions of religious change in this region (in particular the growth of Pentecostalism and Arabized Islam), traditional practices (religious and otherwise), healing practices and rituals, congregational growth, and organizational networks.

1. Creating a Sample – Identifying churches, mosques, leaders

The MRP sample develops from a strategy known as hypernetwork or multiplicity sampling, whereby a random sample of organizations was built from a random sample of individuals (Chaves et al. 1999; McPherson 1982). The procedure involved asking a random sample of individuals to name the organizations with which they are involved; this list of named organizations represents a random sample of organizations. Hypernetwork sampling is particularly appropriate in situations where no comprehensive list of organizations exists and the enumeration of such organizations is impossible.

Generating a hypernetwork sample of organizations required starting with a random sample of individuals. The MRP is being conducted in conjunction with the Malawi Diffusion and Ideational Change Project (MDICP) – a panel study which began in 1998 with a representative sample of married women in and their husbands in three rural districts of Malawi (Watkins et al 2003). The MDICP is a cluster sample, which means that villages within a district are sampled and women and unmarried adolescents within that village were sampled. Spouses of the married women were also included in the survey. The 2004 MDICP survey included a section where respondents reported the name and location of their religious congregation and the name of their religious leader. Generating the MRP sample from the MDICP involved standardizing syntax and spelling variations on any given congregation name and determining cases in which multiple names were used to identify the same congregation. 3254 of the 3386 respondents to the 2004 MDICP (96%) reported attending religious services on a regular basis and were asked to name their religious congregation. Many of the MDICP respondents attend the same congregations, and 94% of the congregations named by MDICP respondents duplicated congregations already in the MRP sample.

Once the congregation sample was generated, nominated congregations were located and approached. The MDICP is a face-to-face interview conducted by experienced and well-trained local interviewers with intimate knowledge of the villages in which the survey was conducted. In 2004 the interviewers were instructed to glean from respondents as much locational information about their congregations as possible. When possible, immediately following the administration of the survey, the interviewers located the nominated congregation themselves and took GPS

coordinates for each congregation in order to facilitate returning to the congregation location for the MRP in 2005 and to be able to map the congregations with reference to the survey respondents. In 2005, MRP data collection employed many of the same interviewers who were members of the 2004 MDICP team. Therefore, when gathering congregational data, the interviewers were able to locate the congregations named by MDICP respondents, identify an informed leader to interview, and follow up with an in-person visit. Using the same field staff also permitted re-contacting MDICP respondents in cases where MRP researchers needed additional information to locate a congregation.

The primary informant was the minister, priest, imam, or other named leader from each nominated congregation. Approximately three-quarters of MRP congregational-leader interviews were conducted with official clergy; the remaining 25% were with other “unofficial” congregational leaders such as church secretaries, deacons, other lay leaders. In 99% of the congregations, the official leader named and targeted for subsequent interview was male. One methodological issue we had to address was the reliance on a single key informant to provide information about a sampled congregation. Careful consideration needs to be given to questions like: “what congregational characteristics can we reasonably expect a single organizational informant to report reliably and with validity?” and “what congregational characteristics should we avoid trying to measure by this method?” To further confirm the information gained from our single respondents, the MRP gathered congregational data from a variety of additional sources beyond the interview data from the religious leaders themselves, including interviews with a sub-sample of congregation members, and observations from religious services.

In-depth interviews³⁰ about religion and congregational life were conducted with a stratified random sample of MDICP respondents (N=111). These interviews, known as the "Let's Chat" interviews provide an additional description of congregational life that can be compared with leaders' responses. For each congregation to which more than a pre-defined threshold of MDICP respondents belong, one of the female survey respondents who attends that congregation was randomly selected and interviewed.³¹ These informal, semi-structured interviews focused on the respondent's religious life history, fertility preferences and behaviors, AIDS-related knowledge and beliefs, and views regarding her religious organization's attention to AIDS-related topics. Each of these subject matters were addressed with a view towards historical activities, current activities and how much things have changed over time.

Identification numbers (hereafter, QQ numbers) were generated for all of the MDICP survey respondents. Similarly, QQ numbers were generated for each congregation, and for each interviewed informant. *Congregation* QQ numbers are three digit numbers; these are used to identify the congregations themselves, photos and sermon reports. QQ numbers for the *first key informant* (mainly male) have the same first three digits as the congregation they represent and *end in 5*. The QQ numbers for the *female* informants also have the first three digits and *end in 6*. The information the respondent gave about the congregation (name, leader's name,

³⁰ Since the “Let's Chat” interview respondents participated in the 2004 MDICP survey, the “Let's Chat” interviews do not contain any additional survey component.

³¹ The threshold varied by site: 5 Mchinji, 5 Balaka, 4 in Rumphi

congregational location, village number) were used to assign the various spelling and syntax alternatives to a standardized name identifying the respondent's congregation (see Figure 1). Congregational QQ numbers were attached to the MDICP survey data to allow MRP data to be linked to MDICP data for multi-level analyses examining associations between congregational characteristics and individual-level outcomes.

Upon completion of the interview, each church and mosque was individually photographed. The photos were downloaded to a secure computer designated for this purpose and the .jpg files were named according to the following convention: **qqnumber_date.jpg**, where the date follows the year month day format. For example, the photograph taken on June 18, 2005 of the congregation with QQ number 123 was named **123_20050618.jpg** GPS coordinates were also be taken during the 2005 MRP data collection to confirm the precise location of each congregation.

2. The Data Collection Instruments for Religious Leaders

The data collection process employed a combination of survey and in-depth interview techniques. The instrument itself looks much like a questionnaire but includes a number of suggested probes and additional in-depth interview questions placed near relevant survey questions throughout the questionnaire. The instrument was carefully designed to address the six primary topics of interest in an order consistent with the anticipated natural flow of a conversation about congregational and village life. The interviewers for this project had previously conducted survey research and were familiar with the goals of the MDICP in general and the MRP more specifically. These skilled interviewers were trained on the instrument itself and sensitized to the six goals of the MRP. Interviewers were not bound to the ordering of the survey questions nor to the exact wording of the in-depth interview questions or the suggested interview probes. Instead, they were encouraged to be sensitive to the natural flow of conversation, to collect narratives from the religious leaders in a way that allowed the interviews to reflect what the religious leaders think is important about their congregations, villages, and religious communities. Unlike a traditional survey or interview, where the researchers' agenda controls the entire conversation, this format allowed the respondents to tell us about their congregations, their religious beliefs and practices, and AIDS-related concerns in a more free-flowing manner. Similarly, the qualifications respondents attach to their survey question answers provide rich and unique data that allow us to learn from and refine the development of survey instruments to be used in future studies.

The interviews and observational points were digitally recorded and the files were the named according to naming convention similar to photos. Each file name begins with a project identifier, for the religious leaders we use the initials MRP, for the lay interviews - LC (for Let's Chat), and for sermon reports - SR. The full filename was therefore assigned as:

"Project initials_interviewer number_date_QQnumber". For example, the audio file containing an interview with the key *male* clergy informant from congregation 123 that was conducted on June 18, 2005 by interviewer number 100 would be named: **mrp_100_20050618_1235.wav**. The digital audio files were saved in .WAV format and managed using iTunes software. Due to confidentiality issues, these files were saved on a computer designated especially for this purpose and is password protected. Only key personnel for the MRP have access to these files. These files were

downloaded and logged into our data entry system along with key information from the cover sheets and the length of the audio recording. Some interviews were recorded in several audio files, and for such cases, an extension to the base file names was added and a note identifying how many files pertain such interviews was included in the logging system under the “audio notes” field. The interviewers are also expected to take written field notes on the interview to be turned in with the paper survey instrument and the audio file. A short training session dealing with the importance of field notes and the key issues of interest was conducted prior to the beginning of fieldwork. Each interviewer was responsible for completing one interview in a single day. The length of the interview ranged from 45 minutes to 4 hours.

3. Data Entry – Survey Data

A single data entry person was hired to enter the survey data collected from the 14-page data collection instrument and maintain the logging files. A data entry template for this purpose was created in Microsoft Access; data from each interview was entered in full the day after the interview has been transcribed.

4. Transcription/Translation

In this study, interviewers simultaneously transcribed and translated each interview into English. For ease of reference here, however, this process is referred to simply as transcription. Interviewers were hired, in part, based on their ability to write clearly in English and effectively translate the key concepts and issues of this study. As a group, interviewers participated in a short (day-long) training program that included reading at least one translated transcript together carefully to discuss issues of vocabulary specific to the study of religion and the study of HIV. Like the interviewer training, the transcription training focused on the 6 key goals of the MRP. Another component of this training involves emphasizing the importance of a “genuine” translation for this type of work. The goal of the translation is to provide the English word that is closest to the Chichewa (or Chiyao, Chitumbuka) that the respondent actually used. For example, the transcription should say "spurts" rather than "ejaculation", unless the speaker is so educated in health language that they use the latter. This could be important for researchers interested in tracking the dissemination of media language -- e.g. HIV/AIDS, rather than "AIDS" or "kachirombo", which is what village people say in ordinary speech, according to our diarists (see (Watkins and Swidler 2004)). Some transcribers did, inevitably, want to display their aptitude with English vocabulary to impress. It was, therefore, important to emphasize our need to capture the way respondents actually talk, and to use consistent notation and formatting so that things like inaudibles, interruptions, etc. can be analyzed.

The day following the interview, the interviewer worked with a copy of the completed questionnaire, the digital recording of the interview (downloaded onto a portable MP3 player by an MRP researcher) and a notebook. Listening to the digital recording, the interviewer noted when a survey question has been asked (and answered) by noting the survey question number on one line. They then transcribed and translated *all additional narrative information* such as the qualifications respondents attach to their survey answers, the answers given to the in-depth probes and interview questions asked throughout the survey. The interviewer included full

details of the interview that went beyond the specified survey questions and responses, such as all additional information, pauses, inaudibles and interruptions. An example section from one transcript is located at the end of this appendix.

5. Typing and Checking

During this stage of the process, the collected data became “usable” by most standards. A template that outputs textual versions of all survey questions and answers exported survey responses into a .rtf document. The typists (graduate students, professor volunteers, hired typists, etc.) typed the transcribed interviews using this text version of the administered survey and the written transcript of the in-depth interview.

In addition to typing the in-depth interview notes written up by the transcriber/translator, the typists performed two additional (and important) tasks. First, the typist prepared the transcript for anonymization so the data (including the qualitative data) could be made public with relative promptness and ease. This task was accomplished by enclosing any and all identifying information (names of individuals, villages, trading centers, roads, churches, bars/pubs, etc.) in asterisks (*). There was no reason for asterisks to be used in any other occasion in the transcript. Second, the typist participated in the data entry process by flagging any survey responses that seemed inconsistent with the surrounding text from the in-depth interview or the extra-survey information. Having the textual and survey data together in a single document allows researchers to see the respondent’s answers to the survey data and the qualifications he/she attached to them simultaneously while analyzing the data.

Typists used the original instrument document as a template and saved the document in .rtf format, following the naming convention described above. An interview by interviewer 120 with the female member (Let’s Chat interview group) with qqnumber 3100 on the 18th of June 2005 was named: **lc_120_20050618_3100**. Using the original document and the hand-written transcribed translation, typists moved sections, when questions are asked out of the order suggested and inserted text between questions, so that the final document is an exact representation of the interview as it occurred. The interviewer’s written field notes were typed and added to the beginning of the document, which are an additional source of important information.

6. Photographing the Written Transcripts

Because the typing process was a slow one, and because a large number of the transcripts had to be shipped to the US before they were typed, we needed a way to back up the hard copies of the transcripts that was faster than typing. Two weeks before fieldwork ended, two additional research assistants were hired to photograph the hard copies of all the transcripts. The photographers created an electronic folder for each interview, using the naming convention used throughout this process. Using a make-shift tripod and easel, the photographers digitally photographed each page of the written transcript, downloaded and saved the photographs as .jpg files, and number ordered the photographs within the appropriate folder. The folders were subsequently stored on CDs and transported to the US in project manager’s carryon

luggage. This provided a reliable back-up of all the written data that had not yet been electronically processed, and the cost involved with this was minimal.

The photographed written transcripts served an additional purpose. Because the typing task was much more time-intensive than initially anticipated, it became necessary to seek additional assistance with processing the textual data in a reasonable amount of time. A data processing firm in India (Suntec) used the digital photographs to type the remaining interviews according to the protocol specifications. Unlike the bulky hard copies, these digital .jpg files were easily transportable and the typing task was fully completed within two months of having been sent to Suntec.

7. Final Logging

All the finished, typed, translated documents were deposited into a password protected folder on the designated machine, and the completion of the entry of each interview was noted in the logging file. Paper copies of the hand-written transcripts and paper surveys were filed by QQ number, and stored according to the procedures specified in the IRB proposal.

EXAMPLE TRANSCRIPT (HANDWRITTEN)

R4

R5

R6

R: Well, that's a very long story, a very long story.

I: Well, I'd really like to know if you'd please tell me about it.

R: At a young age, when I had accepted Christ – at a very young age I wanted to serve the Lord. Consciously and sometimes unconsciously I have been involved in church work for a very long time – from a young age. I have been involved in church meetings, decisions, in the diocese, so I have been sent to meetings and have been the candidate from my congregation sent to the diocese when there were decisions to be made on that level. I've just always been involved and have become a leader gradually through my involvement.

R7

R8

R9

In 1984/1985 there was a missionary couple who visited. *Steve Jones* and his wife *Claudia*. *Claudia* and I became very good friends – she was my prayer partner and during this time we prayed every morning at 5 am. We would go together and walk up a hill and sit and pray together every day. It was a beautiful friendship. And during this time *Claudia* was having a calling to be a priest and we prayed and prayed for discernment and help deciding her calling. We spend so much time praying about this. While I was praying with her I became a catechist and a sub-deacon. And when she was entering seminary, *Claudia* asked me to write a letter to tell them about her, our prayer life, her calling etc. (Like a recommendation letter). Then, I was invited to preach at her ordination. It was so marvelous. It was such an honor. And I was invited to preach at her ordination and I did. At this time while I was in the US, I also preached at many other places. At conferences and youth camps and other invited talks. I had been preaching throughout the 1980s, and being recognized as having this gift really confirmed that I had this calling. I had suspected that I was being called to church leadership, but felt like this confirmed when I got an award for preaching. I had thought about studying more, but I have 6 daughters and want them to have an education. Education is very expensive and having six daughters I wanted to send them to the best schools, which is very expensive. It was possible for me to do some extension studying. I did this for a long time, but it became inadequate. I had been doing this private study and doing in-service training for teachers. My teaching service also had been given an some awards and I was promoted. [to headmistress]. To complete my BA of theology I had help paying (from missionaries) though sometimes there was no money for registration – this was through a university in South Africa. It took me a long time to finish. In my diocese they still don't ordain women, but I wanted to study for my own personal enrichment – regardless of whether or not ordination ever happens. It's a thing that's worth doing because furthering myself in theology and other studies was important just for me.

R11

APPENDIX B

Congregational Leader Questionnaire, English Final Version 2005 November 10, 2005

INSTRUCTION: The following questionnaire should be administered to a leader of every group mentioned in the Village-Specific Religious Census. Where possible, and where such can be identified, the *senior* leader of that congregation should be interviewed.

FILL D1 – D4b PRIOR TO THE INTERVIEW

D01. Village name _____
D02. Village number [] [] [] []
D03. Name of religious leader _____
D04a. Name of Church/Mosque _____
D04b. Village-specific church code [*Final column, religious census*]: [] [] [] []

D05. Interviewer Name _____ Interviewer # [] [] [] []
D6. Supervisor _____
D07. Interview Date: Month [] [] Day: [] [] Year [] [] [] []
D08. TIME BEGUN [] [] [] [] (24 HOUR TIME)

FOR LOGGING PURPOSES

D10. Transcriber name _____ Transcriber # [] [] [] []
D11. Typist name _____ Typist # [] [] [] []
D12. Interviewer Checked _____ Date: _____

INFORMED CONSENT

INTERVIEWER: READ TO THE RESPONDENT BEFORE THE BEGINNING OF THE INTERVIEW

My name is _____. I am working with a research team from the Malawi College of Medicine and several foreign universities. We are interested in religious life in this area and understand that you are one of the local religious leaders. If you don't mind, we'd like to ask you a few questions about your church/mosque, your role as a religious leader in this community, and your community in general.

All your answers will be treated with the utmost confidentiality. Is it all right if I ask you these questions?"

YES [] NO []

Thanks for agreeing to talk with me about your church / mosque. I'd like to start by asking you about your congregation in general and also about your own religious background.

| | | | |
|------|--|--|--|
| R01 | What is your official position in this institution? | | |
| R02 | When did the congregation start to meet? | (YEAR) _____ | |
| R03 | For how long have you yourself been <i>participating</i> in this particular congregation? | NUMBER _____ SINCE BIRTH.....777 | Months... 1 Years..... 2 |
| R04 | How long have you been <i>leading</i> this congregation? | Number: _____ | Months... 1 Years..... 2 |
| R05 | What is the full name of your Church/Mosque? INTERVIEWER: CROSS-CHECK NAME WITH OUR RECORDS (D4) | _____ | |
| R06 | Is this church/mosque also known by any other names? INTERVIEWER: (LIST ALL IF YES) | a) _____ b) _____ c) _____ | |
| R07 | To which religious tradition would you say your <u>congregation</u> belongs? INTERVIEWER: if they answer "Just Muslim," probe about what type of Muslim <u>congregation</u> it is. If they insist on not identifying with Quadiriya or Sukutu Islam, then write in "Just Muslim" under OTHER (88). | NO RELIGION.....0 CATHOLIC.....1 QUADIRIYA MUSLIM.....2 SUKUTU MUSLIM.....3 CCAP.....4 BAPTIST.....5 ANGLICAN.....6 PENTECOSTAL.....7 SEVENTH DAY ADVENTIST.....8 JEHOVAH'S WITNESSES.....9 INDIGENOUS CHRISTIAN.....10 INDIGENOUS NON-CHRISTIAN.....11 "JUST CHRISTIAN"12 OTHER (SPECIFY _____).....88 | If NOT Muslim skip to R9 |
| R08a | IF MUSLIM: Do you consider <u>yourself</u> to be a Sukutu or Quadiriya Muslim? | QUADIRIYA Muslim.....0 SUKUTU Muslim.....1 | →R8c |
| R08b | When did you become Sukutu? | Year: _____ SINCE BIRTH.....777 | |
| R08c | IF MUSLIM: What about the other people in your mosque? Are most of the members of your mosque Sukutu or Quadiriya Muslim? | Mostly QUADIRIYA.....1 Mostly SUKUTU2 Equal numbers of both.....3 | → R9 |
| R08d | For how long has the mosque been Sukutu or had Sukutu presence? | R8d) Number: _____ | R8e) Months.....1 Years..... 2 |
| R09 | Did you ever go to school? | No.....0 Yes..... 1 | → R11 |
| R10 | What is the highest level of schooling that you have completed? | R10a) Number: _____ | R10b) Primary.....1 Secondary.....2 Tertiary.....3 |
| R11 | What about religious education? Have you received any specifically religious training? | No.....0 Yes.....1 | |

| | | | | |
|--|---|----------|-------------------|---------------------------|
| R12 | I'm interested in things like seminary, madrasa, Bible School, correspondence courses, degrees, and diplomas. | | | Total Number Listed _____ |
| INTERVIEWER: AFTER LISTING 1) TYPES OF EDUCATION, ASK 2) WHERE THE RESPONDENT ATTENDED, 3) WHEN, 4) WHO SPONSORED THE EDUCATION | | | | |
| | 1. List type of education | 2. Where | 3. When (year[s]) | 4. Who sponsored? |
| R13a | | | | |
| R13b | | | | |
| R13c | | | | |
| R13d | | | | |
| R13e | | | | |

| | |
|---|--|
| <i>I'd like to ask you some questions about how your congregation raises the money it needs.</i> | |
| INTERVIEWER: If the congregation meets in its own building, ask R14-16. If not, skip to R17. | |
| R14 | Who paid for the construction or purchase of the building? (if applicable) INTERVIEWER: If given name, probe for social position / affiliation |
| R15 | Who provided land? |
| R16 | When did you start meeting in the current building? YEAR: _____ |

| | | | | |
|-----|---|----|-----|--|
| R17 | What are the sources of income/funding for this church? | | | R18. Which of these is most important? Circle. |
| | INTERVIEWER: Read list and mark appropriate answer. | | | |
| | | No | Yes | |
| | a. Tithes | 0 | 1 | a. |
| | b. Small donations from members | 0 | 1 | b. |
| | c. Large donations from single member | 0 | 1 | c. |
| | d. Regional or national denomination headquarters (in Malawi) | 0 | 1 | d. |
| | e. Religious organization in another country | 0 | 1 | e. |
| | f. Other (specify) | 0 | 1 | f. |

| | | |
|-----|--|------------------------------------|
| R19 | What was the total amount of money collected at the last weekly service you attended? [This should include both tithes and other offerings.] | Total _____ |
| R20 | Approximately how many individuals contributed during this service? | Number _____ Don't Know.....888 |
| R21 | How many regularly attending adult <u>members</u> are there in this church/mosque? | Number: _____ |

| | | |
|-----|--|---------------|
| R22 | Approximately how many new members have <u>joined</u> your congregation in the past 12 months? | Number: _____ |
| R23 | Approximately how many members have <u>left</u> this congregation in the past 12 months? | Number: _____ |
| R24 | Roughly how many people came to your most recent <u>main</u> weekly service? | Number: _____ |

| | | | |
|-----|---|--|--|
| R25 | IF CHRISTIAN: Which of the following characterize your congregation? | 1=Yes 0=No | |
| | A. "Born again" | | |
| | B. Miraculous healings | | |
| | C. Casting out evil spirits (or demons) | | |
| | D. Speaking in tongues | | |
| | E. The interpretation of tongues | | |
| R26 | IF CHRISTIAN: When was the last time the Eucharist (Holy Communion) was administered during a regular weekly service? | Past week.....5 Past month.....4 Several months ago.....3 Over 6 months ago.....2 Over 1 year ago.....1 Never.....0 | →R29 →R29 →R29 |
| R27 | IF CHRISTIAN Why has communion not been administered? | _____ | →R29 |
| R28 | IF MUSLIM: Which of the following characterize your congregation? | 1=Yes 0=No | |
| | A. "Making Tauba" (repentance) | | |
| | B. Miraculous healings | | |
| | C. Visiting saints' graves | | |
| | D. Casting out evil spirits (or demons) | | |
| | E. Wear taweez (Amulets) | | |
| | F. Have an active madrasa | | |
| R29 | R29a. What other religious activities regularly occur in this congregation? How many people normally attend? I'm interested here in all sorts of activities. (If needed, provide examples: Bible study, prayer meetings, madrasas fellowships, visiting the sick, assisting needy members or orphans in cash or kind, contributing to funerals or burials). | R29b) Number Attending: 888=DK | R29c) Religious Activity....1 Service Activity....2 |
| | 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ | 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ | 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ |
| R30 | CHECKER QUESTION: Count number mentioned in R29a | Number: | |
| R31 | Have you yourself participated in any <i>revivals or fellowships</i> in this village or one of the neighboring villages? | Yes.....1 No.....0 | →R33 |

| | | |
|-----|---|---|
| R32 | If yes, how often? | More than once a week.....5 Once a week.....4 2-3 times per month.....3 Once a month.....2 Less than once a month.....1 |
| R33 | In the past month, have you (or another leader of this church/mosque) participated in any <i>healings</i> ? | Yes 1 No 0 |

| | | |
|-----|--|---|
| R34 | What would you say about the statement: "Corruption among religious leaders is a big problem in this district." INTERVIEWER: If the respondent agrees, PROBE for degree of agreement. If the respondent disagrees, PROBE for degree of disagreement. | Strongly Disagree.....1 Disagree.....2 Agree.....3 Strongly Agree.....4 Don't know.....88 |
|-----|--|---|

Now I want to ask you a few questions about your congregation/mosque.

| | | |
|-----|---|-------|
| R35 | The last time you preached, what was the main topic of the sermon/preaching? | _____ |
| R36 | What text(s) did you draw upon? INTERVIEWER: [Here we are looking for specific references (i.e., Romans 8, not "Bible" or "Koran")] | _____ |

| | | | |
|-----|--|---|---|
| R37 | How often do you talk about the following issues in religious services (or sermons?) | | R38 |
| | INTERVIEWER: FILL IN APPROPRIATE CODES IN COLUMNS 2 & 3 MOVING ACROSS THE TABLE | Every Week.....4 Almost every week...3 About monthly.....2 Seldom.....1 Never.....0 | Was this talked about last week? Yes.....1 No.....0 |
| | A. Being born again/making tauba | | If 0 ↓ |
| | B. Giving to the church/mosque | | If 0 ↓ |
| | C. Healing | | If 0 ↓ |
| | D. Death or the afterlife | | If 0 ↓ |
| | E. Illness in general | | If 0 ↓ |
| | F. HIV/AIDS in particular | | If 0 ↓ |
| | G. Morality in general | | If 0 ↓ |
| | H. Sexual morality in particular | | If 0 ↓ |
| | I. Political issues | | If 0 ↓ |
| | J. Witchcraft | | If 0 → R39 |

| | | | | |
|-----|--|-----------------------|-----------|---|
| R39 | Do you ever privately advise members of your congregation to: | R39(a-f) | | R40(a-f) How often does this occur? |
| | | Yes.....1 No.....0 | | Every Week.....4 Almost every week.....3 About monthly.....2 Seldom.....1 Never.....0 |
| | A. Get tested for HIV (such as before marriage or when suspicious of being positive) | | If 0 ↓ | |
| | B. Use condoms | | If 0 ↓ | |
| | C. Leave a spouse or get a divorce because of suspicion of HIV/AIDS | | If 0 ↓ | |
| | D. Be faithful or stop promiscuous behavior | | If 0 ↓ | |
| | E. Go to a sing'anga azisamba (traditional healer) | | If 0 ↓ | |
| | F. Stop going to a sing'anga amizimu | | If 0 → L1 | |

| | | | | | |
|---|---|---|-------------|--------------|------------|
| <i>"Now I would like to ask your personal opinion on certain topics related to marriage and some related issues."</i> | | | | | |
| L01 | Do you think it is proper for a wife to leave her husband if: | | NO | YES | DON'T KNOW |
| | A He does not support her and the children financially? | A | 0 | 1 | 88 |
| | B He beats her frequently? | B | 0 | 1 | 88 |
| | C He is sexually unfaithful? | C | 0 | 1 | 88 |
| | D She thinks he might be infected with AIDS? | D | 0 | 1 | 88 |
| | E He does not allow her to use family planning? | E | 0 | 1 | 88 |
| | F She thinks he might have an STD? | F | 0 | 1 | 88 |
| | G He cannot provide her with children? | G | 0 | 1 | 88 |
| | H He doesn't sexually satisfy her? | H | 0 | 1 | 88 |
| L02 | Do you think women in your village are at higher risk of catching AIDS if they marry: | | | | DK |
| | A An older man, rather than a younger man | A | Older=1 | Younger=0 | 88 |
| | B Someone from your village, rather than from the nearest city | B | Village=1 | City=0 | 88 |
| | C Someone who is wealthy, rather than poor | C | Wealthy=1 | Poor=0 | 88 |
| | D Someone who attends religious services regularly, rather than someone who does not attend | D | Religious=1 | Not=0 | 88 |
| | E Someone who does <u>not</u> have other wives, rather than someone who has other wives | E | No Wives=1 | Has others=0 | 88 |
| | F Early in life rather than later in life | F | Early=1 | Later=0 | 88 |

| | | | | |
|-----|---|-------|----------|----|
| L03 | <i>"I also would like to ask your opinion about certain issues related to sex. I will read out some opinions. For each one, I want you to tell me whether you agree or disagree."</i> | | | |
| | DO YOU AGREE OR DISAGREE THAT: | AGREE | DISAGREE | DK |
| | A. A man can be sexually satisfied with one wife and no other sexual partners. | 1 | 2 | 88 |
| | B. A woman can be sexually satisfied with one husband and no other sexual partners. | 1 | 2 | 88 |
| | C. A woman should be a virgin when she marries. | 1 | 2 | 88 |
| | D. It is acceptable for a man to force his wife to have sex. | 1 | 2 | 88 |
| | E. A man feels proud if he has multiple sex partners. | 1 | 2 | 88 |
| | F. Usually people do not plan to have sex, it just happens. | 1 | 2 | 88 |
| | G. It is acceptable for a married man to have sexual relations outside marriage. | 1 | 2 | 88 |
| | H. It is acceptable for a married woman to have sexual relations outside marriage. | 1 | 2 | 88 |
| | I. Sex before marriage is acceptable if the couple loves each other. | 1 | 2 | 88 |
| | J. Men need sex more frequently than women do. | 1 | 2 | 88 |
| | K. It is acceptable to practice modern family planning. | 1 | 2 | 88 |

| | | | |
|--|--|-----------------------------|-------------------------------|
| <i>What about deaths among members of your congregation?</i> | | | |
| L04 | How many people in your congregation died in the past month? | a) No. kids: ____ | b) No. Adults: ____ |
| L05 | How many people in your congregation died in the past 12 months? | a) No. kids: ____ | b) No. Adults: ____ If 0 → A1 |
| L06 | Of the deaths in your congregation in the past 12 months, approximately how many do you suspect were probably because of AIDS? | a) No. kids: ____ DK=888 | b) No. Adults: ____ DK=888 |

| | | |
|---|---|--|
| <i>Now I would like to ask you some questions specifically about your views on HIV/AIDS</i> | | |
| A01 | How worried do you think people in your congregation are about AIDS? | Not worried at all.....1 Worried a little.....2 Worried a lot.....3 Don't know.....88 |
| A02 | Do people from your congregation talk with you about their AIDS-related worries? INTERVIEWER: if "YES"PROBE for frequency. If "NO"circle (0) for never | Every Week.....4 Almost every week.....3 About monthly.....2 Seldom.....1 Never.....0 |
| A03 | Do most congregational members attend the funeral of a member, even if they think it was the person's immoral behavior that led to his/her death? INTERVIEWER: if "YES"PROBE for extent. If "NO"circle (0) for none | yes, everybody.....3 most of them.....2 some of them.....1 no, none of them.....0 |
| A04 | Has anyone joined your congregation after they realized that they have AIDS or a terminal illness? | Yes.....1 No.....0 |
| A05 | Do you think anyone has joined your congregation because they noticed supernatural healings or other miracles taking place in your church? INTERVIEWER: if "YES"PROBE for quantity. If "NO"circle (0) for none | Many.....2 A Few.....1 None.....0 |
| A06 | Compared with other problems your congregation faces, how big of a problem is AIDS currently? | Single biggest problem.....3 A big problem.....2 Somewhat of a problem.....1 Not a problem at all.....0 |
| A07 | What about compared with your village? Is the AIDS problem in your congregation more or less of a problem than in your village more generally? | More of a problem.....1 Less of a problem.....2 No difference.....3 Don't know.....88 |

| | | |
|-----|--|---|
| A08 | Do you think the AIDS problem in your congregation will get better, stay the same, or get worse in the future? | Get BETTER.....1 Stay the same.....2 Get WORSE.....3 Don't know.....88 |
| A09 | Do you think the AIDS problem in this village and the surrounding villages will get better, stay the same, or get worse in the future? | Get BETTER.....1 Stay the same.....2 Get WORSE.....3 Don't know.....88 |

| | | | |
|----------------------------------|--|---|------|
| <i>What about you, yourself:</i> | | | |
| A10 | In your opinion, what is the likelihood (chance) that you are infected with HIV/AIDS now? | NO LIKELIHOOD.....0 LOW.....1 MEDIUM.....2 HIGH.....3 DON'T KNOW.....88 | →A12 |
| A11 | What is the likelihood (chance) that you will become infected with HIV/AIDS in the future? | NO LIKELIHOOD.....0 LOW.....1 MEDIUM.....2 HIGH.....3 DON'T KNOW.....88 | |
| A12 | IF CURRENTLY MARRIED: And what is the likelihood (chance) that your wife is infected with HIV/AIDS now? | NO LIKELIHOOD.....0 LOW.....1 MEDIUM.....2 HIGH.....3 DON'T KNOW.....88 | |

| | | | |
|-----|---|--|--|
| A13 | Have you ever attended a training session or workshop about HIV/AIDS? | Yes.....1 No.....0 Can't remember.....88 | |
|-----|---|--|--|

| | | | |
|---|---|---|--|
| <i>I want to ask your level of agreement about several statements about people with HIV/AIDS.</i> | | | |
| A14 | Those who are movious and got AIDS through sex have gotten what they deserve. INTERVIEWER: If the respondent agrees, PROBE for degree of agreement. If the respondent disagrees, PROBE for degree of disagreement. | Strongly Disagree.....1 Disagree.....2 Agree.....3 Strongly Agree.....4 Don't know.....88 | |
| A15 | People in your congregation feel that those who are movious and got AIDS through sex have gotten what they deserve. INTERVIEWER: If the respondent agrees, PROBE for degree of agreement. If the respondent disagrees, PROBE for degree of disagreement. | Strongly Disagree.....1 Disagree.....2 Agree.....3 Strongly Agree.....4 Don't know.....88 | |
| A16 | People in your village feel that those who are movious and got AIDS through sex have gotten what they deserve. INTERVIEWER: If the respondent agrees, PROBE for degree of agreement. If the respondent disagrees, PROBE for degree of disagreement. | Strongly Disagree.....1 Disagree.....2 Agree.....3 Strongly Agree.....4 Don't know.....88 | |
| A17 | People who are infected with HIV should be disciplined by their church/mosque. INTERVIEWER: If the respondent agrees, PROBE for degree of agreement. If the respondent disagrees, PROBE for degree of disagreement. | Strongly Disagree.....1 Disagree.....2 Agree.....3 Strongly Agree.....4 Don't know.....88 | |
| A18 | IF CHRISTIAN: Caring for people with AIDS is a Christian responsibility. IF MUSLIM: Caring for people with AIDS is a Muslim responsibility. INTERVIEWER: If the respondent agrees, PROBE for degree of agreement. If the respondent disagrees, PROBE for degree of disagreement. | Strongly Disagree.....1 Disagree.....2 Agree.....3 Strongly Agree.....4 Don't know.....88 | |

| | | | |
|-----|--|---|--|
| A19 | Marital infidelity is rampant among people in your village. INTERVIEWER: If the respondent agrees, PROBE for degree of agreement. If the respondent disagrees, PROBE for degree of disagreement. | Strongly Disagree.....1 Disagree.....2 Agree.....3 Strongly Agree.....4 Don't know.....88 | |
| A20 | Marital infidelity is rampant among members of your congregation. INTERVIEWER: If the respondent agrees, PROBE for degree of agreement. If the respondent disagrees, PROBE for degree of disagreement. | Strongly Disagree.....1 Disagree.....2 Agree.....3 Strongly Agree.....4 Don't know.....88 | |
| A21 | Promiscuity is rampant among adolescents in your village. | Strongly Disagree.....1 Disagree.....2 Agree.....3 Strongly Agree.....4 Don't know.....88 | |
| A22 | Promiscuity is rampant among adolescents in your congregation. | Strongly Disagree.....1 Disagree.....2 Agree.....3 Strongly Agree.....4 Don't know.....88 | |
| A23 | Do you believe that the end times are near? | Strongly Disagree.....1 Disagree.....2 Agree.....3 Strongly Agree.....4 Don't know.....88 | |

| | | | |
|-----|--|--|--|
| N01 | IN THE PAST YEAR HAVE YOU MET WITH ANY: | | |
| | A. Clergy from your same denomination | Yes.....1 No.....0 Don't Know.....88 | |
| | B. Authorities from your same denomination | Yes.....1 No.....0 Don't Know.....88 | |
| | C. Clergy from other denominations | Yes.....1 No.....0 Don't Know.....88 | |
| | D. Authorities from other denominations | Yes.....1 No.....0 Don't Know.....88 | |
| | E. Missionaries (or Brothers) | Yes.....1 No.....0 Don't Know.....88 | → N1F |
| | E2. From where? | | |
| N01 | F. NGO leaders | Yes.....1 No.....0 Don't Know.....88 | → N1G |
| | F2. From where? | | |
| N01 | G. Government leaders | Yes.....1 No.....0 Don't Know.....88 | |
| | N02 Has your congregation ever been visited by denominational authorities? | | |
| N03 | Has your congregation ever been visited by high-level government officials? | | Yes.....1 No.....0 Don't Know.....88 |
| | Has your congregation ever been visited by missionaries? | | Yes.....1 No.....0 Don't Know.....88 |
| N04 | INTERVIEWER: PROBE AS IN N1E (FOREIGN BROTHERHOOD) | | |
| N05 | Has your congregation been directly helped by any NGO programs? | | Yes.....1 No.....0 Don't Know.....88 |
| N06 | Has your congregation been directly helped by any mission work? | | Yes.....1 No.....0 Don't Know.....88 |
| N07 | Are there any congregations with which you have participated in services or programs during the past 12 month? | | Yes.....1 No.....0 DK.....88 |
| | | | → N10 |

| | | | | | |
|-----|--|---|--|--|---|
| N08 | What were their names ? | <p>a. LIST NAMES</p> <p>i. _____</p> <p>ii. _____</p> <p>iii. _____</p> <p>iv. _____</p> <p>v. _____</p> <p>vi. _____</p> <p>vii. _____</p> | <p>b. LIST DENOMINATION</p> <p>i. _____</p> <p>ii. _____</p> <p>iii. _____</p> <p>iv. _____</p> <p>v. _____</p> <p>vi. _____</p> <p>vii. _____</p> | <p>c. Frequency</p> <p>i. _____</p> <p>ii. _____</p> <p>iii. _____</p> <p>iv. _____</p> <p>v. _____</p> <p>vi. _____</p> <p>vii. _____</p> | <p>Frequency Codes</p> <p>last week.....1</p> <p>last month.....2</p> <p>2-5 months ago...3</p> <p>6 mo. – 1 yr. ago..4</p> |
| N09 | CHECKER QUESTION: Count number mentioned in N8a | | | Number _____ | |

| | | | |
|-----|--|--|--|
| N10 | Have you discussed issues of religious belief or church doctrine with anyone outside of your own church or mosque, such as...? | <p>Yes.....1</p> <p>No.....0</p> <p>Don't Know.....88</p> | <p>→ N15</p> <p>→ N15</p> |
| N11 | <p>Leaders of <i>other churches</i>?</p> <p>INTERVIEWER: PROBE FOR NAME, POSITION, AND AFFILIATION. (EXAMPLE: "Joel Phiri, Pastor, Ulongwe CCAP" or just "Pastor, Ulongwe CCAP")</p> | <p>LIST NAME, POSITION, & AFFILIATION</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p> <p>f. _____</p> <p>g. _____</p> | <p>CHECKER</p> <p>Total #</p> <p>Named</p> <p>_____</p> |
| N12 | <p>Leaders of <i>other denominations</i>?</p> <p>INTERVIEWER: PROBE FOR NAME, POSITION, AND AFFILIATION. (EXAMPLE: "Joel Phiri, Pastor, Ulongwe CCAP" or just "Pastor, Ulongwe CCAP")</p> | <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p> <p>f. _____</p> <p>g. _____</p> | <p>_____</p> |
| N13 | <p>Leaders of any <i>NGOs</i>?</p> <p>INTERVIEWER: PROBE FOR NAME, POSITION, AND AFFILIATION. (EXAMPLE: "Joel Phiri, site coordinator, Mangochi World Vision" or just "site coordinator, Mangochi World Vision")</p> | <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p> <p>f. _____</p> <p>g. _____</p> | <p>_____</p> |
| N14 | <p><i>Other individuals</i> here in the area?</p> <p>INTERVIEWER: PROBE FOR NAME, POSITION, AFFILIATION</p> | <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p> <p>f. _____</p> <p>g. _____</p> | <p>_____</p> |
| N15 | <p>Outside of formal participation or doctrinal discussions, name any other religious leader (congregational, denominational or otherwise) with whom you have regular interaction.</p> <p>INTERVIEWER: PROBE FOR NAME, POSITION, AND AFFILIATION.</p> | <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p> <p>f. _____</p> <p>g. _____</p> | <p>_____</p> |
| N16 | What about issues of HIV/AIDS, have you discussed issues of HIV/AIDS with anyone outside of your own church or mosque, such as...? | <p>Yes.....1</p> <p>No.....0</p> <p>Don't Know.....88</p> | <p>→ T1</p> <p>→ T1</p> |

| | | | |
|-----|---|---|---|
| N17 | Leaders of <i>other churches/mosques</i> ? INTERVIEWER: PROBE FOR NAME, POSITION, AND AFFILIATION. (EXAMPLE: "Joel Phiri, Pastor, Ulongwe CCAP" or just "Pastor, Ulongwe CCAP") | LIST NAME, POSITION, & AFFILIATION a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ | CHECKER Total # Named _____ |
| N18 | Leaders of other denominations? INTERVIEWER: PROBE FOR NAME, POSITION, AND AFFILIATION. (EXAMPLE: "Joel Phiri, Pastor, Ulongwe CCAP" or just "Pastor, Ulongwe CCAP") | a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ | _____ |
| N19 | Leaders of any NGOs? INTERVIEWER: PROBE FOR NAME, POSITION, AND AFFILIATION. (EXAMPLE: "Joel Phiri, site coordinator, Mangochi World Vision" or just "site coordinator, Mangochi World Vision") | a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ | _____ |
| N20 | Other individuals herein the area? INTERVIEWER: PROBE FOR NAME, POSITION, AND AFFILIATION. | a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ | _____ |

| | | | |
|---|---|--|---|
| <i>There are some people that engage in traditional practices in addition to their religion. Some congregations discourage such traditional practices; others appear to be okay with them. I would like to know about such practices.</i> | | | |
| T01 | How prevalent are these practices among members of your congregation? INTERVIEWER: READ LIST AND FILL IN ANSWER CODES | everyone...3 most.....2 a few.....1 none.....0 | T02: How prevalent are these practices in your village in general? everyone.....3 most.....2 a few.....1 none.....0 |
| | A Ritual cutting (mphini) that was not just for decoration B Consult a Sing'anga wa mzimu (Doctor of Spirits) C Consult a Sing'anga wa zitsamba (Herbalist) D Drink or give anyone a love potion E Wear an amulet or put one on your child F Participate in an Initiation Ritual G Participate in Widow Cleansing H Participates in none of these activities | A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ | A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ |

| | | |
|-----|---|--|
| T03 | For each of these practices, please tell me if they are acceptable or unacceptable? INTERVIEWER: READ LIST AND FILL IN ANSWER CODES | Unacceptable.....0 Acceptable.....1 Don't know.....88 |
| | A Ritual cutting (mphini) that was not just for decoration B Consult a Sing'anga wa mzimu (Doctor of Spirits) C Consult a Sing'anga wa zitsamba (Herbalist) D Drink or give anyone a love potion E Wear an amulet or put one on your child F Participate in an Initiation Ritual G Participate in Widow Cleansing | A. ____ B. ____ C. ____ D. ____ E. ____ F. ____ G. ____ |
| T04 | T4a Which of the following traditional activities have you, <i>personally</i> , done in the past twelve months? INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY YES NO A Ritual cutting (mphini) that was not just for decoration 1 0 B Consult a Sing'anga wa mzimu (Doctor of Spirits) 1 0 C Consult a Sing'anga wa zitsamba (Herbalist) 1 0 D Drink or give anyone a love portion 1 0 E Wear an amulet or put one on your child 1 0 F Has done no traditional activities F | T4b If yes, how often? More than once a week.....5 Once a week.....4 2-3 times per month.....3 Once a month.....2 Less than once a month.....1 A ____ B ____ C ____ D ____ E ____ |
| T05 | Compared to five (5) years ago, have conditions changed in your community regarding witchcraft or accusations of witchcraft? | No change.....0 Fewer witchcraft/accusations.....1 About the same2 More witchcraft/accusations3 |
| T06 | Would you attribute any events or problems that have occurred within the past year to witchcraft? | Yes 1 No 0 |

"Now I would like to ask some questions about you and about your household."

| | | |
|-----|---|--|
| H01 | In what year were you born? | (YEAR): ____ Don't know..... 88 |
| H02 | INTERVIEWER: IF RESPONDENT DOES NOT KNOW YEAR OF BIRTH, ESTIMATE AGE OR PROBE | ESTIMATED AGE: ____ |
| H03 | What languages can you speak well enough to have a conversation? INTERVIEWER: DO NOT READ LIST MORE THAN ONE ANSWER IS POSSIBLE | A. Chichewa..... 1 B. Tumbuka..... 2 C. Yao..... 3 D. English..... 4 E. Ngoni..... 5 F. Tonga..... 6 G. Sena..... 7 H. Senga..... 8 I. Other (specify ____) |
| H04 | What ethnic group do you belong to? INTERVIEWER: DO NOT READ LIST MORE THAN ONE ANSWER IS POSSIBLE | A. Yao..... 1 B. Chewa..... 2 C. Lomwe..... 3 D. Tumbuka..... 4 E. Ngoni..... 5 F. Sena..... 6 G. Tonga..... 7 H. Senga..... 8 I. Other (specify ____) J. Don't Know.....88 |

| | | | |
|-----|--|-----------------------|--|
| H05 | Since you were age 15, have you stayed outside this District for 6 months or more? | Yes.....1 | |
| | | No.....0 | |
| | | Can't remember.....88 | |

| E03 | Does your household have any of the following? | HOUSEHOLD | | |
|-----|--|-----------|-----|------|
| | | NO | YES | D.K. |
| | A Bed with mattress | 0 | 1 | 88 |
| | B Sofa Set | 0 | 1 | 88 |
| | C Table and chair(s) | 0 | 1 | 88 |
| | D Paraffin glass lamp | 0 | 1 | 88 |
| | E Television | 0 | 1 | 88 |
| | F Radio | 0 | 1 | 88 |
| | G Cell phone | 0 | 1 | 88 |
| | H Mosquito net | 0 | 1 | 88 |
| | I Solar electricity panels | 0 | 1 | 88 |
| | J Bicycle | 0 | 1 | 88 |
| | K Motorcycle | 0 | 1 | 88 |
| | L Car | 0 | 1 | 88 |
| | M Hoe | 0 | 1 | 88 |
| | N Oxcart | 0 | 1 | 88 |
| | O Pit latrine | 0 | 1 | 88 |
| | P Sanplat latrine | 0 | 1 | 88 |

| | | | | | | | |
|-----|---|------------|------------|------------|------------|-------------|------------|
| E04 | I'm now going to read a list of animals. Would you please tell me if <i>your</i> household owns any of these animals? | | | | | | |
| | INTERVIEWER: ASK E4a WORKING DOWN THE COLUMN. THEN WORK ACROSS THE ROW. CODE 'DON'T KNOW' AS '8888'. ASK TOTAL AMOUNT SOLD EVEN IF CURRENTLY OWNS ZERO | | | | | | |
| | | E4a | E4b | E4c | E4d | E4e | E4f |
| | | DOES | # | # SOLD | TOTAL | IF IN KIND, | # DONATED |
| | | HOUSEHOLD | HOUSEHOLD | IN THE | VALUE | WHAT WAS | TOWARDS OR |
| | | OWN _____? | OWNS? | PAST 12 | OF THE | EXCHANGED | KILLED AT |
| | | | | MONTHS | SALE(S) | | A FUNERAL |
| | A Cattle | YES NO | | | | | |
| | B Goats | YES NO | _____ | _____ | _____ | _____ | _____ |
| | C Pigs | YES NO | _____ | _____ | _____ | _____ | _____ |
| | D Poultry | YES NO | | | | | |
| | E Sheep | YES NO | _____ | _____ | _____ | _____ | _____ |
| | F Donkeys | YES NO | | | | | |
| | G Rabbits | YES NO | | | | | |

| E08 | E08a | | | E08b | | | E09 CHECKER : Total KGs |
|-----|---|-----------------|---------|--|--------------------|--|----------------------------------|
| | WHAT ARE THE MAIN CROPS THAT YOUR HOUSEHOLD PRODUCES? | | | HOW MUCH OF THIS CROP DID YOUR HOUSEHOLD PRODUCE LAST YEAR (ask H-K only)? | | | |
| | A | Rice | 1 0 | | | | |
| | B | Millet | 1.....0 | | | | |
| | C | Sweet potatoes | 1.....0 | | | | |
| | D | Sugar Cane | 1.....0 | | | | |
| | E | Cassava | 1.....0 | | | | |
| | F | Groundnuts | 1.....0 | | | | |
| | G | Beans | 1.....0 | | | | |
| | H | Maize (shelled) | 1.....0 | | # of _____ KG bags | | |
| | I | Tobacco | 1.....0 | | _____ KGs | | _____ KGs |
| | J | Cotton | 1.....0 | | _____ KGs | | |
| | K | Soy beans | 1.....0 | | _____ KGs | | |

| | | | |
|-----|---|--|---|
| R41 | Which would you say is more important A "My faith gives me spiritual power to gain health, prosperity and block evil" OR B "My faith gives ethical principles to guide my life" | | SPIRITUAL POWER..... 1 ETHICAL PRINCIPLES..... 2 BOTH EQUALLY IMPORTANT..... 3 DONT KNOW..... 88 |
| R42 | I'm going to read a list of religious items. Would you please tell me about how many of these your household owns now? | | NUMBER HOUSEHOLD OWNS: |
| | A | Bibles (full or New Testament version) | _____ |
| | B | Korans | _____ |
| | C | Christian hymn books | _____ |
| | D | Religious guide books | _____ |
| | E | Books that have portions of Scripture | _____ |
| | F | Religious correspondence course material | _____ |

| | | | | |
|-----|--|------------|--|--|
| F01 | Would it be okay with you if we visited a weekly service at your congregation? | | Yes..... 1 No..... 0 Unsure..... 88 | →F3 |
| F02 | Researchers are interested in how Malawians in this area worship and pray. Would you permit us to make an audio recording of this service? We would be sure that no identifying information was attached to the recording. | | Yes..... 1 No..... 0 Unsure..... 88 | |
| F03 | We are also interested in talking with women about the kinds of activities congregational women's groups are engaging in. Could you tell us the names of 3-4 women who are very active in your congregation who we might be able to talk to about these questions? | | | |
| | A. NAME | B. VILLAGE | C. Is this woman related to you in any way? YES=1 NO=0 | D. What relation? (i.e., wife, niece, sister, etc.) |
| | 1. _____ | 1. _____ | 1. _____ | 1. _____ |
| | 2. _____ | 2. _____ | 2. _____ | 2. _____ |
| | 3. _____ | 3. _____ | 3. _____ | 3. _____ |
| F04 | CHECKER: Note Number of names given _____ | | | |

Thank you very much for your cooperation.

| |
|---|
| D09 TIME ENDED [__] [__] (24 HOUR TIME) |
|---|

Appendix C
INTERVIEW TRAINING GUIDE
June 2, 2005

Interviewers should understand the 4 key topics that we are most interested in knowing more about. The goal of these interviews is to engage in a “conversation” with the leader about their religious life, their role as religious leader, and the problems facing them and their congregation. This is not a guide for the interviewer to follow, but gives some suggestions and examples of what we are interested in for each of the four main topics.

1. **PERSONAL RELIGIOUS HISTORY** of the congregation leader – **DENOMINATIONAL AND SPIRITUAL** – from birth to just before he became the leader of this congregation. This needs to be done in as much detail as possible . What about personal spiritual growth, periods of doubt, how were they resolved, etc.? Stories about personal experiences with healing, their exposure to or interest in other religious traditions or denominations. Their own decisions to examine or join other religions or to resist any possibilities to change and **WHY**. Probe about the tensions and difficulties that come with leaving a congregation and joining a new one. We want to get the stories about their religious lives and the changes they’ve been through.
2. **TIME AS LEADER AS CONGREGATION**. How did you become leader? What is satisfying about your work in this congregation? We want to know about the problems in the congregation as well. How do you address such problems when they come up? We’re interested in the leader’s role as **PASTORAL COUNSELOR**. What problems do people come to you with? What types of difficulties do people ask you about, and what kind of responses do you give? **SUSPENSION** from church and why. Do people ever get kicked out? Why? Is it hard for you to do this? Do you give people second and third chances? How does this happen? **SERVICES** – what sort of activities does the congregation engage in? Do you or other members from your congregation participate in fellowships or revivals? What are they like? **COMPETITION WITH OTHER DENOMINATIONS**-what brings new members? What makes people leave? Probe for stories about who left, who came and why. In these stories, do you see that members are being “snatched” by other denominations? Which traditions are “snatching”? How do these congregations attract others? When there are problems, where do you go for help with these? Who does this leader consult with when things get difficult—friends? Other pastors? How does he cope with these things? What about relationships with denominational authorities or other outside groups? To what extent these provide support, leadership, funding? Are they helpful? Stingy? Supportive? Is money given with strings attached? How are other decisions in the church influenced by these other relationships?
3. **BIGGEST PROBLEM FACING YOUR CONGREGATION?** Your religious tradition in general? Here, we want to focus on the problems the leaders bring up and not move too quickly to **AIDS**. Religious leaders have told us that their congregations face many different problems. They may tell us that their members are uneducated, that they are lacking food, that the building is falling apart, or that their congregation is shrinking; they also may bring up **AIDS** here. **SIN** – what does the leader believe about the relationship between sin and the problems facing the congregation? We’re interested both in this particular congregation and in “the Church” (or Islam) more generally.

4. SURVEY ADMINISTRATION

This section will be asked if sections 2 and 3 have not already lead to an in-depth discussion about AIDS

5. VIEW OF AIDS. When did he first hear about it? What did he think about it then? What did he say about it when it first came up? With his friends? With his wife? Have his views about AIDS changed at all in more recent years? Views on sin (individual sin or community/collective sin). Is there disagreement in your congregation about issues having to do with AIDS? Do some people disagree about how to care for the sick? Whether or not to sing at the funeral when someone has died from AIDS? Whether or not people who are sick with AIDS should be allowed in the church? What about counseling? Do people come to talk with you about AIDS? About AIDS-related problems like caring for orphans? Do you teach about AIDS in your congregation? Have you ever gone to a workshop for AIDS training? Find out EXACTLY what happened at the AIDS training.

Appendix D

-> Binoni Anglican

| congregation name | village | tradition |
|-------------------------------|---------------------|-----------|
| NKHONGIONT MA ANGLICAN CHURCH | MUZGEZG | Anglican |
| BINONI ANGLICAN | KAPELEMERA | Anglican |
| BINONI ANGLICAN CHURCH. | BINONI (KAPELEMERA) | Anglican |
| ANGLICAN CHURCH | KAPELEMERA | Anglican |
| BINONI ANGLICAN CHURCH | KAPELEMELA | Anglican |

-> Chagunda Church of Christ

| congregation name | village | tradition |
|----------------------------|------------------|--------------|
| CHRISTIAN CHURCH | CHAGUNDA VILLAGE | Indig Christ |
| NAMIKANGO CHURCH OF CHRIST | CHAMPA VILLAGE | Pentecostal |
| CHRISTIAN CHURCH | CHAGUNDA VILLAGE | Indig Christ |

-> Chalimbana Catholic

| congregation name | village | tradition |
|--------------------------------|-------------------|-----------|
| CHIMWAMAWAKUWI ROMAN CATHOLIC | ZEFERINO | Cath |
| CATHOLIC | CHALIMBANA ESTATE | . |
| CHIMWAMAKNWI ROMAN CATHOLIC | ZEFERINO | Cath |
| CHIMUNMUSA KUYA ROMAN CATHOLIC | ZEFELINO | Cath |
| CHIMWAMAKUWI ROMAN CATHOLIC C | ZEFELINO | Cath |
| CHIMWAMWA KUWI CATHOLIC CHURCH | ZEFELNE | Cath |
| CHIMWAMAKNWI CATHOLIC CHURCH | ZEFELINO | Cath |
| CHIMWAMAKUWI CATHOLIC CHURCH | ZEFELINO | Cath |
| CHIMWAMWA KUGU CATHOLIC CHURCH | ZEFELINO | Cath |
| CHIMWAMAKNWI ROMAN CATHOLIC | ZEFERINO | Cath |
| CHIMWAMWAKUESI CATHOLIC CHURCH | ZEREFINO | Cath |
| CHIMUAMWAKUWI CHATHOLI CHURCH | KAYOLA | Cath |
| CHIMWAMAKUWI CATHOLIC CHURCH | ZEFELINO | Cath |
| CHALIMBANA CATHOLIC | CHALIMABA ESTATE | Cath |

-> Chamabowa Church of Christ

| congregation name | village | tradition |
|-----------------------------|------------|-----------|
| CHAMAHOMWA CHURCH OF CHRIST | CHAMAHOMWA | . |
| CHAMAHOMWA CHURCH OF CHRIST | CHAMAHOMWA | . |

-> Chamabowa Emmanuel Church

| congregation name | village | tradition |
|-----------------------------|-------------|--------------|
| CHAMABANA EMMANNVEL | CHAMAHOMWA | Indig Christ |
| CHAMCHOMWA EMNANUAL CHURCH | CHANACHOMWA | . |
| CHAMAHOMWA EMMANUEL CHURCH. | CHAMAHOMWA | . |

-> Chamlenzi Catholic

| congregation name | village | tradition |
|-------------------|----------------|-----------|
| ROMAN CATHOLIC | THENDO VILLAGE | . |

-> Champezi Catholic

| congregation name | village | tradition |
|--------------------------------|---------------------|-----------|
| CHANPHANIC CATHOLIC | KAUCLE VILLAGE | Cath |
| CATHOLIC | KAWENDGE | Cath |
| CHAMPHEZI CATHOLIC CHURCH | KAWERE | Cath |
| CHAMPHEZI OF CATHOLIC | KOWERE | Cath |
| KATOLIKA CHAMEHE | KAWERI | Cath |
| CHAMPHEZI R.C. CHURCH | KAWELE VILLAGE | Cath |
| CHAPHENZI R.CATHERE | UAWERE | Cath |
| CHAMPHEZI CHATHOLI CHURCH | KAWERE VILLAGE | . |
| CHAFEXI R.CETHNE | VAWERE | Cath |
| KATOLIKA CHAMPHEZ | KAWEBE | Cath |
| CHAMPHELI CATHOLIC | KAWERE | Cath |
| CHAWIPHOZI CATHOLIC | KAWERE | Cath |
| CHANPHENZ CATHOLIC | KAWELE VG | Cath |
| CHAMPHEZI CATHORIC | KAWERE | Cath |
| CHANEHEZI CATHOILIC | KAWEE VG | Cath |
| KATOLIKA CHAMPHERI | KAWERE | Cath |
| CHAMPHENZI R CATHOLIC | KAWERE VILLAGE | Cath |
| CHAMPHEZI R.C | KAWERE VILLAGE | Cath |
| CHAMPHENZI R.C | KARERA | . |
| KATILIKA | KAWERE VLGE | Cath |
| CHANPHANIC CATHONIC | KAWELE VILLAGE | Cath |
| KATOHKA CHAMPHEZ | KAWERE | Cath |
| CHAMPHENU CATHOLIC CHURCH | KAWERE | . |
| CHAMPHEZI ROMAN CATHOLIC CHURC | KAWERE VGE | Cath |
| KATOLIKA CHAKOLIC | KAWASE | . |
| CHAMPHENZI R.C | KAWERE | . |
| CHAMPENZI CATHIC CHURCH | KAWUE | . |
| CHAMPHENZI ROMAN CATHOLIC | KAWERE | . |
| CHAMPHEZI CATHLOLIC CHURCH | KAWERE | Cath |
| CHAMPHEZI R.C. | KAWERE | Cath |
| CHAMPHEZI ROMAN CATHOLIC CHURC | KAWERE VGE | Cath |
| ROMAN CATHOLIC | CHAWALA | Cath |
| CHEMPHEZI CATHOLIC CHURCH | KAWELE VILLAGE | Cath |
| CHAMPHERZI CATHALIC | KAWELE VILLAGE | Cath |
| CHAMPHEZ CATHOLIC | KAWERE | Cath |
| CHAMPHANJI ROMAN CATHARI | CHAWALA | Cath |
| ROMAN CATHOLIC | MMUDZI MWA CHAMPHZI | Cath |
| CHAMPHEZI RC | KAWELE VGE | Cath |
| MNWERERA NGOMBE | LUBESITE | Cath |
| CHAMPHEZI R.C | KAWERE VILLAGE | Cath |

-> Chanika New Church

| congregation name | village | tradition |
|---------------------------|-----------|--------------|
| CHRMKA NOWA'S CHURCH | CHANIKA | Indig Christ |
| NOWASI CHURCH | CHANIKA | Indig Christ |
| CHAPASUKA CHURCH OF NOWAH | CHAPASUKA | Indig Christ |

-> Chawala Church of Christ

| congregation name | village | tradition |
|--------------------------------|-------------------|--------------|
| CLAWALA CHURCH OF CHRIST | CHAWALA | Pentecostal |
| CHAWALA CHURCH OF CHRIST | CHAWALA | Christian |
| CHAWALA CHURCH OF CHRIST | CHAWALA | . |
| CHAWALA CHURCH OF CHRIST | CHAWALA | . |
| CHAWALA CHURCH OF CHRIST | CHAWALA VILLAGE | Other |
| CHAWATA CHURCH OF CHRIST | CHWALA VG | Indig Christ |
| CHAWALA (CHURCH OF CHRIST) | CHAWALA | Indig Christ |
| TCHALITCHI CHACHI KLISTO CHA | CHAWALO | Christian |
| CHAWALA CHURCH OF CHRIST | CHAWALA | . |
| CHAWALA | BAKWHONI CHINKUSE | . |
| KANTOGO CHURCH OF CHRIST | SAWALA | . |
| CHAWALA CHURCH OF CHERIST | CRAWALA | Indig Christ |
| CHAWAL CHURCH OF CHRIST | CHAWALA | . |
| CHAWALA CHURCH OF CHRIST | CHAWALA | Baptist |
| CHAMPHEZI CHURCH OF CHRIST | | . |
| CHAWALA CHURCH OF CHRIST | CHAWALA | Indig Christ |
| CHAWALA CHURCH OF CHRIST | CHAWALA | Indig Christ |
| CHANALE CHURCH OF CHERIST | CHAWALA | Pentecostal |
| MPINZO WAYESU CHAWALA MPINZO L | CHAWALA | . |
| CHAWALA CHURCH OF CHRIST | CHAWALA | . |
| CHAWALA CHURCH OF CHRIST | CHWALA VGE | Indig Christ |
| CHAWALA CHURCH OF CHRIST | CHAWALA | . |
| CHAWALA CHURCHES OF CHRIST | CHAWALA | Indig Christ |
| CHAWALA CHURCH OT CHRIST | CHAWALA | Indig Christ |
| CHAWALA CHURCH OF CHRIST | CHAWALA | Pentecostal |
| CHAWALA CHURCH OF CHRIST | CHAWALA | Pentecostal |
| CHAWALA CHURCH OF CHRIST | CHAWALA | . |
| YESU CHURCH OF CHRIST | CHAWALA | Indig Christ |
| CHURCH OF CHRIST | CHAWALA VILLAGE | . |
| CHAWALE ANEMSLOE | CHAWALE FC. | Pentecostal |
| CHAWALA CHURCH OF CHRIST | CHAWALA VILLAGE | Other |
| YESU CHURCH OF CHIRST | CHAWALA | Indig Christ |
| CHAWALA CHURCH OF CHRIST | KAWERE VILLAGE | . |
| CHAWARE CHURCH OF CHRIST | CHAWALA | Indig Christ |
| CHAWALA CHURCH OF CHRIST | CHAWALA | Pentecostal |
| CHAWALA | CHAWALAVG | . |

| | | |
|--------------------------|-------------------|--------------|
| CHAWALA CHURCH OF CHRIST | CHAWALA | . |
| CHAWALA CHURCH OF CHRIST | CHAWALA VG | . |
| CHAWALA CHURCH OF CHRIST | CHAWALA | Indig Christ |
| CHAWALA CHURCH OF CHRIST | CHAWALA | Other |
| ----- | | |
| MBANI ZAYEHORA | CHAWALA | . |
| CHAWALA CHURCH OF CHRIST | CHAWALA | Indig Christ |
| MBONI ZA YAHOVA | MMUDZI WA CHAWALA | . |
| CHAWALA CHURCH OF CHRIST | CHAWALA VILLAGE | Pentecostal |
| CHAWALA CHURCH OF CHRIST | CHAWALA VG | Other |
| ----- | | |
| CHAWALA CHURCH OF CHRIST | CHAWALA | . |
| CHAWALA MPINGOWAYESU | CHAWALA VILLAGE | Pentecostal |
| CHAWALA MPINGOWA YESH | CHAWALA | . |
| CHAWALA CHURCH OF CHRIST | CHAWALA | Pentecostal |
| CHAWALA CHURCH OF CHRIST | CHAWALA | . |
| ----- | | |
| CHAKALA CHURCH OF CHRIST | CHAWALA | . |
| CHAWALA CHURCH OF CHRIST | | . |
| CHAWALA CHURCH OF CHIRST | CHAWALA | Pentecostal |
| MPINGO KAYESU | CHAWALA | . |
| CHURCH OF CHRIST | CHAWALA VG | Indig Christ |

-> Chawala Jehovahs Witness

| congregation name | village | tradition |
|--------------------------------|--------------|-------------|
| MBONI MATIZI CHURCH | CHAWALA | Jehovah Wit |
| MCHIZI JEHOVA'S WOTNE | CHAWALA | . |
| JELIORCIS CHAWALA WITNESS YEHO | CHAWALA | . |
| KAZYOZYO JEHERAIS WITNESSES | KAZYOZYO RGO | Jehovah Wit |
| JTHOVAS WITNESS | CHAWALA | Jehovah Wit |

-> Chawala New Apostolic

| congregation name | village | tradition |
|------------------------------|--------------------|--------------|
| CHAWALA NEW APOSTOLIC CHURCH | CHAWALA | Indig Christ |
| NEW APOSITOLI | MMEDZI MWA CHAWALA | . |
| CHAWALA NEW APOSTOH CHURCH | CHAWALA VILLAGE | Pentecostal |
| CHAWALA NEW APOLITIC FATIH | CHWALA | Pentecostal |
| NEW APOSTOLIC | CHAWALA | . |

-> Chikoleka Baptist

| congregation name | village | tradition |
|----------------------------|---------|-----------|
| CHIKOLEKA BAPTIST | NGASALE | Baptist |
| CHIKOLEKA BAPTIST | NGASALE | Baptist |
| CHIKOLEKA BAPTST CONRATON. | NGASALE | Baptist |

-> Chikoleka Catholic

| congregation name | village | tradition |
|---------------------------|-------------------|-----------|
| CHNKOLAKA ROMAN CATO | NGASALE VG | Cath |
| ROMAN CATHOLIC | MGAMPHU | . |
| CHIKOLONGO CATARIC | CHIKOLOGO VILLAGE | Cath |
| ROMAN CATHOLIC | KAWECE | . |
| CHIKOLEKA CHURCH | NGASALE | Cath |
| CHIKDEKA CATHOLIC CHURCH | NGASALE | Cath |
| CHIKOLEKA CATHOLIC CHURCH | NGASALE VILLAGE | Cath |
| CHIKOLEKA CATHOLIC CHURCH | NGASALE VILLAGE | Cath |
| CHIKOLEKA CATHOLIC CHURCH | NGASALE | Cath |
| CHIKOLEKA CATHOLIC CHURCH | NGASALE VILLAGE | Cath |
| ROMAN CATHOLIC | CHIGWENEMBE | Cath |
| CHIKAMBA CATHOLIC CHURCH | NANDUMBO | Cath |
| CHIKIVELEKA CATHOLIC | NGASALE | Cath |
| ROMAN CATHOLIC | CHIKOLEKA | Cath |
| CHIKOLEKA CATHOLIC CHURCH | NGASALE | . |
| NGASALE CATHOLIC | NGASALE | Cath |
| CHIKOLELA CATHOLIC CHURCH | NGASALL | Cath |
| CHIKOLEKU CUTHOLIC | NYUSULE | Cath |
| CHIKOLEKA CATHOLIC CHURCH | NGASALE | Cath |
| CHIKOLEKA CATHOLIC CHURCH | NGASALE VILLAGE | Cath |

-> Chikolongo Christian

| congregation name | village | tradition |
|-----------------------------|--------------------|------------------|
| CHURCH OF CHRIST | MSEKA | Indig Christ |
| CHURCH OF CHRIST | SHILINI | . |
| CHURCH OF CHRIST | MASIWA VGE | . |
| CHURCH OF CHRIST | KAPANGWA VGE | . |
| CHURCH OF CHRIST | KHOZA | Christian |
| CHURCH OF CHRIST | KHOZA SCHOOL | . |
| CHURCH OF CHRIST | MKANDA T.C. | . |
| CHURCH OF CHRIST | NYANYIKA VILLAGE | Other |
| CHURCH OF CHRIST | MASIWA VLGE | . |
| CHURCH OF CHRIST | SHILINI | . |
| CHIKOLONGO CHRISTIAN CHURCH | CHIKOLONGO VILLAGE | Indig Non-Christ |
| CHURCH OF CHRIST | KUMILAMBE | Indig Christ |
| CHURCH OF CHRIST | MTENDE | Other |
| CHIKOLONGO CHRISTIAN CHURCH | CHIKDONGO | Pentecostal |
| CHURCH OF CHRIST | KUMILAMBE | Indig Christ |
| CHIKOLONGO CHRISTIAN CHURCH | WILIAM VGE | 7th Day Advent |
| CHURCH OF CHRIST | NAMONDE | Pentecostal |
| CHURCH OF CHRIST | BULAYIMU | Indig Christ |

-> Chikolongo Church of Christ

| congregation name | village | tradition |
|-----------------------------|-------------------|-----------|
| MPANJE CHRISTIAN CHURCH | MPANJE VILLAGE | Christian |
| CHIKONONGO CHRUCH OF CHRIST | CHIKONOGO VILLAGE | . |
| NTOLA CHURCH OF CHRIST | NTOLA VILLAGE | Other |

-> Chikolongo Mosque

| congregation name | village | tradition |
|--------------------|---------------------|-------------|
| CHIKOLOGA MOSQUE | CHIKOLOGA VILLAGE | NoRelig |
| CHIKOLONGO MOSQUE | CHIKOLONOGO VILLAGE | Quad Muslim |
| CHIKOLONGO MOSQUE | CHIKOLONGO | Quad Muslim |
| CHIKOLONGO MOSQUE | CHIKOLONGO VILLAGE | Quad Muslim |
| CHIKOLONGO MOSQUE | NYANYIKA VIG. | Quad Muslim |
| CHIKOLONGO MOSQUE | CHIKOLONGO VILLAGE | Quad Muslim |
| CHIKOLONGO MOSQUE | CHIKOLONGO | Quad Muslim |
| CHIKOLONGO MOSQUE | CHIKOLONGO | . |
| CHIKOLONGS MOSQUE | CHIKOLONGS VILLAGE | Quad Muslim |
| CHIKOLONGO MOSQUE | CHIKOLONGO | Quad Muslim |
| CHIKOLONGWE MOSQUE | CHIKOLONGWE VILLAGE | Quad Muslim |
| CHIKOLONGO MOSQUE | CHIKOLONGO VILLAGE | Quad Muslim |

-> Chikolongo Seventh Day Baptist

| congregation name | village | tradition |
|------------------------|--------------------|----------------|
| CHIKTONGO PIM | CHIKTONGO VILLAGE | . |
| CHIKOLONGO SEVENTH DAY | CHIKOLONGO VILLAGE | 7th Day Advent |

-> Chikoti African Abraham

| congregation name | village | tradition |
|-------------------------|-----------------|--------------|
| AFRICAN ABRAHAM | CHIKATI | Pentecostal |
| AFRICAN ABRAHAM | CHIKOTI VG | Indig Christ |
| AFRICAN ABRAHAM | CHIKOTI | . |
| MSONGODZI AFIRCAN CHUCH | CHIKOTI | Indig Christ |
| AFRICAN ABRAHAM | CHASOKWA | Indig Christ |
| AFRICAN ABRAHAM | MUDIWA CHASOKWA | . |
| AFRICAN ABRAHAM | CHIKATI | . |

-> Chimombo Catholic

| congregation name | village | tradition |
|------------------------------|-----------------|-----------|
| KATOLIKA MODOYERA | CHIMOMBO | Cath |
| MCHENGAWOGERA | CHIMOMBO KAWERE | Cath |
| CHIMOMBO ROMAN CATHOLIC | CHIMOMBO | Cath |
| KATOTIKA | CHIMOMBO | Cath |
| KATOLIKA | CHIMOMBO | Cath |
| KATOLIKA | MKANDO VGE | . |
| M'CHENGAOYERA | CHIMOMBO V.S | Cath |
| KATOLIKA | MPHEPO | Cath |
| MCHENGA WOYSA ROMAN CATHOLIC | CHIMOMBO KEWEE | Cath |
| MAHENGA ARYA CATHOLI | CHIMAMBA | Cath |
| MCHENGWAYERA CATHOLI | CHIMAMBE | Cath |

-> Chimsasa Assemblies of God

| congregation name | village | tradition |
|---------------------|----------|-------------|
| KAZYOZYO ASEWIBCIES | KAZYOZYO | Pentecostal |
| ASSEMBLIES OF GOD | KAZOZYO | Pentecostal |

-> Chimyanga African International

| congregation name | village | tradition |
|----------------------------------|---------------------|--------------|
| AFRICAN INTERNATIONAL CHURCH, KA | MTUNGAMBELA VILLAGE | Indig Christ |
| CHIMYANGA INTERNATIONAL CHURCH | JOWE NGWIRA | Indig Christ |
| CHIUNGANGA AFRICAN INTERNATI | MGAMPHA | Indig Christ |
| CHUNGANYA TUTEMATIONAL CHURCH | ACKRING V.H MGAMPHA | Indig Christ |
| CHIUWANYUMA NATIONALY | GOTA | . |
| CHIUNGANYA INTERNATIONAL CHURC | MUGAMBA VILLAGE | Indig Christ |
| CHIMYANGA NATIONAL CHURCH. | JOWE VILLAGE. | Indig Christ |
| CHIMYANGA AFRICAN INTERNATIONAL | CHANKHULUNKHWENDA | . |
| CHIUNGANYA INTERNATIONAL CHURC | G.V.H. MGAMPHA | Indig Christ |
| CHIMYANGA NATIONERY | MZOMEFI VILLAGE | . |
| NATIONALLY INTEVKSTIUSL CHURCH | MTUNGDMBERA VILLAGE | Indig Christ |
| CHIMYANGA A.I.C. | CHANKHULUNKHWENDA | Indig Christ |
| CHIVWANYUMA AFRICAN CHURHC | GOTA VILLAGE | Indig Christ |
| CHIMYANGA AFRICAN INTERNATIONAL | JOWE VILLAGE | Indig Christ |
| CHIMYANGA AFRICAN INTERNATIONAL | CHANKHULUNKHWENDA | Indig Christ |
| NGALAGHALA AFRICAN INTERNATIONAL | BETERA | Indig Christ |
| CHOINGANGA AFRICAN INTERNATIO | | Indig Christ |
| CHIUNGANYA AFRICAN NATIONAL | MUGAMPNA | Indig Christ |
| CHIUNGANYA AFRICAN INTERNATIONAL | MGAMPHA VILLAGE | Indig Christ |
| CHIMXANGA AFRICAN INTERNATIONAL | IN JONE VILLAGE | Indig Christ |
| CHIMYANGA NATIONALY CHURCH | CHANKHULUNKHWGND | Indig Christ |
| CHIVWANYUMA NATIONAL | GOTAH VILLAGE | Indig Christ |
| CHIMYANGA AFRICAN NATIONAL CHU | CHIMYANGA SCHOOL | Indig Christ |
| JOWE NESHONALE. | JOWE | . |
| CHIUNGANYA AFRICAN CHURCH | MGAMPHA GUAGE | Indig Christ |
| CHUNYANGA MRICA INTERNATION C | MGAMPHA | . |
| CHIUNGANYA AFRICAN INTERNATIO | MGAMPHA | Pentecostal |
| EHAMNYONGA NATIONAL CHURCH | CHAKWLA VILLAGE | Indig Christ |
| CHIMYANGA NATIONAL CHURCH. | MGAMPHA VILLAGE | Indig Christ |
| NKHOWANI AFRICAN INTERNATIONAL | NKAHOWAM VILLAGE | Indig Christ |
| CHIUNGEMGA INTERNAT | MAGAMPHA | Indig Christ |
| CHIMYANGA AFRICAN CHURCH | JOWE VILLAGE | Indig Christ |
| CHIUNGANYA AFRICAN INTERNATIO | JOWE | Indig Christ |
| CHIUNGANYA INTERNATIONAL AFRIC | G.V.H. MGAMPHA | Indig Christ |
| CHIUNGAYA AFRICAN INTERNATIONAL | MUGOMPHA VILLAGE | Indig Christ |
| CHIMVANGA AFRICAN INTERNATIONAL | CHANKHULUNKHWENDA | Indig Christ |
| CHIMYANGA AFRICAN INTERNATIONAL | JOWE | Indig Christ |
| CHIMYANGA NATIONARY | NGWIRA | Indig Christ |
| CHIMYANGA AFRICAN INTERNATIONAL | CHANKHCILUNKHWENDA | Indig Christ |
| CHIUNGOMYA AFRICAN INTERNATIONAL | MGAMPHA VILLAGE. | Indig Christ |
| CHIMYAMGA AFRICAN INTERNATIONAL | CHANKHNHINKWENDA | Indig Christ |

-> Chimyanga CCAP

| congregation name | village | tradition |
|--------------------------------|----------------------|-----------|
| CHIMYANGA C.C.A.P. CHURCH | IN JOWE VILLAGE. | CCAP |
| CHIMYANGA CCAP | GIIT CHANICHULU | CCAP |
| CHIMYANGA CCAP | JOWE VILLAGE | CCAP |
| CHIMYANGA C.C.A.P. | NEAR JOWE VILLAGE | CCAP |
| CHIMYANGA CCAP | JOWE VILLAGE | CCAP |
| CHIMYANGA C.C.A.P. | MZOMERA VILLAGE | CCAP |
| CHIMYANGA CCAP CHURCH | MGAMPHA | CCAP |
| CHIMYANGA CCAP | JOWE | CCAP |
| CHIMYANGA CCAP CHURCH | SGVH JOWE | CCAP |
| CHIMYANGA CCAP | MGAMPHA VILLAGE | CCAP |
| CHIMYANGA CCAP | CHINKHULU KHWENDA | CCAP |
| CHIMYANHA CCAP | CHAKHNL LUKWENDO | CCAP |
| TCHALITCHI CHA CHINY | JOWE VILLAGE | CCAP |
| CHIMYANGA C.C.AP. | JOWE VILLAGE | CCAP |
| CHIMYANGA CCAP CHURCH | KAZUNGU VILLAGE | . |
| 1 | CHIMYANDA CCAP | CCAP |
| CHIMYANGA CCAP CHURCH | SGVH MMNGAMBELA | CCAP |
| CHIMYANGA C.C. AP CHURCH | V.H CHINKHULU KHWEND | CCAP |
| CHIMYANGA C.C.A.P. CHURCH | CHIMYANGA | . |
| CHIMYANGA CCAP | MZOMVA VILLAGE | CCAP |
| CHIMYANGA CCAP CHURCH | JWE VILLAGE | CCAP |
| CHIMYANGA C.C.A.P. | CHIMYANGA VILLAGE | CCAP |
| CHIMYANGA CCAP | JOWE VILLAGE | CCAP |
| CHIWIYANGA CCAP CHURCH | IN JOWE VILLAGE | CCAP |
| CHIMYANGO CCAP | CHANKHULUNKHWENDA | CCAP |
| CHIMIONGO CCAP | NYAMSETEKA | CCAP |
| KAWANGO C.C.A.P CHURCH | KAWANGO | CCAP |
| CHIMYANGA CCAP CHURCH | JOWE VILLAGE | . |
| CHIMYANGO CCAP | MWAJOWE | CCAP |
| CHIMYANGA CC AP CHURCH | CHIMYANGA SCHOOL | CCAP |
| CHIMYANGA C.C.A.P. | JOWE | . |
| CHIMYANGA C.C.A.P | CHIMYANGA VILLAGE | CCAP |
| TCHALITCHI CHA CHIMYANGA CC.A. | JOWE NGWIRA | CCAP |
| CHIMYANGA CCAP CHURCH | CHIMYANGA SCHOOL | CCAP |
| MITUSU CCAP CATHOLIC | ZUKA VILLAGE | CCAP |

-> Chimyanga Catholic

| congregation name | village | tradition |
|---------------------------------|----------------------|-----------|
| CHIMYANGA CATHOLIC CHURCH | MJOMERA | Cath |
| CHIMYANGA ROMAN CATHOLIC | MTUNGAMBELA | Cath |
| CHIMGANGA ROMAN CATHOLIC | MZOMERA | Cath |
| JOWE ROMAN CATHOLIC | JOWE | . |
| CHIMYANGA ROMAN | MZOMERA | . |
| CHIMWANGA C.C.A.P. | MGAMBA VILLAGE | CCAP |
| CHIMYANGA RC | GVH MUGAPHA | Cath |
| CHIMYANGA ROMAN CATHOLIC CHURCH | CHIMYANGA | Cath |
| RAMON CATHOLIC OF CHIMYANGA | JOKIE VILLAGE | Cath |
| CHIMYANGA CATHOLIC | JOWE VILLAGE | Cath |
| CHIMYANA ROMAN CATHERIC | MZOMERA VILLAGE | Cath |
| CHIMYANGA CATHOLIC CHURCH | MZOMEA | Cath |
| CHIMYANGA CATHOLIC CHURCH | SGVH MZOMERA VILLAGE | Cath |
| CHIMYANGA CATHOLIC CHURCH | MSETEKA VILLAGE | Cath |
| CHIMYANGA KATOLIKA | MUSETEKA | Cath |
| CHIMYANGA ROMAN CATHOLIC | NGWIRA | Cath |
| CHIMYANGA CATHOLIC | JOWE VILLAGE | . |
| CHILYANGA ROMAN CATHOLIC CHURCH | MZOMERA V.G.E | Cath |
| CHIMYANGA ROMAN CATH | JOWE | Cath |
| CHIMYANGA ROMAN CATHOLIC | MZOMERA | Cath |
| CHIMYANGA ROMAN CATHOLIC | MZOMERA VILLAGE | Cath |
| CHIMYANGA ROMAN CATHOLIC CHURCH | JOWE | Cath |
| CHIMYANGA CATHOLIC CHURCH | MZOMER VILLAGE | Cath |
| CHIMYANGA ROMAN CATHOLIC | V.H MZOMZRA | . |
| CHIMYANGA ROMAN CATHOLIC | MZOMERA | Cath |
| CHIMYANGA CATHORIC CHURCH | JOWE VILLAGE | Cath |
| JOVE ROMAN CATHOLIC (ST. PAUL) | JOUSE | Cath |
| CHIMYANGA CATHOLIC | CHAKHULUKWEJDA | Cath |
| CHIMYANGA ROMAN CATHOLIC CHURCH | SGUH JOWE | Cath |
| CHIMYANGA CATHOLIC CHURCH | IN JOWE VILLAGE | Cath |
| CHIMYANGA CATHOLIC CHURCH | MZOMERA VILLAGE | Cath |
| TCHALITCHI CHA CHINGANGA ROMAN | JOWE'S VILLAGE. | Cath |
| CHIMYANGA CATHOLIC | CHAKHULUKWENDA | Cath |
| CHIMYANGA ROMAN CATHOLIC | JOWE VILLAGE | Cath |
| CHIMYANGA CATHOLIC CHURCH | MZOMERA | Cath |
| CHUNYANGA ROMAN CATHOLIC | MZOMERS VILLAGE | Cath |
| CHIMYONGA CATHOLIC CHURCH | JOWI | Cath |
| CHIMNYANGA KATOLIKA CHURCH | MUGAPHA | Cath |
| CHIMYANGA CATHOLIC | MTUMGAMBERA VILLAGE | Cath |
| CHIMYANGA CATHOLIC | MZOMWA VILLAGE | Cath |
| CHIMYANGA CATHOLIC CHURCH | MUZOMERA VILLAGE | Cath |
| CHIMYANGA ROMAN CATHOLIC | MZOMELA VILLAGE | Cath |
| CHIMIANGA CATHARIC CHURCH | CHANKHULUNKLOENDA | Cath |
| CHIMTANGA CATHOLIC CHURCH | CHIMYANGA VILLAGE | Cath |
| CHIMYANGA ROMAN CATHOLIC. | MZOMERA | Cath |
| CHIMYANGE ROMAN CATHOLIC | JOWE VILLAGE | Cath |

| | | |
|--------------------------------|-----------------|------|
| CHIMYANGA ROMAN CATHOLIC | MUZOMERA | Cath |
| CHIMYANGA R C | GVH AAC JOWE | Cath |
| CHIMYANGA ROMAN CATHOLIC | MZOMERA | Cath |
| CHIMULYANGA ROMAN CATHOLIC | MZOMERA VGE | Cath |
| CHIMYANGA CATHOLIC CHURCH | KAZUNGU | Cath |
| CHIMYANGA ROMAN CATH | NEAR JOWE | Cath |
| CHIMWAPGA CATHOLIC CHURCH | JOWI VILLAGE | Cath |
| CHIMYANGA ROMAN CATHOLIC | JOWE | Cath |
| CHIMYANGA ROMAN CATHOLIC | SGVH JOME | Cath |
| CHIMYANGA CATHORIC CHURCH | JOWE VILLAGE | . |
| TCHALITCHI CHA CHINYARGA ROMAN | JOWE'S VILLAGE | Cath |
| MZOMERA CATHOLIC CHURCH | MZOMERA VILLAGE | Cath |
| CHIMYANGA ROMAN CATHOLIC. | MZOMERA | Cath |
| JOWE CATHOLIC CHURCH | CHIMYANGA | Cath |

-> Chimyanga Church of Christ

| congregation name | village | tradition |
|-----------------------------|----------------------|--------------|
| CHIMYANGA CHURCH OF CHRIST. | CHANKHULULKHWENDA | . |
| CHIMYANGA CHURCH OF CHRIST | JOWE VILLAGE | Indig Christ |
| CHIMYANGA CHURCH OF CHRIST. | IN JOWE VILLAGE. | Other |
| CHIMYANGA CHURCH OF CHRIST. | CHANLEHULUNKHWENDA. | . |
| CHIMYANGA CHURCH OF CHRIST | JOWE NGWIRA | . |
| CHIMYANGA CHUCCH OF CHRIST | CHAKHULUKWENDA | . |
| CHIMYANGA CHURCH OF CHRIST. | CHANKHULUNKHWENDA VI | . |
| CHIMYANGA CHURCH OF CHIRST | CHANKHULUNKHWENDA | Other |
| CHIMYANGA CHURCH OF CHRIST | V.H CHINKHULU NKHWEN | Indig Christ |
| CHIMYANGA CHURCH CHRIST | MZOWERA VILLAGE | . |
| CHIMYANGA CHURCH OFCHASI | MGAMPHA GONDWE | . |
| CHIMYANGA CHURCH OF CHRIST | JOWE | Christian |
| CHIMYANGA CHURCH OF CHRIST | CHANKHWNKHWERDA | . |
| CHIMYANGA CHURCH OF CHRIST. | MZANELA | . |
| CHIMYANGA CHURCH OR CHRIST | JOWE | Indig Christ |

-> Chimyanga New Apostolic

| congregation name | village | tradition |
|--------------------------------|----------------------|--------------|
| CHIMYANGA NEW APOSTLIC CHURC. | CHANKHULUN KHWENDA V | . |
| CHIMHGULN NEW APASTOLIC CHURCH | KACHIWUVI VILLAGE | Other |
| CHIMYANGA NEW APOSTOLIC CHURCH | KAZUNGU VILLAGE | Christian |
| CHIMYANGA NEW APOSTOLIC CHURCH | CHIMYANGA VILLAGE | . |
| CHIMYANGA NEW APOSTOSIC CHURCH | CHIMYANGA | . |
| CHIMYANGA APOSTOLIC CHURCH | CHAKHULUKWENDA VILLA | . |
| CHIMYANGA NEW APOSTOLIC | MGAMPHA VILLAGE | . |
| CHIMYANGA NATIONAL CHURCH | CHANKHULU KHWENDA VI | Indig Christ |
| CHIVWANYUMA APOSWLIC CHURCH | CHIKAKULA | Pentecostal |
| CHIRWANYAMA NEW APOSTOLIE | CHIKAKULA | Pentecostal |
| CHIMYANGA NATIONAL CHURCH | CHANKHULUN KHWENDA | Indig Christ |
| CHIVWANUMA NEW | PENTECOASTD | Pentecostal |
| CHIMYANGA APOSTOLIC | JOWE VILLAGE | . |

-> Chimyanga Seventh Day Adventist

| congregation name | village | tradition |
|---------------------------------|----------------------|----------------|
| CHIMYANGA SEVENTH SAY ADVENKST | JOWE VILLAGE | 7th Day Advent |
| CHIMYANGA SEVENTHDAY ADVERNNSST | NGWRA VILLAGE | 7th Day Advent |
| CHIMYANGA SEVENTHDAY ADVERTIST | JOWE VILLAGE | 7th Day Advent |
| CHIMYAWGA SEVENTH DAY ADUEN LI | MGAMPHA | Baptist |
| CHIMYANGA SEVENTH DAY ADVENTIS | MGAMPHA | 7th Day Advent |
| CHIMYANYA INTERNATIONAL AFRICA | CHANKHWLURKHWENDA VI | Indig Christ |
| NTHENJE SEVENTH DAY | MPONDA VILLAGE | 7th Day Advent |
| NTHENJE SEVENTH DAY ADVERTIST | KATAWA | 7th Day Advent |
| CHIMYANGA JSEVENTH DAY ADVENTI | JOWE | 7th Day Advent |
| CHIMIANGA SEVENTH DAY ADVESHST | NGWIRA | 7th Day Advent |
| CHIMYANGA SEVENTH DAY ADVERTIS | MTUNGAMBELE VILLAGE | 7th Day Advent |
| NTHENJE SEVENTH DAY | MPONDAS VILLAGE | 7th Day Advent |
| CHIMYANGA SEVENTHY DAY ADVENTS | CHANKHNLNIKWENDA | 7th Day Advent |

-> Chingaza African Church

| congregation name | village | tradition |
|--------------------------------|----------------------|--------------|
| AFRICAN ABRAHAM | CHIMSASA | Indig Christ |
| CHINIGANZA AFRICAN CHURCH | VADEWERE | Indig Christ |
| CHIMSASA AFRICAN CHURCH | CHIMSASA | Indig Christ |
| AFRICAN ABRAHAM | CHIMSASA | . |
| CHINGAZI AFRICANI ABRAHAM | FERIDA VILLAGE | Indig Christ |
| AFRICAN ABRAHAM CHINGAZA | KAPATOKA | Indig Christ |
| CHWBAZA AFRICAN CHURCH | KAPANGWA | . |
| AFRICAN ABRAHIM CHURCH | KAULIMBO VLGE | . |
| CHINGLAZA AFRICAN CHURCH | PATUPINDI NUDZI WINE | Indig Christ |
| CHINGANZA AFRICAN CHURCH | KAPATUKA | Christian |
| KAPATOKA AFRICAN ABRAHAM | KAPATUKA VGE | . |
| CHIMSASA AFRICAN | CHIMSASA | Indig Christ |
| CHINGAZA AFRICAN CHURCH | CHIMOMBO-B | Christian |
| CHING'AZA AFRICAN ABRAHAM | KAPATUKA VILLAGE | Indig Christ |
| CHINGLAZA AFRICAN CHURCH | KAPATUKA VGE | Pentecostal |
| CHINGAZA GOME | DERESI | Indig Christ |
| CHINGAZA AFRICAN CHURCH | KAPATUKA | Indig Christ |
| CHURCH CHIMSASA AFRICAN | CHIMSASA | Indig Christ |
| CHINGAZZ GOME AFRICAN CHURCH | KAMTUKA VGE | . |
| CHINGRAZA CCAP | FELIDA | Indig Christ |
| CHINGAZA AFRICAN ABRAHAM CHURC | KAPATOKA VGE | . |
| CHING'AZA AFRICAN CHURCH | PAFUPI NDI MUDZI | Indig Christ |
| CHINIGAZO ABRAN CHURCH | KAPATUKA | Indig Christ |
| CHASASA AFRICAN CHURCH | CHISUSA | Indig Christ |
| CHINGAZA GOME AFRICAN ABRAHAM | KAPATOKA | . |
| CHIRAGAGA ABRAHAM CHURCH | CHIMOMBO | Indig Christ |
| KAPANGWA AFRICAN CHURCH | KAPANGWA | Christian |
| CHING'AZA AFRICAN ABRAHAM | 99 | Indig Christ |
| KAPANGWA AFRICAN CHURCH | KAPANGWA | Christian |
| CHINGAZA AFRICAN CLUVOH | KAPATNKA | Indig Christ |
| CHIRIZIAZI AFRICAN | KAPATUKA | Pentecostal |
| CHINGAZI AFRICAN | FERIDA VILLAGE | Indig Christ |
| CHINGAZH AFRICAN CHU | KAPANGWA | Indig Christ |

-> Chingaza CCAP

| congregation name | village | tradition |
|--------------------------|-------------------|-----------|
| GINGAZA C.C.A.P | KADEWERE | CCAP |
| CHINGAZA C.C.A.P | KADEWERE | CCAP |
| CHINGAZA C.C.AP | KADEUERE | CCAP |
| CHING'AZA CCAP | KAPATUKA | CCAP |
| CHINGAGA CCAP | KADEVERE | CCAP |
| CHING'AZA CCAP | KADEWERE | CCAP |
| CHINGAZA C.C.A.P | BETEHEMU VGE | CCAP |
| CHINGLAZA CCAP | KADEWERE | CCAP |
| CHINGAZA C.C.A.P | KADEWERE VG | CCAP |
| CHINGANZA C.C.A.P.CHURCH | KADEW EVE | CCAP |
| CHING'AZA C.CAP | KADEVERE | CCAP |
| CHING'AZA CCAP CHURCH | KEDEWERE | . |
| CHINGLAZA CCAP | MWA KADEWERE | CCAP |
| CHAWAZA CCAP | MPHEPO | . |
| CHING'AZA C.C.A.P | KADEWERE | CCAP |
| CHIRIGAZA CCAP | PAFUPI RITI PHRPO | . |
| CCAP CHAMTHA | KAWELA | CCAP |
| CHING AZACCAP | KAPATUKA | CCAP |
| CHING'AZA CCAP | MWA KADEWERE | CCAP |
| CHING'AZA C.C.AP | KADEWEE | . |
| CHING'ANZA EEAP CHURCH | KADEWEVE | CCAP |
| CHINGLAZA CCAP | KADEWERE | CCAP |
| CHINGAZA CCAP CHURCH | KADEWERE | CCAP |
| CHINIGAZAS CCAP CHUR | KADEWERE | CCAP |

-> Chingaza Church of Christ

| congregation name | village | tradition |
|----------------------------|--------------|-------------|
| CHINGAZA CHURCH OF CHIRST | KAPANGWA | . |
| CHING'AZA CHURCH OF CHRIST | UAPARQWA | Pentecostal |
| MPINGO WA YESU | CHINSANSARGE | . |
| CHINGAZA CHURCH OF CHRST | KAPANGWA | Pentecostal |
| CHINGAZA CHURCH OF CHRIST | KAPANGULA | . |
| CHING'AZA CHURCH OF CHRIST | KAPANGWA | . |

-> Chivungulu African

| congregation name | village | tradition |
|---|--|--|
| CHIVUNGULU AFRICAN INTERNATIONAL CHIVENGUL AFRICAN CHURCH | MAVIYAMBEWA VILLAGE MAJIGNAMBEWA | . Indig Christ |
| CHIVUNGULU AFRICAN INTERNATIONAL CHIVUNGULU NATIONAL CHURCH | CHILINGOMA VILLAGE MAUYAMBEWA | Indig Non-Christ Indig Christ |
| CHIVUNGULU AFRICAN I. CHURCH | KAYINYONG'ONYE VILLA | Indig Christ |
| CHIVUWULU AFRICAN CHURCH AFRICAN INTERNATIONAL CHURCH | MAVIYAMBEWA VILLAGE ZGATESETA VGE | Indig Christ Indig Christ |
| CHIVUNGULU AFRICAN INTERNATIONAL CHIVUNGULU AFRICAN INTERNATIONAL | KAYINYONGONYE VILLAG MAVIYAMBEWA VILLAGE | Indig Christ Indig Christ |
| CHILUNGOMA AFRICAN INTERNATIONAL | CHILUNGOMA | Indig Christ |
| CHIVUNGULU AFRICAN INTERNATIONAL CHIVUNGULU NATIONAL | MAVIYAMBEWA MUWANGA VILLAGE | Indig Christ Other |
| CHIUWANGULU AFRICAN CHURCH CHIVUNGULU AFRICAN INTERNATIONAL AFRICAN INTERNATIONAL CHURCH | MAVIGHAMBEWA CHILINGOMA ZGATEPETA | Indig Christ Indig Christ Indig Christ |
| CHIVUNGULU AFRICAN NATIONAL CH AFRICAN INTERNATIONAL CHURCH | CHILINGIOMA VILLAGE ZGATEPETA VILLAGE | Indig Christ Indig Christ |
| CHIVUNGULU AFRICAN NATIONAL CHIVUNGULU AFRICAN CHURCH CHIVUNGULU AFRICAN INTERNATIONAL | CHILING OMA VILLAGE MAVIGHAMBEWA (G.G.H) KAYINYONGONYE | Indig Christ Indig Christ Indig Christ |
| CHIVUNGULU NEW APOSTOLIC CHURCH CHLYWNGULA AFRICAN INTERNATIONAL CHNUNGULU AFRICAN NATIONAL | KACHIUVI VILLAGE KACTUKHKOVA KHWA CHILINGOMA VGE | Indig Christ Indig Christ Indig Christ |
| CHIVUNGULU AFRICAN INTERNATIONAL AFRICAN INTERNATIONAL CHURCH | KANINYONGONYO VILLAG MHUJU INTERNATIONAL AF | Indig Christ Indig Christ |
| MAVIYAMBEWA AFRICAN INTERNATIONAL AFRICAN INTERNATIONAL CHURCH CHIVUNGULU AFRICAN CHURCH | MAVIYAMBEWA SALIZI VGE MAVIYAMBOWA VGE | Indig Christ Indig Christ Indig Christ |
| CHIVUNGULU AFRICAN INTERNATIONAL AFRICAN NATIONAL CHURCH IN | MAVIYAMBEWA MARIYAMBEWA VILLAGE | Indig Christ . |
| CHIVUNGULU AFRICAN CHURCH CHIVUNGULU AFRICAN CHURCH CHIVUNGULU A.I.C. | WAKOYO VILLAGE V.H CHILINGOMA MAVI GHAMBEWA | Indig Christ Indig Christ Indig Christ |
| CHIVANGULU AFRICAN INTERNATIONAL | KAYINYO NGONYE | Indig Christ |

-> Chivungulu CCAP

| congregation name | village | tradition |
|---------------------------|----------------------|-----------|
| CHIVUNGULU C.C.A.P | CHIVUNGULU | CCAP |
| CHIWNGLU C.C.A.P | KANYOLOKA VILLAGE | CCAP |
| CHIVUNGULU CCAD CHURCH | MUWAUGA VILLAGE | CCAP |
| CHIYUNGULU CCAP | CHILINGOMA VILLAGE | CCAP |
| CHIVUNGULU CCAP | MUWANGA | CCAP |
| CHIVUMGULU CCAP CHURCH | MUWANGA VILLAGE | CCAP |
| CHIVUNGULU CCAP CHURCH | MUWAUGA VILLAGE | CCAP |
| CHIVUGULU CCAP | MUWANGA VILLAGE | CCAP |
| CHIVUNGULU C.C.A.P. | KOYO VILLAGE | CCAP |
| CHIVANAULA CCAP CHURCH | EUH CHILINGOMA | CCAP |
| CHIVANGULU CCAP | CHILING' OMA | CCAP |
| CHIVUNGULU CCAP | MUWANGA | CCAP |
| CHIVUNGULU C.C.A.P CHURCH | MUANGA VILLAGE | CCAP |
| CHIVUNGULU CCAP CHURCH | MWANGA VILLAGE | CCAP |
| CHIVUNGULU CCAP | KAYINYONGONYI VILLAG | CCAP |
| CHIVUNGULU CCAP | CHILINGONA | CCAP |
| CHIVUNGULU CCAP | MAVIYAMBEWA | CCAP |
| CHIVUNGULU CCAP | MUWANGA | CCAP |
| CHIVUNGULN CCAP CHURCH | CHILINGOMA VILLAGE | CCAP |
| CHINDINDINDI CCAP | CHINYEMA VILLAGE | CCAP |
| CHIVUNGULU C.C.A.P | MUWANGA | CCAP |
| CHIVUNGULN CCAP | CHILINGONA VILLAGE | CCAP |
| CHIVUNGULU CCAP | CHILINGIOMA VILLAGE | CCAP |
| CHIVUNGULU CCAP | CHILINGONS VILLAGE | CCAP |

-> Chivungulu Catholic

| congregation name | village | tradition |
|----------------------------|--------------------|-----------|
| CHIVUNGUCU ROMAN CATHOLIC | MAVIYAMBEWA | Cath |
| CHIKUNGULU ROMAN CATHOLIC | MAVIYAMBEWA | Cath |
| CHIVUNGULU CATHOTIC CHURCH | CHIVUNGULU VILLAGE | Cath |
| CHIVUNGULU ROMAN CATHOLIC | MUWANGA | Cath |

-> Chivungulu Church of Christ

| congregation name | village | tradition |
|--------------------------------|--------------------|--------------|
| CHIVUNGULU CHURCH OF CHRIST | BETALA VILLAGE | . |
| CHIVANGULU CHURCH OF CHRIST | MAWANGA VILLAGE | Pentecostal |
| CHIVUNGULU(ZION) CHURCH OF CHR | BETELELA'S VILLAGE | Other |
| CHIVUNGOW CHURCH OF CHRIST | MHGHANGA VILLAGE | Christian |
| CHIVUNGULU CHURCH OF CHRIST | MUWANGA VILLAGE | . |
| CHIVUNGULU CHURCH OF CHRIST | MUGHANGA VILLAGE | . |
| CHIVVNGULU CHURCH OF CHRIST. | BETERA VILLAGE | Other |
| CHIVUNGULU CHURCH OR CHVIST | MUWANGAS VILLAGE | . |
| CHIVUNGULU CHURCH OF CHRIST | V.H.MUWANGA | Indig Christ |
| CHIRUNGALU CHURCH OF CHRIST | BTLELA VILLAGE | Indig Christ |
| CHVUNGULU CHARCH OFC | MUANGA | Cath |

-> Chivungulu New Apostolic

| congregation name | village | tradition |
|--------------------------------|----------------------|-------------|
| CHIVUNGULU NEW APOITOLIC | KACHWVI | Pentecostal |
| CHIVUNGULU NEW | KACHIWUVI | Other |
| CHIVUNGULU NEW APOSTDIC CHURCH | KACHIWUVI | . |
| CHIVWNGUHE NEW APOSTOLIC CH | KECHIWUNI | . |
| CHIVUNGULU NEW APOSTOLIC CHURC | KAYINYONGONYE VILLAG | Cath |
| CHIVUNGULU NEW APOSTOUC CHURCH | KAYINYONG'ONYE VILLA | . |
| CHIVUNGULU NEW APOSTOLIC | KACHIWUVU | . |
| CHIVUNGULN NEW CHURCH | KACHIWUCI | Other |
| CHIVWANYUMA POSTOLIC CHURCH OF | CHIKAKULA | Pentecostal |
| CHIVUNGULU NEW APOSTOLIC CHU | GONAMUNGAYI | . |
| CHIVUNGULU NEW APOSTOLIC CHURC | KACHIWUVI | . |
| CHIYUNGULU NEW APOST | KACHIWUYI VILLAGE | . |
| CHIVWANYUMA PENTECOSTAL CHURCH | CHIKAKULA | Pentecostal |
| CHIVUNGULU NEW | KACHIWUKI | Other |
| CHIVUNGULM NEW APOTOLIC CHURCH | KACHIUKI | Other |
| CHIVUNGULU NEW APOSTOLIC FAITH | KACHIWUVI VILLAGE | . |
| CHIVUNGULA NEW APOSTOLIC CHURC | KAYINYONGONYE VILLA | . |

-> Chopi African Continent

| congregation name | village | tradition |
|--------------------------------|------------------|---------------|
| AFRICAN CONTUENT CHU | CHOPI | Pentecostal |
| CHOPI AFRICAN CONTINENT | CHOPI | Indig Christ |
| NAMPHINDA AFRICAN CONTINENT | CHOPI | Indig Christ |
| CHOPI AFRIEW CONTINENT | CHOPI VILLAGE | Sukutu Muslim |
| NAMPHINBA AFRICAN CONTINENT | CHOPI | Indig Christ |
| AFRICAN CONTINENT CHURCH | CHOPI VILLAGE | Pentecostal |
| EH NAMPHINDA AFRICAN | CHOPI | Pentecostal |
| NAMDNINDA AFRICA CONTITANT | CHOPI | Other |
| AFRICAN CONTINENT | CHOPI | . |
| NAMONDE AFRICA CONTINENT MISSI | NAMONDE VILLAGE | . |
| CHOPI AFRICAN CONTIMENT | CHOPI - NAMONDE | . |
| NAMBINDA AFRICAN CHURCH | NAMBINDA VILLAGE | Anglican |
| NAMONDE AFRICAN CONTINENT | NAMONDE VILLAGE | . |
| AFRICA CONTINENT CHURCH | CHOPI | Other |

-> Chopi Assemblies of God

| congregation name | village | tradition |
|--------------------------------|---------|-----------|
| CHOPI ASSEMBLIES OF GOD CHURCH | CHOPI | . |

-> Chopi Evangelical Baptist

| congregation name | village | tradition |
|--------------------------------|---------------|-------------|
| CHOPI EVANGELICAL BAPTIST | CHOPI VILLAGE | Other |
| CHOPI EVANEEUCAL | CHOPI | Baptist |
| NAMPHWDA EVANGELICAL | CHOPI | . |
| EVANGELICAL | CHOPI VILLAGE | Other |
| CHOPI EVANGELICAL CHURCH | CHOPI | . |
| CHOPI EVANGEL | CHOPI | Pentecostal |
| CHOPI EVANGELICAL BAPTIST | CHOPI VILLAGE | . |
| CHOPI EVANGELICAL CHURCH | CHOPI | Pentecostal |
| CHOPI EVANGELICAL BAPTIST CHUR | CHOPI VILLAGE | Baptist |
| EVAUGELICAL | CHOPI | Other |
| CHOPI EVANGELICAL BAPITIST CHU | CHOPI VILLAGE | Baptist |
| CHOPI EVANGELICAL BAPTIST | CHOPI VILLAGE | Baptist |
| CHOPI EVANGELICAL BAPTIST CHUR | CHOPI | Christian |
| CHOPI EVANKELICAL BAPTIST | CHOPI VILLAGE | . |

-> Chopi Mosque

| congregation name | village | tradition |
|-------------------|---------------|-------------|
| BIMBI MOSQUE | BIMBI VILLAGE | Quad Muslim |
| CHOPI MOSQUE | CHOPI | Quad Muslim |

-> Deresi African Nowa

| congregation name | village | tradition |
|--------------------------------|------------|--------------|
| NOWA CHURCH OF GOD | DELESI | . |
| DERESI AFRICAN NOW CHURCH | DERESI | . |
| KAVLARIBUMBA GOME AFRICAN ABRA | DILESI VGE | . |
| KOLAMEWAMBA AFRICAN ARAHAM CHU | DERESI | . |
| DERESI AFRICAN CHURCH | DERESI | Indig Christ |
| KADA MBUMBA AFRICAN CHURCH | DERESI | Indig Christ |
| KAHELELE, NOWA CHURCH | DERESI | . |
| NOWA | DEIESI | Indig Christ |
| AFRICAN ABRAHAM | AELESI | . |
| DERESI AFRICAN CHURCH | DERESI | Indig Christ |
| DERESI LAST CHURCH | DERESI | . |
| ABRAHAMM AFRICA CHURCH | 99 | Indig Christ |
| DERESI AFRICAN CHURCH | SENESI | Indig Christ |

-> Dzuma CCAP

| congregation name | village | tradition |
|----------------------|--------------------|-----------|
| C.C.A.P. | ZUWA | CCAP |
| C.C.A.P. | DZUWA VILLAGE | . |
| C.C.A.P. | DZUWA | CCAP |
| C.C.A.P. | DZUWA VILLAGE | . |
| C.C.A.P. | AZUWA | . |
| MAWNGO CCAP | MAWONGO VGE | . |
| CCAP (MUSELANGLOMBE) | DZUWA | CCAP |
| CCAP | ZUWA | CCAP |
| C.C.A.P. | AZUWA VILLAGE | . |
| CCAP | DZUWA VLGE | CCAP |
| C.C.A.P. | ZUWA | CCAP |
| MWERA NGOMBE CCAP | DZUWA | CCAP |
| CCAP | ILI DZUWA VILLAGE | CCAP |
| CC.AP | | CCAP |
| CCAP (SALIYERE) | SALIYERE | CCAP |
| CCAP | BZUWA VILLAGE | . |
| DZUWA CCAP CHURCH | DZUWA VLGE | Baptist |
| DZUWA CCAP | DZUWA VILLAGE | . |
| KAZUWA CCAP | MUDZI MAWA MALUNGO | CCAP |
| CCAP | DZUWA | . |

-> Hoba Assemblies of God

| congregation name | village | tradition |
|-----------------------|--------------|-------------|
| HOBA ASSEMBLES OF GOD | HOBA VILLAGE | Pentecostal |

-> Kafulafula Catholic

| congregation name | village | tradition |
|--------------------------------|------------------|-----------|
| KAFULAFULA CATHOLIC CHURCH | KALIMILA VILLAGE | Cath |
| KAFULAFULA ROMAN COTHOLIC CHUR | KALIMLA VILLAGE. | Cath |

-> Kaigwazanga CCAP

| congregation name | village | tradition |
|-------------------------|----------------------|-----------|
| C.C.A.P | KAIGWALANGA | . |
| CCAP | KAIGWAZANGRA | . |
| C.C.A.P | MMUCKI WINA WAPAFURI | CCAP |
| KAIGWAZANGA CCAP CHURCH | KAIGWAZANGA | CCAP |
| KAIGWAZANGA CCAP | KAINGWAZANGA | CCAP |
| KAIGWA ZANGA CCAP | KAIGWA ZANGA VGE | CCAP |
| CCAP | KAIGWA | CCAP |
| C.C.A.P | KAIGWAZANGA | CCAP |
| CCAP | KAIGWAZANGA | CCAP |
| CCAP | KAIGWAZANGA | . |
| KANGWAEANGA CCAP CHURCH | KAIGWAZANGA | . |
| KAIGWAZANGA CC AP | KAIGWAZANGU | CCAP |
| C C A P | KAIGWAZANGA | CCAP |
| MAZADA CCAP | CHIFUKA | CCAP |
| KAIGWA CCAP CHURCH | KAYIGWA | CCAP |
| C.C.A.P | KAIGWALANGA | Cath |
| KAIGWAZANA CCAP | KAIGWAZANGA | CCAP |
| CCAP NKONDA CHURCH | MKHALAMBA | CCAP |
| CHANYUMBU CCAD | KAINGWAZANGA | CCAP |
| KAIGWAZANGA C.C.A.P | KAIGWAZANGA | CCAP |
| MIGWAJAMUJA CCAP | KAIGWAZANGA | CCAP |
| KAIGWAZANGA CCAP | KAIGWAZANGA | CCAP |
| CCAP NIKANA SYOND | KAGWAIJAZIGA | CCAP |
| KAIZUWAZANGA CCAP | KAIGWAZANGA | CCAP |
| CHANNIMBU CCAP | KAEGWAZANGA | CCAP |
| C C A P | KAIGWAZANGA | . |
| CCAP | KAIGYA | CCAP |
| C. C. A. P | KAIGWAZANGA | CCAP |
| CCAP | KAIGWA ZANGA | CCAP |
| KAGWANGA CCAP | KAGZANGA | CCAP |
| C.C.A.P | KAIGWAZANGA | . |
| KAIGWA CCAP | KAIGWA | CCAP |
| RAIGWAZANGA CCAP | KGIGWAZANGA | CCAP |
| KAIYWAZANGA CCAP | KAIYWA ZANGA | CCAP |
| MJEMANI CCAP | MKANDA | CCAP |
| CCAP | KAIGWAZANGA | . |
| KAIGWA ZONGA CCAP | KAIGWA | CCAP |
| KAIGSWANGE CCAP | KAIGSWANGE VILLAGE | CCAP |

-> Kaigwazanga Church of Christ

| congregation name | village | tradition |
|--------------------------------|------------------|--------------|
| KAIGWAZANGA CHURCH OF CHRIST | KAIGWAZANGA | CCAP |
| AKCHI CCAP | KAMGAZANGA | CCAP |
| CHURCH OF CHRIST | KAIGWAZANGA | . |
| KAIGWAZANGA CHURCH OF CHRIST | KAIGWAZANGA | . |
| CHURCH OF CHRIST | KAIGWAZANGA | . |
| KAIGWAZANGA CHURCH OF CHRIST | KAIGWAZANGA VGE | . |
| KAIGWAZANGA CHURCH OF CHRIST | KAIGWAZANGA | Indig Christ |
| KAIGWAZANGA CHURCH OF CHRIST | KAIGWAZANGA | Indig Christ |
| CHURCH OF CHRIST | KAIGWAZAMGA | . |
| KAIGWAZANGA CHURCH OF CHRIST | KAIGWAZANGA | . |
| CHURCH OF CHRIST KWANGZANGA HO | KAIGWANZANGA | Cath |
| MSEKA CHURCH OF CHRIST | MWA MSEKA | Pentecostal |
| CHURCH OF CHRIST | KAIGNAZANGA | . |
| CHURCH OF CHRIST | KAIGWAZANGA | . |
| CHURCH OF CHRIST | KAIGWAZANGA | . |
| CHURCH OF CRUST | MWUDZI MWA MSEKA | . |
| CHURCH OF CHIRIST | KAGWAZAENA | Pentecostal |
| CHURCH OF CHRISIT | KAIGWA ZUNGA | Jehovah Wit |

-> Kalembo Mosque

| congregation name | village | tradition |
|------------------------------|----------------------|---------------|
| KALEMBO MOSQUE | KALEMBO | Sukutu Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| KALEMBO MOSQUE | KALEMBO | Sukutu Muslim |
| ULONGWE MOSQUE | KALEMBO | Quad Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| ULONGWE MOSQUE | KALEMBO | Sukutu Muslim |
| UHNWE MOSQUE | KALEMBO VILLAGE | Sukutu Muslim |
| CHIPAPA MOSQUE | CHIPAPA VILLAGE | Quad Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| ULONGWE MOSQUE | KABEMBO VILLAGE | Sukutu Muslim |
| KALEMBO MOSQUE | KALEMBO | Sukutu Muslim |
| KDEMELA MOSQUE | KALEMELA VILLAGE | Quad Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| KALEMRO MOSQUE | KALEMBO | Sukutu Muslim |
| KALEMBO MOSQUE | KALEMBO | Sukutu Muslim |
| KALEMBO MAQUE | KALUMBO VILLAGE | Sukutu Muslim |
| KALEMBO MOSQUE | KALEMBO | Sukutu Muslim |
| ULANGWE MOSQUE | KALEMBO VILLAGE | Sukutu Muslim |
| ULONGWE MOSQUE | KALEMBO | Sukutu Muslim |
| MKANDA MOSQUE KALEMBO MOSQUE | KALEMBO VILLAGE | Quad Muslim |
| ULONGWE MOSQUE | ULONGWE INDIWE CENTE | Quad Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| USUMAN MOSQUE KALEMBO MOSQUE | MILANDA, KALEMBO RES | Sukutu Muslim |
| NTENDELE MOSQUE | CHINGWALUNGWALU | Sukutu Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| ULONGWE MOSQUE | KALEMBO VILLAGE | Quad Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| KALAMBO MOSQUE | KALAMBO | Sukutu Muslim |
| ULONGWE MOSQUE | KALEMBO | Sukutu Muslim |
| KALEMBO MOSQUE | KALEMBO | . |
| UHNWE MOSQUE | KALEMBO VILLAGE | Sukutu Muslim |
| KALAMBO MOSQUE | . | . |
| KALEMBO MOSQUE | T/A KALEMBO | Quad Muslim |
| JUWANURGU MOSQUE | KALEMBO | Quad Muslim |
| ULONGWE MOSQUE | KALEMBO | Sukutu Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| LIGWANG'WA MOSQUE | LIGWANG'WA VILLAGE | Quad Muslim |
| KALEMBO MOSQUE | KALEMBO | Quad Muslim |
| KALEMBO MOSQUE | KALEMBO VGE | Sukutu Muslim |
| KALEMBO MOSQUE | KALEMBO | Sukutu Muslim |
| ULONGWE MOSQUE | KALEMBO | Quad Muslim |

-> Kalimira Mosque

| congregation name | village | tradition |
|-------------------|----------|-------------|
| KALIMIRA MOSQUE | KALIMIRA | Quad Muslim |

-> Kalumbu African

| congregation name | village | tradition |
|--------------------------------|--------------|--------------|
| GOME LA MKUZIWADUKO AFRICAN | MKUZIWADUKO | . |
| GOSEN AFRICAN APRAHAM | KAULIMBO VG | Indig Christ |
| GOSENI AFRICAN ABRAHAM CHURCH | KANLIMBO | . |
| KAULIMBO AFRICAN CHURCH. | KAULIMBO | Indig Christ |
| EABANGO AFRICAN ABRAHAM | KALULU VGE | . |
| GOSEN AFRICAN ABRAHAM | KAULIMBO V.G | Indig Christ |
| KALUMBU AFRICA CHURCH | KALUMBU | Pentecostal |
| GOSENI AFRICAN CHURCH | KAVLIMEBO | . |
| KAULMBO AFRICAN | KAULIMBO | . |
| KAULIMBO AFRICAN ABRAHAM CHURC | KAULIMBO | . |
| KALUMBO AFRICAN CHURCH | KALUMBO | Indig Christ |
| KAULIMBO AFRICAN CHURCH | KAULIMBO | Indig Christ |
| KAULIMBO AFRICAN CHURCH | KAULIMBO | Pentecostal |
| GUSENI AFRICAN CHURCH | KAULIMBO | . |
| GESONI AFRICAN ABRAHAM CHURCH | KAWULIMBO | . |
| GOSENI AFRICAN CHURCH | KAULIMBO | . |
| GOSTEN AFRICAN ABRAHAM | KAKLIMBO | Indig Christ |

-> Kalumbu Catholic

| congregation name | village | tradition |
|-------------------------------|---------|-----------|
| KALUNBN RC | KALUMBU | Cath |
| KALUMBU ROMAN CATHOLIC CHURCH | KALUMBU | Cath |

-> Kalumbu Church of Christ

| congregation name | village | tradition |
|-------------------------------|----------------------|------------------|
| KAULIMBO CHURCH OF CHRIST | KAULIMBO | Indig Christ |
| KALUMBU CHURCH OF CHRIST | KALUMBU | Indig Christ |
| KALUMBU CHURCH OF CHRIST | KALUMBU | Indig Christ |
| KALUMBU CHURCH OF CHRIST | KALUMBU ESTATE | Pentecostal |
| KALUMLU CHURCH OF CHRIST | MALONI | Indig Christ |
| KALUMBU CHURCH OF CHRIST | KALUMBU | Indig Christ |
| KALUMBU CHURCH OF CHRIST | KALUMBUU | Pentecostal |
| KALUMBU CHURCH OF CHRIST | KALUMBU | Indig Christ |
| KALUMBU CHURCH OF CHRIST | KALUMBU ESTATE | Indig Christ |
| KALUMBU CHURCH OF CHRIST | KALUMBU ESTATE | Pentecostal |
| KAUMBO CHURCH OF CHRIST | KALUMBO ESTATE | Pentecostal |
| KAULIMBO CHURCH OF | KAULIMBO | Indig Non-Christ |
| KALUMBU CHURCH OF CHRIST | KALUMBU | Pentecostal |
| KALUMLA CHURCH OF CHRIST | KALUMBU | Indig Christ |
| KALUMBU CHURCH OF CHRIST | MALONI | Indig Christ |
| KALUMBU CHURCH OF CHRIST | KALUMBU | Indig Christ |
| KALUMBU CHURCH OF CHRIST | KUFUPI MDI MUDZI ZER | . |
| KAHIMLON CHURCH OF CHRIST | MALONI | Pentecostal |
| KALUMBU CHURCH OF CHRIST | KALUMBU | Indig Christ |
| KALURNBU CHURCH OF CHRIST | MALONI | Indig Christ |
| KALUMBA GOMA CHRIRACHO CHRIST | KAHUMBU | Indig Christ |
| KALUMBU CHURCH OF CHRIST | KALUMBO | Baptist |

-> Kambadeka African

| congregation name | village | tradition |
|--------------------------------|----------------------|--------------|
| KAMBADEKHA AFRICA CHURCH. | KAMBADEKHA | . |
| MMAOO MUYELE GOME ARICAN CHURC | KAMBADEKHA | Indig Christ |
| MMASOMUYELE AFRICAN ABRAHAM CH | SAMEVSE (KAMBADEKHA) | Indig Christ |
| AFRICAN ABRAHAM KAMBALEUHA | KANBADEKHA | NoRelig |
| AFRICAN ABRAHAM (KAMBAEKHA) | KOMBADEKHA | . |
| AFRICAN ABRAHAM | KAMBADEKHA | Indig Christ |
| AFRICAN ABRAHAM | KAMBADEKHA | Indig Christ |
| KAMBADEKHA AFRICAN BRAHAM | KAMBADEKHA | Pentecostal |
| AFRICAN ABRAHAM | KAMBADEKHA | . |
| AFRICAN ABRAHAM | KANBADEKHO | . |
| KAMBADEKHA AFRICAN CHURCH | KAMBADEKHA | Indig Christ |
| ALJAHAM AFRICAN CHURCH | KAMBADEKHA | Baptist |
| KAMBADEKHA AFRIOAN ABRAHAM | KAMRADEKHA | . |
| MAYELA AFRICAN CHURCH | KAMBADEKHA | Indig Christ |
| KAMBADEKHA AFRICAN | KAMBDEKHA | Indig Christ |

- Kapangwa Catholic
-

| congregation name | village | tradition |
|-------------------|--------------|-------------|
| KAPANGWA CHURCH | KAPANGWA VGE | Pentecostal |

-> Kapangwa Church of Christ

| congregation name | village | tradition |
|----------------------------|------------------|--------------|
| KAPANGWA CHURCH OF CHRIST. | KAPANGWA | . |
| KAPANGWA CHURCH OF CHRIST. | KAPANGWA | Pentecostal |
| KAPANGWA CHURCH OF CHRIST | KAPANGWA | . |
| KAPANPWN CHURCH OF CHIRST | KAPANGWA | Pentecostal |
| KAPANGWA CHURCH OF CHRIST | KAPANGWA | . |
| KAPANGLOA CHURCH OF CHIRST | KAPANGWA | . |
| KAPANGWA CHURCH OF CHRIST | KAPANGWA | Indig Christ |
| KAPANGWA CHURCH OF CHRIST | KAPANGWA | Pentecostal |
| KAPANGWA CHURCH OF CHRIST | KAPANGWA | Indig Christ |
| KAPANGWA CHURCH OF CHRIST | KAPANGWA | . |
| KAPANGWA CHURCH OF CHRIST. | KAPANGWA | Pentecostal |
| CHURCH OF CHRIST | KAPANGWA | . |
| KAPANGWA CHURCH OF CHRIST | KAPANGWA | Pentecostal |
| KAPANGWA CHURCH OF CHRIST | KAPANGWA VILLAGE | Pentecostal |
| KAPANGUWA CHURCH OF CHRIST | KAPANGWA | Pentecostal |
| MPINGOWA YESU | KAPAGWA | Pentecostal |
| KAPANGWA CHURCH OF CHRIST | KAPANGWA | . |
| KAPANGWA CHURCH OF C | KAPANGWA | Pentecostal |

-> Kapangwa Last Church

| congregation name | village | tradition |
|---------------------|--------------|--------------|
| MAPOPA LAST CHURCH | KAPANGWA VGE | Indig Christ |
| GALISYA LAST CHURCH | KAPANZWA | Pentecostal |

-> Kapatuka African

| congregation name | village | tradition |
|----------------------------|------------------|------------------|
| AFRICAN ABRAHAM | KAPATUKA | . |
| AFRICAN ABRAHAM | KAPATUKA | Indig Christ |
| KAPATUKA AFRICAN CHURCH | KAPATUKA VILLAGE | Pentecostal |
| KAOLAMBUMBA AFRICAN CHURCH | KAPATUKA | Pentecostal |
| KAPATUKA AFRICAN ABRAHAM | KAPATUKA | Indig Christ |
| CHIRGARGE AFRICAN CHURCH | KAPATAWA VILLAGE | Indig Non-Christ |
| AFRICAN ABRAHAM | KAPATUKA | . |

-> Kapatuka CCAP

| congregation name | village | tradition |
|-------------------|----------|-----------|
| KOPATUKA C.C.A.P. | KAPOTUKA | CCAP |
| KAPATUHA C.A.AP | KAPATUHA | CCAP |
| CHIKALA C.C.A.P | KAPATUKA | CCAP |

-> Kasalika Last Church

| congregation name | village | tradition |
|-------------------|---------------------|-----------|
| LAST OF GOD | M'MUDZI WA KASALIKA | . |
| LAST CHURCH | KASALIKA | . |
| LAST CHURCH | CHANIKA VILLAGE | . |
| KASALIKA GOME | KASALIKA | . |

-> Katondo Baptist

| congregation name | village | tradition |
|-------------------------|---------|-----------|
| KATONDO BAPTIST | MALONI | Baptist |
| CHAWALA BAPTIST CHURCH | CHAWALA | Baptist |
| MALONI BABATISTI CHURCH | MALONI | Baptist |
| KATONDO BAPTIST CHURCH | MALONI | Baptist |

-> Katulai African International

| congregation name | village | tradition |
|--------------------------------|----------------------|------------------|
| KATULI AFRICAN INTERNATIONAL C | M'GOMBA VILLAGE | Indig Christ |
| KATULI AFRICAN INTERNATIONAL C | MGOMBA | Pentecostal |
| KATULI NEW APOSTOLIC CHURCH | MTUNGAMBELA VILLAGE | Pentecostal |
| KATULI AFRICAN INTERNATIONAL C | MTUNGA MBELA VILLAGE | Indig Christ |
| KAWEMBE AFRICAN INTERNATION C | KAWEMBE VILLAGE | Indig Christ |
| KATULI AFRICAN INTERNATIONAL | CHINEWU VILLAGE | Indig Christ |
| KATULU AFRICAN INTERNATIONAL C | MTUNGAMBELA VILLAGE | Indig Christ |
| KATULI AFRICAN INTERNATIONAL C | CHINEWO VILLAGE | Indig Christ |
| MWANJOWI AFRICAN INTERNATIONAL | CHAKHULU GWENDA V.G. | Pentecostal |
| KATULI NATIONAL CHURCH | MNINGAMBEWA VILLAGE | Indig Christ |
| AFRICAN NATIONAL CHURCH | MUTUNGAMBELA HARAWA | Pentecostal |
| KATUK AFRICAN INTERNATIONAL | MTUNGAMBELA | Indig Non-Christ |
| KATULI A.I.C. | MTUNGAMBERA VGE | Indig Christ |
| KATULI NEW CHURCH | MGOMBA VILLAGE | . |
| KATULI AFRICAN INTERNATIONAL | MTUNGAMBELA | . |
| KATULI NEW APOSTOLIC CHURCH | CHINEO | . |
| KATULI AFRICAN INTERNATIONAL | | Indig Christ |
| KAWAMBE AFRICAN INTERNATION CH | NYAKUMAB VILLAGE | Indig Christ |
| KALUL. AFRICAN INTERNATIONAL | CHINEWO VILLAGE | Indig Christ |
| KATUH AFRICAN INTERNATION CHUR | MTUNGAMBELA | Indig Christ |

-> Katulai Church of Christ

| congregation name | village | tradition |
|-------------------------|---------------------|-----------|
| KATULI CHURCH OF CHRIST | CHIKOMPHOLA VILLAGE | Christian |
| KATULI CHURCH OF CHRIST | MGOMBA | Anglican |

-> Katulai New Apostolic

| congregation name | village | tradition |
|-----------------------------|--------------|--------------|
| KATLILI N. APOSTOLIC CHURCH | CHINEO | . |
| KATULI A.I.C | MTUNGAMBERA. | Indig Christ |

-> Kawembe African International

| congregation name | village | tradition |
|--|---------------------------------|------------------------------|
| KAWEMBE AFRICAN INTERNATIONAL KAWEMBE AFRICAN CHURCH. | KAWEMBE VILLAGE MNYONGA | Indig Christ Christian |
| KAWEMBE AFRICA INTERNATIONAL KAWENIBE NATINAL | MUNYONGA VILLAGE MNYONGA | . Indig Christ |
| KAWEMBE AFRICAN INTERNATIONAL | CHIMUDIMWA VGE. | Indig Christ |
| KAWEMBE AFRICEN INTERNATIONAL KAWEMBE AIC | KAWEVNWB VILLAGE MNYONGA VGE | Indig Christ Indig Christ |
| KAWEMBE AFRICAN INTERNATIONALS | CHIMUDIMWA VGE. | Indig Christ |
| KAWEMBE AFRICAN INTERNSTIONLL | KAWEMBE VGE | Indig Christ |
| KAWEMBE AFRICAN INTERNATIONAL | CHAKWELIA | Indig Christ |
| MNYONGA AFRICAN INTERNATIONAL | MNYOMGA | Indig Christ |

-> Kawembe CCAP

| congregation name | village | tradition |
|----------------------|---------|-----------|
| KAWANGWE CCAP CHURCH | MUWANGA | CCAP |

-> Kawembe Church of Christ

| congregation name | village | tradition |
|----------------------------|-----------------|--------------|
| KHWEMBE CHURCH OF CHRIST | KAWEMBE | . |
| KAWEMBE CHURCH OF CHRIST | KAWEMBE VILLAGE | . |
| KAWEMBE CHURCH OF CHIRST | MAZOLO | Christian |
| KAWEMBE CHURCH OF CHIRST | MAZOLO VILLAGE | Christian |
| KAWEMBE CHURCH OF CHRIST | MAZOLO VILLAGE | Pentecostal |
| CHILEKANI CHURCH OF CHRIST | CHKELANI | Pentecostal |
| KEWEMBE CHURCH OF CHRIST | NGOMA VILLAGE | Christian |
| KAWEMBE CHURCH OF CH | KAWEMBE | . |
| KAWEMBE CHURCH OF CHRIST | KAWEMBE VILLAGE | . |
| KAWEMBE CHURCH OF CHRIST | NTCHELENJE VGE | . |
| GANJE CHURCH OF CHRIST. | KAWEMBE | . |
| KAWEMBE NATIONALY CHURCH | KAWEMBE | . |
| KAWEMBE CHURCH OF CHIRST | KAWEMBE | . |
| CHURCH OF CHRIST KAWRANK | NGOMA VILLAGE | . |
| KAWEMBE CHURCH OF CHRIST | MAZOLO | Christian |
| KAWEMBO CHURCH OF CHIRST | MAZOLO VILLAGE | Christian |
| KAWAMBE CHURCH OF CHRIST | CHATWITA VGE. | Christian |
| KAWEMBE 2 CHURCH OF CHRIST | NG'OMA VILLAGE | . |
| KAWEMBA CHURCH OF CHRIST | KAWEMBA | . |
| KAWENBE CHURCH OF CHRIST | KAWENBE | Indig Christ |
| KAWEMBE CHURCH OF CHRIST | KAWEMBE | . |

-> Kawere Assemblies of God

| congregation name | village | tradition |
|--------------------------|---------|-------------|
| KAWERE ASSEMBLIES OF GOD | KAWERE | Baptist |
| KAWERE ASSOMBLIES OF GOD | KAWERE | Pentecostal |

-> Kawere Catholic

| congregation name | village | tradition |
|---------------------------|-------------------|-----------|
| CHAMPHEZI CATHOLIC CHURCH | KAWERE | Cath |
| CHAMPHEZI | KAWERE | Cath |
| ROMAN CATHOLICK | MMUDZI MWA KAWERE | Cath |
| ROMAN CATHOLIC | KAWERE VILLAGE | . |
| CATHOLIC | MCHEMANI | Cath |
| CHANCHEU CATHOLIC | KAVEELE VGE | Cath |
| CHEMPHANZI RC CHURCH | KAWERE | . |
| CHAMPHEZI CATHOLIC | KAWERE | Cath |
| MTONIZA YEHORA | MWA NGALAKI | . |
| CHANPHERZI CATHOLIC | KAWELE VG | Cath |
| CHAMPHEZI CATHOLIC CHURCH | KAWRE | . |
| CHAWALA R.C. CHURCH | CHAWALA | . |
| CHAWALA CATHOLIC CHURCH | CHAWALA | Cath |
| CHAMPHEZI CATHOLIC | KAWERE | Cath |
| KALSELE CATHOLIC | KALSELE | . |
| CHAMPHEZI CATHOLIC | KAWERE | Cath |
| CHAMPHEZI CATHOLIC CHURCH | KAWERE | . |
| CHAMPHEZI CATHOLIC | 99 | Cath |
| ROMAN CATHOLIC | KAWELE VILLAGE | . |
| CHAMPDEZI R.C | KAWERE | Cath |
| CHAMPHEZI CATHOLIC | KAWERE VGE | Cath |
| CHAMPHENZI CATHOLIC | KAWTRE | . |
| CHAMPHEZI RC | KEWERE | Cath |
| CHAWALA RC | CHAWOLA VGE | Cath |
| CHAMPHEZI CATHIO | KAWERE | Cath |
| CHAMPHER CATHILIC | KAWERE | Cath |
| CHAMPHEZI RC | KAWERA | Cath |
| CHAMPHENZI CATHOLIC | KAWERE | Anglican |
| CHAMPHENZI CATHOLIC | KAWERE | Cath |
| CHAMPHEZI RC | KAWENE | Cath |
| CHIPHENZI ROMAN CATH | KAWELE | Cath |
| CHAMPHEZI CATHOLIC | KAWERE | Cath |
| CHAMPESZI CATHOLIC | KAWELE VG | Cath |
| CHAMPHEZI RC | KWERA | Cath |

-> Kawula African

| congregation name | village | tradition |
|--------------------------------|---------------|--------------|
| ABRAHAMU | MOMUNO | . |
| AFRICAN ABRAHAM | KAKWENDA | Indig Christ |
| CHIFWEFWE GOME AFRICAN ABRAHAM | KANKHWENDE | . |
| CHIFWEFWE AFRICAN CHURCH | KARWIWENDE | . |
| KAULARIBUMBA AFRICAN ABRAHAM C | DILESI | . |
| AFRICAN ABRAHAM | KAKWENDE | Indig Christ |
| KAWULA MBUMBA AFRICAN CHURCH | DRESS VILLAGE | Indig Christ |

-> Kayola CCAP

| congregation name | village | tradition |
|------------------------|-------------------|------------------|
| C.C.A.P | KAWELE VILLAGE | . |
| KAWERAMERA CCAP | KAYELA | CCAP |
| KAYOLA CCAP | KAYOLA VILLAGE | CCAP |
| KAYOLA CCAP CHURCH | KAYOLA | CCAP |
| KAYOLA CCAP CHURCH | KAYOLA | . |
| NYOKA CCAP | NYOKA | Baptist |
| KAYOLA CCAP | KAYOLA | CCAP |
| KAWERAWERA CCAP CHURCH | KAYOLA | CCAP |
| KAYOLA CCAP | KAYALA | CCAP |
| KAYOLA C.C.A.P CHURCH | KAYOLA VILLAGE | CCAP |
| C.C.A.P | MMUDZI MWA KAYOLA | CCAP |
| KAYOLA PRAYER HOUSE | KAYOLA | Indig Non-Christ |
| KAWELAWELA CCAP | KOYOLA VILLAGE | CCAP |
| KAYOLA CCAP | KAYOLA | CCAP |
| KAYOLA CCAP CHRUCH | KAYOLA | CCAP |
| KAYOLA CCAP CHURCH | KAYOLA | CCAP |
| KAYALA CCAP CHURCH | KAYALA | CCAP |
| KAZZIRRE CCAP | KAZZIRRE | CCAP |

-> Kayola Church of Christ

| congregation name | village | tradition |
|-------------------------------|----------------|--------------|
| KAYOLA CHURCH OF CHRIST | KAYOLA | . |
| KAYELA CHURCH OF CHRIST | | . |
| KOLUMBA CHURCH OF CHRIST | KOLUMBA ESTATE | Pentecostal |
| KAYDA CHURCH OF CHRIST | KAYDA VILLAGE | Pentecostal |
| KOYOLA CHURCH OF CHRIST | KAYOLA VGE | Indig Christ |
| KAYOLA GOME CHURCH OF CHRIST | KAYOLA VILLAGE | . |
| KAYOLA CHURCH OF CHRIST | KAYOLA | Indig Christ |
| KAYOLA CHURCH OF CHRIST | KAYOLA | . |
| KAYOLA CHURCH OF CHRIST | KAYOLA VILLAGE | Indig Christ |
| KAWERAWERA CHURCH OF CHRIST | KAYOLA VGE | . |
| KAYOLA (GOME)CHURCH OF CHRIST | KAYOLA | Indig Christ |
| CHURCH OF CHRIST | KAYOLA | . |
| KAYOW CHURCH OF CHRIST | ZEFELINO | Indig Christ |
| KAYOLA CHURCH OF CHRIST | KAYOLA | Indig Christ |

-> Kayola Last Church

| congregation name | village | tradition |
|---------------------------|----------------|--------------|
| WATANEWANIKA RAST CHURCH | KAYOLA | . |
| VAYSLA LAST CHIVEL OF GOD | KAYSLA | Indig Christ |
| KAYOLA LAST CHURCH OF GOD | KAYOLA | Indig Christ |
| KAYOBA LASTI CHURCH | KAYOLA | Indig Christ |
| CHIKAGO LAST CHURCH | KAYOLA | . |
| KAYOLA LAST CHURCH | KAYOLA VILLAGE | Indig Christ |
| LAST AFRICAN CHURCH | KAYOLA | Indig Christ |
| KAYOLA LAST CHURCH | KAJOLA | . |
| KAYOLA LAST CHURCH | KAYOLA VILLAGE | . |
| KAYSLA AFRICAN CHURCH | KAYOLA | Indig Christ |

-> Kazyozyo African Nowa

| congregation name | village | tradition |
|-----------------------|----------|--------------|
| KAZYOZYA NOWACHURCH | KAZYOZYO | Indig Christ |
| KAZYAZYO NOWA ABRAHAM | KAZYAZYO | Indig Christ |

-> Kazyozyo Assemblies of God

| congregation name | village | tradition |
|---------------------------|----------|-------------|
| ASSEMBLE OF GOD | KAZYOUYO | Pentecostal |
| KAZYOZYA ASSEMBLES OF GOD | KAZYOZYA | Pentecostal |

-> Khoza African Abraham

| congregation name | village | tradition |
|-------------------|---------------------|--------------|
| AFRICAN ABRAHAM | KHOZA VILLAGE | . |
| AFRICAN ABRAHAM | KHOZA VILLAGE | . |
| AFRICAN ABRAHAM | MEHINA | Indig Christ |
| AFRICAN ABRAHAM | MELINA/KHOZA V/GE | . |
| AFRICAN ABRAHAM | KWA MELINA | . |
| AFRICAN ABRAHAM | MELINA | Indig Christ |
| AFRICAN ABRAHAM | MELINA | Indig Christ |
| AFRICAN ABRAHAM | MELINA VILLAGE PAFU | Indig Christ |
| AFRICAN ABRAHAM | KHOZA | . |
| AFRICAN ABRAHAM | MPINA VLGE | Indig Christ |
| AFRICAN ABRAHAM | MELINA | Indig Christ |
| ABRAHAMU ABRAHAM | MWE MELINA | Indig Christ |
| AFRICAN ABRAHAM | KHOZA | Indig Christ |
| PABE | MECAO VGE | Indig Christ |
| KALEMBO MOSQUE | KALEMBO | CCAP |

-> Khoza Catholic

| congregation name | village | tradition |
|-----------------------|---------|-----------|
| NGOZA CATHOLIC CHURCH | KHOZA | Cath |

-> Khoza Church of Christ

| congregation name | village | tradition |
|--------------------------------|----------------|--------------|
| CHURCHES OF CHRIST | KHOZA | Pentecostal |
| KHOZA GOME CHURCH OF CHRIST | KHOZA VILLAGE | . |
| CHARCH OF CHRIST | MASIWA | . |
| TEHALITCHI CHAYEAI CHA KWA KHO | M'MUDZI MUNO | Pentecostal |
| CHURCH OF CHRIST | KHOZA VILLAGE | . |
| KHOZA CHURCH OF CHRIST | KHOZA | . |
| KHOZA CHURCH OF CHRIST | KHOZA | . |
| CHURCHEW OF CHIRST | KHOZA | Pentecostal |
| CHURCHES OF CHIRST | KHOZA | Pentecostal |
| KHOZA CHURCH OF CHRIST | KHOZA VG | Indig Christ |
| MPINSOWOYESH | KWAKHOZA | Pentecostal |
| KHOZA MPINGO WG YESH | KHOZA | . |
| CHURCH OF CHRIST | MEHEMANI | Indig Christ |
| KHOZA CHURCH OF CHIRST | KHOZA | . |
| CHURCH OF CHRIST | KHOZA VILLAGE | . |
| MPINGO WA YESU | KHOZA | . |
| KHOZA CHURCH OF CHRIST | KHOZA VILLAGE | Pentecostal |
| MPINGO WA AKHRISTU | KHOZA VLGE | . |
| KHOZA CHURCH OF CHRIST | KHOZA | Christian |
| KHOZA CHURCH OF CHRIST | KHOZA | Indig Christ |
| KHOZA CHURCH OF CHRIST | KHOZA VILLAGE | . |
| CHURCHES OF CHRIST | KHOZA | Pentecostal |
| CHURCHES OF CHRIST | KHOZA | Pentecostal |
| CHURCH KHOZA OF CHRIST | KHEZA | Other |
| KHOZA CHURCH OF CHRUST | KHOZA VILLAGE | . |
| CHURCH OF CHRIST | OWZA VGE | . |
| CHURCHES OF CHRIST | KHOZA | Pentecostal |
| KHOZA CHURCH OF CHRIST | MWA KHOZA | Christian |
| YESU KRISTA CHARCH | WOWINO | Indig Christ |
| MPINZO WAYESU | KAPANZWA | Pentecostal |
| KHOZA CHARCH OF CHRIST | KHOZA | Other |
| CHURCHES OF CHRIST | KAPANGWA | Pentecostal |
| CHURCH OF CHRIST | KHOZA | Indig Christ |
| CHURCH OF CHRIST | KHOZA | Other |
| KHOZA CHRA | KHOZA VLGE | Christian |
| KHOZA CHAWOF | KHERA AGE | . |
| CHARCH OF CHRIST | KHNOZA VILLAGE | . |

-> Khukumu New Apostolic

| congregation name | village | tradition |
|--------------------------------|----------------------|--------------|
| KHUKUWU NEW APOSTOLIC CHURCH | MKHALIRA VILLAGE | Christian |
| KHUKUWU NEW APOSTOLIC CHURCH | MKHAHRA VILLAGE | Christian |
| JUNJU NEW APOSTOLIC CHURCH | WAMPHONAWAYENA VILLA | . |
| KHUWUKUWU NEW APOSTLE CHURCH. | MKHALICA | . |
| KHUJUWO NEW APASTLE | MKHALIRA VILAGE | . |
| KHUKUWA NEW APOSTOLIC CHURCH | MKHALICA VILLAGE | Indig Christ |
| KHUWUKHUWU NEW APOSTOLIC CHURC | MKHALIRA VILLAGE | Pentecostal |

-> Lawagha Mosque

| congregation name | village | tradition |
|-------------------|---------|-------------|
| LUWAGHA MOSQUE | GANJE | Quad Muslim |

-> Limbikani Catholic

| congregation name | village | tradition |
|---------------------------|--------------------|-----------|
| LIMBIKARI CATHOLIC | WILLIAM | Cath |
| LIMBIKANI CTHOLIC CHURCH | CHIKOLONGO | Cath |
| LIMBIKANI CATHOLIC CHURCH | CHIKOLONGO VILLAGE | Cath |
| LIMBIKANI CATHOLIC CHURCH | WILIAM VILLAGE | Cath |
| WILIAM R.C. CHURCH | WILLIAM VILLAGE | Cath |
| LIMBIKA CATHOLIC CHURCH | CHIKOLONGO VILLAGE | Cath |

-> Liwunde Mosque

| congregation name | village | tradition |
|-------------------------|---------------------|---------------|
| LIUNDI MOSQUE | LIUNDI MOSQUE | Quad Muslim |
| LIUNDI MOSQUE | LIUNDI | Quad Muslim |
| LIWUNI MOSQUE | LIWUNDI VILLAGE | Quad Muslim |
| LIWUNDU MOSQUE | LIWUNDU VG | Quad Muslim |
| LIUNDE MOSQUE | LIUNDE | Quad Muslim |
| LIUNDI MOSQUE | LIUNDI VILLAGE | Sukutu Muslim |
| LIUNDI MOSQUE | LIUNDI VILLAGE | Quad Muslim |
| LIWUNDI KADILIYA MOSQUE | LIWUNDI | Quad Muslim |
| LIWUNDI MOSQUE | LIWUNDI | Quad Muslim |
| LIWUNDI MOSQUE | LIWUNDI | Quad Muslim |
| LIWUNDI MOSQUE | SINDA-SINDA VILLAGE | Quad Muslim |
| NGANYA MOSQUE | TAMABALA | . |
| YAMADEGU MOSQAL | LIWUNDI | Quad Muslim |
| LIWVNDI MOSQUE | LIWVNDI | Quad Muslim |
| LIWONDE MOSQUE | LIWONDE VILLAGE | Quad Muslim |
| LIWUNDI KADRIA MOSQUE | LIWUNDI VILLAGE | Quad Muslim |
| LIUADI MOSQUE | LIUADI VILLAGE | Quad Muslim |
| LIWUNDI MOSQUE | LIWUNDI VG | Quad Muslim |

-> Luchezi New Apostle Church

| congregation name | village | tradition |
|-----------------------------|---------------------|-------------|
| LUCHEZI NEW APOSTOLIE | MWACKILIMBA | Christian |
| LUCHEZI APOSTOLIC CHURCH OF | ZUNDA VILLAGE | Pentecostal |
| LUCHEZI NEW APOSTLE CHURCH | MWACHILIMBA VILLAGE | . |

-> Luchezi Pentecostal

| congregation name | village | tradition |
|----------------------------|---------|-------------|
| LUCHEZI PENTECOSTAL CHURCH | LUCHEZI | Pentecostal |

-> Lukongolo Mosque

| congregation name | village | tradition |
|------------------------|----------------------|-------------|
| LUKANGO MOSQUE | LULAMGO | Quad Muslim |
| WKONGOHO MOSQUE | LUKANGOLO VILLAGE | Quad Muslim |
| NKONGOLO MOSQUE | | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO | Quad Muslim |
| LIKONGOLO MUSLIM JZMAT | LIKONGOLO VILLAGE | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO VILLAGE | Quad Muslim |
| CHINGALI MOSQUE | LUKONGOLO | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO | Cath |
| LUKONGOLO MOSQUE | MKAWEYA | Quad Muslim |
| LUKONGOLO MOSQUE | SHEIKH LUKONGOLO VIL | Quad Muslim |
| MKAWEYA MASQUE | MKAWEYA | Quad Muslim |
| LUKONGOLO MOSQUE | MKAWAYA | Quad Muslim |
| TOKONGOLO MOSQUE | LIKONGOLO VILLAGE | Quad Muslim |
| LUKONGOLO MOSQUE | NKAWEYA | Quad Muslim |
| LUKONGOLO MOSQUE | NKAWEYA VILLAGE | Quad Muslim |
| NKONGOLO MOSQUE | NKAWEYA VILLAGE | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO | Quad Muslim |
| LIKONGOLO MOSQUE | LIKONGOLO | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO | Quad Muslim |
| LUKONGOLO MOSQUE | NKAWEYA VILLAGE | Quad Muslim |
| LUKONGOLO MOSQUE | NKAWEYA | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO VILLAGE | Quad Muslim |
| MKAOYA MOSQUE | LUKONGOLO VILLAGE | Quad Muslim |
| LUCOWGOLO MOSQUE | LUKONGOLO | Quad Muslim |
| LUKONGOLO MUSQUE | LUKONGOLO | Quad Muslim |
| LUKOWGOLO MOSQUE | MKAWEYA | Quad Muslim |
| LUKONGOLO MOSQUE | NKAWEYA | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO (MKAWEYA) | Quad Muslim |
| LUKONGOLO MOSQUE . | CHELIKONGOLO | Quad Muslim |
| LUKONGOLO MOSQUE | LIKONGOLO | Quad Muslim |
| LIKONGOLO MOSQUE | NKAWEYA | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO VILLAGE | Quad Muslim |
| LUKOWGOLO MOSQUE | LIKONGOLO | Quad Muslim |
| LUKONGOLO MOSQUE | MKAWEYA UG | Quad Muslim |
| LIKONGOLO MOSQUE | MKAWEYA VG | Quad Muslim |
| LUKONGOLO MOSQUE | NKAWEYA | Quad Muslim |
| NKONGOLO MOSQUE | NKONGOLO VILLAGE | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO | Quad Muslim |
| LUKONGOLO MOSQUE | MKAWEYA VA | Quad Muslim |

| | | | |
|--------------------------|---------------------|---------|-------------|
| LUKONGOLO MOSQUE | | NKAWEYA | Quad Muslim |
| LUKUNGOLA MOSQUE | LUKUNGOLA VILLAGE | | Quad Muslim |
| LUKONGOLO MOSQUE | LUKONGOLO VILLAGE | | Quad Muslim |
| LUKONGOLO MOSQUE | MKAWEYA (LUKONGOLO) | | Quad Muslim |
| ----- | | | |
| MKAWEYA LUKONGOLO MOSHUE | | MKAWEYA | Quad Muslim |

-> Lukotha African International

| congregation name | village | tradition |
|--------------------------------|---------|--------------|
| LUKWONTHA AFRICAN CHURCH | SALIZI | Indig Christ |
| LUKONTHA A.I.C | ZUKA | Indig Christ |
| LUKONTHA AFRICAN INTERNATIONAL | SALIZI | Indig Christ |
| LUKONTHA AFRICAN CHURCH | SALIZI | Indig Christ |
| LUKONTHA AFRICA INTERNATIONAL | SALIZI | Indig Christ |
| ----- | | |
| LUKOUTH AFRICAN INTERNATIONAL | SALIZI | Indig Christ |
| LUKOTHA A.I.C. | SALIZI | Indig Christ |

-> Lupiya African Abraham

| congregation name | village | tradition |
|-------------------------------|----------------|--------------|
| LUPIYA AFRICAN CHURCH | LUPIYA VG | Indig Christ |
| AFRICAN ABRAHAM MAGAWAGOME | LUPIYA VILLAGE | . |
| LUPIYAAFRIKAN. | NGOLOMI | Indig Christ |
| AFRICAN ABRAHAM | LUPIYA | . |
| AFRICAN ABADON | | . |
| ----- | | |
| AFRICAN ABRAHAM | LUPIYA VLGE | . |
| AFRICAN ABRAHAM | LUPIYA VLGE | . |
| PIYA GOME AFRICAN ABRAHAM | LUPIYA | . |
| AFRICAN CHURCH MAGAWA GTONE | LUPIYA | . |
| AFRICAN ABRAHAM | LUPIYA VLGE | . |
| ----- | | |
| AFRICAN ABRAHAM | LUPIYA VILLAGE | . |
| AFRICAN ABRAHAM | LUPIYA | . |
| LURIYA AFRICAN CHURCH | LUPIYA VG | Indig Christ |
| LUPIYA AFRICAN ABRAHAM | LUYRIYA | Indig Christ |
| LUIYA AFRICAN CHURCH | LUPNYA VG | Indig Christ |
| ----- | | |
| AFRICAN ABRAHAM | LUPIYA VILLAGE | . |
| MAGAWE GOME ABRAHAM | LUPIYA VG | Indig Christ |
| AFRICAN ABRAHAM CHURCH MAGAWA | LUPIYA | . |
| AFRICAN ABRAHAM | | . |
| AFRICAN ABRAHAM | LUPIYA VLGE | . |
| ----- | | |
| NKANTHANGNWO AFRICAN ABRAHAM | LUPIYA VGE | . |

-> Lusimbo Christian Assembly

| congregation name | village | tradition |
|----------------------------|---------|-----------|
| LUSIMBO CHRISTIAN ASSEMBLY | JOSI | . |

-> Lusimbo Seventh Day Adventist

| congregation name | village | tradition |
|-------------------------------|-----------------|----------------|
| LUSIMBO SEVENTH DAY BAPTIST | MNDANGO VILLAGE | . |
| LUSIMBO SAVENTH DAY ADVENTIST | JOSI VILLAGE | 7th Day Advent |
| LUSIMBO SEVEUTE DAY | JOSI VILLAGE | 7th Day Advent |
| LUSIMBO SEVENTH - DAY CHURCH | SOWOYA | 7th Day Advent |

-> Luwagha Anglican

| congregation name | village | tradition |
|-------------------|--------------|-----------|
| LUWAGKA ANGRICAN | JOPA | Anglican |
| LUKONHA ALIGAICAN | JOPA VILLAGE | Anglican |

-> Luwagha CCAP

| congregation name | village | tradition |
|-------------------|---------|-----------|
| LUWAGHA C.C.A.P | GANJE | CCAP |

-> Luwagha Church of Christ

| congregation name | village | tradition |
|--------------------------------|------------------|--------------|
| LABUGHA CHURCH OF CHRIST | MNYONGA VILLAGE | Christian |
| RUWAGH A CHURCH OF CHRIST | KAPUTA | Christian |
| LUWAGHA MICHAEL CHURCH | GAUJE VILLAGE | Indig Christ |
| LUWAGHA CHURCH OF CHRIST | MNYONGA | . |
| LUBAGAH CHURCH OF CHRIST | LUBAGHA | Indig Christ |
| LUBAGHA CHURCH OF CHRIST | LUBAGHA | Pentecostal |
| LUGHAGHA CHURCH OF CHRIST | CHIYUNGA VILLAGE | Christian |
| RUWAGHA CHURCH OF CHRIST. | CHIYUNGA VILLAGE | Christian |
| LUGLAGLIA CHURCH OF CHRIST | CHIYUNGA VILLAGE | . |
| LUWAGHA CHURCH OF CHRIST | GANJE VILLAGE | Pentecostal |
| LUBAGHA CHURCH OF CHRIST | LUBAGHA | Pentecostal |
| MISSION CHURCH OF CHRIST | CHIYUNGA | Indig Christ |
| LUBAGHA CHURCH OF CHNOT | GANJE VILLAGE | Indig Christ |
| NBONI ZA YEHOVA (LUAWAO) CHURC | LUWANA VILLAGE | Jehovah Wit |
| LUWAGHA CHURCH OF CHRIST | KAPUTA VGE | Christian |

-> Luwagha National Church

| congregation name | village | tradition |
|-------------------------------|-----------------|--------------|
| LALWALA NATIONAL CHURCH | CHIHENI | Indig Christ |
| LUBAGHA AFRICAN CHURCH | MGALAMA VILLAGE | Indig Christ |
| LUBAGHA AFRICAN INTERNATIONAL | LUBASHA | Indig Christ |

-> Mabzimela CCAP

| congregation name | village | tradition |
|---------------------|-----------------|-----------|
| MADZINAYELA CCAP | MCHINJI DISLRIC | CCAP |
| M' MADRI MAYERACCAP | MATUWAMBA | CCAP |
| MABZIAYELAZ CCAP | MATUWAMBA | CCAP |
| MADZIMAYELAS CCAP | TONGOZALA C | CCAP |
| MADZI MAYERA CCAP | MATUWANBA | CCAP |
| MADZIMAYELA 3 CCAP | TONGOZALA | CCAP |
| MADZIMAYELAZ CCAP | KHOZA VILLAGE | CCAP |

-> Majikuta Mosque

| congregation name | village | tradition |
|-----------------------|------------------|---------------|
| I JUAMAH MOSQUE | MLIKULA | Quad Muslim |
| MAJIKUTA MOSQUE | MLANGALA VILLAGE | . |
| MAJIKUTA MOSQUE | MAJIKUTA | Sukutu Muslim |
| MZIKILIWA CHIRASALA | KWAKUMAJIKUTA | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA | Sukutu Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA VILLAGE | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA VILLAGE | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA VILLAGE | Quad Muslim |
| MEJIKUTA MOSQUE | MEJIKUTA VILLAGE | Quad Muslim |
| KUMAJIKUTA MOSQUE | MAJIKUTA VILLAGE | Quad Muslim |
| MATUKUTA MOSQUE | MATUKUTA VILLAGE | Quad Muslim |
| MADYIKUTA MOSQUE | MADYIKUTA | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA VILLAGE | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA | . |
| MAJIKUTA MOSQUE | MAINUTA | . |
| MAJIKUTA MOSQUE | MAJIKUTA VILLAGE | Quad Muslim |
| MAJIKUTA MOSLEM JAMAR | MAJIKUTA | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA VILLAGE | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA VGE | Quad Muslim |
| MAJIKULA MOSQUE | MAJIKULA | . |
| MAJIKUTA MOSQUE | MAJIKUTA | . |
| MAJIKUTA MOSQUE | MAJIKUTA VILLAGE | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA VILLAGE | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA | Quad Muslim |
| JEKUTA MOSLUM JAMAAT | JEKUTA | Quad Muslim |
| MADYIKUTA MOSQUE | MADYIKUTA | Sukutu Muslim |
| KUMAJITUTA MOSQUE | MAJIKUTA | Quad Muslim |
| MADYIKUTA MOSQUE | MADYIKUTA | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA VILLAGE | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA | Quad Muslim |
| MIDYIKUTA MOSQUE | MIDYIKUTA | Sukutu Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA | . |
| MAJIKUTA MOSQUE | MAJIKUTA VILLAGE | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA | Quad Muslim |
| MAJIKUTA MOSQUE | MAJIKUTA | Quad Muslim |

-> Masakapende CCAP

| congregation name | village | tradition |
|--------------------|-----------------|-----------|
| MASAKAPENDE CCAP | MKAWEYA VILLAGE | CCAP |
| MASAKAPENDE CHURCH | MTOLI | Christian |

-> Masiwa African Abraham

| congregation name | village | tradition |
|------------------------|------------|--------------|
| MASIWA ABRAHAM AFRICAN | MASIWA VLG | Indig Christ |
| AFRICAN ABRAHAM | MASIWA VGE | . |
| MASIWA | MASIWA | Pentecostal |

| | | |
|-------------------------|-----------------|-------------|
| M' BAWA KADILIYA MOSQUE | M' BAWA | Quad Muslim |
| M' BAWA VADLIYA MOSQUE | M' BAWA | Quad Muslim |
| M' BAWA MOSQUE | MBAWA | Quad Muslim |
| MBAWA MOSQUE | MBAWA VILLAGE | Quad Muslim |
| ----- | | |
| MBAWA KADILIYA | MBAWA | Quad Muslim |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |
| M MBAWA MOSQUE | M MBAWA | Quad Muslim |
| M' BAWA KADILIYA | M' BAWA | . |
| M' BAWA MOSQUE | M' BAWA VILLAGE | Quad Muslim |
| ----- | | |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |
| M' BAWA MOSQUE | 2003 | Quad Muslim |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |
| MBAWA KADILIYA | MBAWA | Quad Muslim |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |
| ----- | | |
| MABAWA MOSQUE | MABAWA | Quad Muslim |
| MBAWN MOSQUE | | Quad Muslim |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |
| MBAWA KADHIA MOSQUE | MBAWA | . |
| M' BAWA MOSQUE | M' BAWA VILLAGE | Quad Muslim |
| ----- | | |
| M. BAWA MOSQUE | M' BAWA | Quad Muslim |
| M' BAWA MOSQUE | M' BAWA VILLAGE | Quad Muslim |
| MSAWA MUSUUE | MBAWA | Quad Muslim |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |
| MBAWR MOUQUE | M' BANA | Quad Muslim |
| ----- | | |
| MBAWA MOSQUE | MBAWA | Quad Muslim |
| M' BAWA KADILIYA MOSQUE | M' BAWA | Quad Muslim |
| MBAWA MOSQUE | MBAWA | Quad Muslim |
| MBAWA KADHIA | MIBAWA | Quad Muslim |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |
| ----- | | |
| M' BAWA | M' BAWA | Quad Muslim |
| MBAWA MOSQUE | MBAWA | Quad Muslim |
| MBAWA MOSOQUE | MBAWA VILLAGE | NoRelig |
| MBAWA MOSQUE | MBAWA | Quad Muslim |
| M BAWA MOSQUE | M BAWA | Quad Muslim |
| ----- | | |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |
| MBAWA MOSQUE | MBAWA VILLAGE | Quad Muslim |
| M' BAWA MOSQUE | M' BAWA VILLAGE | Quad Muslim |
| ----- | | |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |
| MBAWA MOSQUE | MBAWA | Quad Muslim |
| MBAWA MOSQUE | MBAWA VILLAGE | Quad Muslim |
| M' BAWA MOSQUE | M' BAWA VILLAGE | Quad Muslim |
| ----- | | |
| M' BAWA MOSQUE | M' BAWA VILLAGE | Quad Muslim |
| MBAWA MOSQUE | MBAWA VILLAGE | Quad Muslim |
| MBAWA MOSQUE | MBAWA VILLAGE | Quad Muslim |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |
| ----- | | |
| M' BAWA MOSQUE | M' BAWA | Quad Muslim |

| | | |
|------------------------|----------------|-------------|
| M'BAWA MOSQUE | M'BAWA VILLAGE | Quad Muslim |
| M'MBAWA KAORIA MOSQUE | M'BAWA | Quad Muslim |
| M'BAWA MOSQUE | M'BAWA | Quad Muslim |
| MBAWA KADILIYA MOSQUE | MBAWA | Quad Muslim |
| MBAWA MOSQUE | MBAWA VILLAGE | Quad Muslim |
| MBAWA MOSQUE | MBAWA VILLAGE | Quad Muslim |
| MBAWA KADHYA MOSQUE | M'BAWA | Quad Muslim |
| M'BAWA MOSQUE | M'BAWA VILLAGE | Quad Muslim |
| M'BAWA MOSQUE | M'BAWA | Quad Muslim |
| MBAWA KADILIYA MOSQUE | M'BAWA | Quad Muslim |
| M'BAWA MOSQUE | 99 | Quad Muslim |
| M'BAWA MOSQUE | M'BAWA | Quad Muslim |
| M'BAWA MOSQUE | M'BAWA | Quad Muslim |
| M'BAWA KADILIYA MOSQUE | M'BAWA | Quad Muslim |
| M'BAWA MOSQUE | M'BAWA V.G. | Quad Muslim |
| M'BAWA MOSQUE | MBAWA VILLAGE | Quad Muslim |
| M'PAWA MOSQUE | M'PAWA | Quad Muslim |
| M'BAWA MOSQUE | M'BAWA | Quad Muslim |
| MBAWA MOSQUE | MBAWA VILLAGE | Quad Muslim |
| M'BAWA MOSQUE | M'BAWA VILLAGE | Quad Muslim |
| M'BAWA MOSQUE | M'BAWA | Quad Muslim |
| M'BAWA MOSQUE | M'BAWA VILLAGE | Quad Muslim |
| M'BAWA MOSQUE | M'BAWA | Quad Muslim |
| M'BAWA MOSQUE | M'BAWA | Quad Muslim |
| M'BAWA MOSQUE | M'BAWA | Quad Muslim |

-> Mbela Evangelical

| congregation name | village | tradition |
|-----------------------|---------------|-------------|
| MBELA BAPITIST CHURCH | MBELA VILLAGE | Baptist |
| MBELA EVERGRICAL | MBELA | Pentecostal |

-> Mbulunji African International

| congregation name | village | tradition |
|--------------------------------|-----------------|--------------|
| MBULUNJI NATIONALY CHURCH | ZGATEPETA | Indig Christ |
| MBULUNJI INTERNATIONAL CHURCH | IN THE VILLAGE | Indig Christ |
| MBULUNJI AFRICAN INTERNATIONAL | KATULI | Christian |
| MBULUNJI AFRICAN CHURCH | KATULI | Indig Christ |
| MBULUNJI AFRICAN INTERNATIONAL | MTUNGAMBERA | Christian |
| MGOMRA NATIONAL CHURCH | MGOMABA VILLAGE | Indig Christ |
| MBULUNJI AFRICAN INTERNATIONAL | ZGATEPETA VGE | Indig Christ |
| MBULUNJI NATIONAL CHURCH | CHINEWO | Indig Christ |
| MBULUNJI AFRICAN | KATULI | Christian |
| MBULUNJI AFRICAN INTERNATIONAL | MTUNGAMBELA | Christian |

-> Mbulunji Anglican

| congregation name | village | tradition |
|--------------------------|---------------------|-----------|
| MBULUNJI ANGLICAN CHURCH | KAPELUMERA VILLAGE. | Anglican |
| MBULUNJI ANGLICAN CHURCH | KAPEREMERA | Anglican |

-> Mbulunji Assemblies of God

| congregation name | village | tradition |
|----------------------------|--------------------|-------------|
| MBULUOJI ASSEMBLES OF GOD | BULAWULA | Pentecostal |
| MBUHMIJI AZZEMBLIES | CHINEVSO VILLAGE | Pentecostal |
| MBUHMJI ASSEMBLIES OF GOD. | CHINEWO VILLAGE | Pentecostal |
| MBULUNJI ASSEMBLIES | MCHIRAMATA VGE | Pentecostal |
| MBUHINJI ASSEMBLIES OF GOD | MCHILAMATE VILLAGE | Pentecostal |

-> Mbulunji CCAP

| congregation name | village | tradition |
|-------------------------|--------------------|-----------|
| MBULUMJI CCAP CHURCH. | CHENYENTHA VGE | CCAP |
| MBULUNJI CCAP CHURCH | CHINEWO VILLAGE | CCAP |
| MBULUNJI CCAP | CHINEWO | CCAP |
| MBULUNJI CCAP CHURCH. | CHINEWI VILLAGE | CCAP |
| MBULUNJI C.C.A.P | CHINEWO VILLAGE | CCAP |
| MBULUNSI CCAP | CHINES VILLAGE | CCAP |
| MBULUNJI CCAP. | CHINEWD | CCAP |
| MBUHANGH CCAP CHURCH | CHINEWO VILLAGE | CCAP |
| MBULUNJI CCAP | CHINEWO | CCAP |
| MBULUNJI CCAP | CHINEWO VILLAGE | CCAP |
| MBULUIJI CCAP | CHENYENTHA VILLAGE | CCAP |
| MBULUNJI CCAP | CHINEWU VILLAGE | CCAP |
| MBULUNJI CCAP | CHINEWO VGE | CCAP |
| MBULUNJI CCAP | CHINEWO | . |
| MBUHMJI CCAP | CHINEWO | CCAP |
| MBULANJI CLAP CHURCH. | BOMOMBO VILLAGE | CCAP |
| MBULUNJI CCAP | CHINEWO | CCAP |
| MBULUNJI CCAP | CHINEWO | CCAP |
| NBUHIG CCAP CHURCH | CHTINEWO VILLAGE | CCAP |
| MBURUNJI CCAP | CHINEWO | CCAP |
| MBULUNJC CCAP | CHINEWO VILLAGE | CCAP |
| MBNLUNJI CCAP | SGVH CHINEWA | CCAP |
| MBULUNJI C.C.A.P CHURCH | CHINEWO | CCAP |
| MBULUNJI C.C.A.P | MGOMBA VILLAGE | CCAP |
| MBULUNJI CCAP | CHINGWO | CCAP |

| | | | |
|--------------------------|---------------|-----------------|---------|
| MBULUNJI CCAP | | CHINEWO | CCAP |
| CCAP CHURCH | SAME VILLAGE, | CHENYE | CCAP |
| MBULUNJI CCAP CHURCH | | CHINEO VILLAGE | CCAP |
| MHULUNJI CCAP | | CHINEWD VILLAGE | CCAP |
| MSULUNJI CCAP CHURCH | | MGOMBA VILLAGE | CCAP |
| ----- | | | |
| MBULUNJI CCAP | | CHINEWO | . |
| MBULUNJU CCAP | | CHINEWO | CCAP |
| MBULUNJI CCAP | CHINEWU | VILLAGE | CCAP |
| MBULUNJI CCAP. | | CHINEWO | CCAP |
| MBUHUIJI CCAP CHURCH | CHINEWD | VILLAGE | CCAP |
| ----- | | | |
| CCAP CHURCH | | CHINEWO | CCAP |
| MBURUNJI C.C.A.P | | CHINEWO | CCAP |
| MBULUNJI C.C.A.P | | MKHALIRA | CCAP |
| MBULUNJI CCAP | MBULUNJI | PRIMARY | CCAP |
| MBULUNJI CCAP. | | CHINEWO | CCAP |
| ----- | | | |
| MBULUNJI C.C.A.P CHURCH. | M'GOMRA | VILLAGE | CCAP |
| MBULUNJI CCAP | | CHIDIWA | CCAP |
| MBULUNSI CCAP | | CHINEWO | CCAP |
| MBULUNJI CCAP | | CHINEWO | CCAP |
| MRULUNJI CCAP | CHINEWO | VGE | CCAP |
| ----- | | | |
| MBUBUNJI C.C.A.P | | MGOMBA | CCAP |
| MBULUNJI CCAP CHURCH. | CHINEO | VILLAGE | CCAP |
| MBULUNJI C.C.AP | CHINEWO | VILLAGE | CCAP |
| MBURUNJI CCAP | | CHINEWO | CCAP |
| MBULUNJI CCAP | IN CHINEO | VILLAGE | CCAP |
| ----- | | | |
| MBULUNTI CCAP | CHINEO | VILLAGE | CCAP |
| MBNLUNJI CCAP | SAME VILLAGE | MGOMBA | CCAP |
| MBULUNJI CCAP CHURCH | | CHINEO | Baptist |
| MBULUNJI CCAP CHURCH. | | PRIMARY SCHOOL | CCAP |
| MBULCWJI CCAP | CHINFWO | VILLAGE | CCAP |
| ----- | | | |
| MBULUNJI C.C.A.P | | CHINEWO | CCAP |
| MBULUNJI CCAP | | CHINEWO | CCAP |
| MBULWJI CCAP CHURCH | CHINEO | VILLAGE | CCAP |
| MLONLNYYI CCAP | CHINEO | VILLAGE | CCAP |
| MBULUNJI CCAP | MGOMBA | VILLAGE | CCAP |
| ----- | | | |
| MBULUNJI CCAP | | CHINEWO | CCAP |
| MBULUNJI CCAP | | 99 | CCAP |
| MBULUNJI CCAP | | MUHALIRA | CCAP |
| MBULUNJI CCAP CHURCH | CHINEO | VILLAGE | CCAP |
| MBUHMJI CCAP | CHINEWO | VGE | CCAP |
| ----- | | | |
| MBULUNJI CCAP | CHINEWO | VILLAGE | CCAP |
| MBULUNJI CCAP CHURCH | CHINEWO | VILLAGE | CCAP |
| MBURUNJI C.C.A.P | | CHINEWO | CCAP |
| MBULUNTI C.C.A.P CHURCH | CHINEWIS | VILLAGE | CCAP |

-> Mbulunji Catholic

| congregation name | village | tradition |
|-------------------------|----------------|-----------|
| MBNLUNJI ROMAN CATHOLIC | INJOWE VILLAGE | Cath |

-> Mbulunji Church of Christ

| congregation name | village | tradition |
|----------------------------|----------------------|-------------|
| MBULUNJI CHURCH OF CHRIST. | CHINEO VILLAGE. | . |
| MBNLUNI CHURCH OF CHRUST. | CHIKOMPHOLA | Pentecostal |
| MBULUNJI CHURCH OF CHRIST | CHINEWO VILLAGE | . |
| MBUHINJI CHURCH OF CHRIST | CHINEWO VILLAGE | . |
| MEULUNJI CHURCH OF CHRIST | MPHUNGAPUNGA VILLAGE | Pentecostal |
| MBUHINJI CHURCH OF CHRIST | CHINEWO VILLAGE | . |
| MBULUSHI CHURCH O CHRISIT | NGOZI VILLAGE | . |
| MBULUNJI CHURCH OF CHRIST | KATULI | Christian |
| MBULUNJI CHURCH OF CHRIST | CHIKONKHOLA VILLAGE | Pentecostal |
| MBULUNJI CHURCH OF CHRUST | VH CHIKOMPITOLA | Pentecostal |
| MBUWNJI CHURCH OF CHRIST. | NGOZI VILLAGE | . |

-> Mbulunji Holy Cross

| congregation name | village | tradition |
|--------------------------------|------------------------|-------------|
| MBULUNJI HOLY CROSS CHURCH | MGOMBA VILLAGE | Pentecostal |
| MWOHENGHA HOLY CROSS | MUKHALIRA VGE | Pentecostal |
| MBULUNJI HOLYCROSS | VH MKHALIRA | . |
| NEW APOSTOLIC CHURCH (MKHALIRA | MKHALIRA | . |
| CHIMIUNGU HOLY CROSS PENTOCOST | BETWEEN MGAPHA and JOW | Pentecostal |
| MBUMUII HOLY CROSS | MKHALIRS VILLAGE | . |
| MBULUNJI HOLLYCROSS CHURCH | MKHALIRA | Pentecostal |
| MBULUNJI HOLY CROSS CHURCH | MACHENYANGA VILLAGE | Pentecostal |
| MBHLUNJI HOLY CROSS | TEMBO VILLAGE | Pentecostal |
| MWAHENGHA ASSEMBLIES OF GOD | MACHENGA VILLAGE | Pentecostal |
| NWAHENGHA HOLY CROSS CHURCH | ZGATEPETO VILLAGE | Pentecostal |
| CHINAYANGA HOLY CROSS | GVH MICHALIRA VILLAG | Pentecostal |
| MWAHLUGA HOLY CROSS | MKHALISA VILLAGE | Pentecostal |
| MBULUNJI HOLY CROSS CHURCH | MKHALIRA VILLAGE | Pentecostal |
| MUKIANGA HOLY CROSS | MKHALIRA VILLAGE | Pentecostal |
| MWAHENGHA ITELY CROSS CHURCH | MKHALIN VILLAGE | Pentecostal |
| MBUHINJI HOLY CROSS CHURCH | MKHALIRA VILLAGE. | Pentecostal |
| MBULUNJI HOLLY GROSS CHURCH. | MKHALIRA VILLAG | Pentecostal |
| MWAHENGHA HOLLY CROSS CHURCH. | MKHALIVA VILLAGE | Pentecostal |
| MBULUNJI HOLY CROSS | MKHALIRA VILLAGE | Other |
| MBULUNGI HOLY CROSS | MKHALIA VILLAGE | . |
| MBULUNJI HOLY CROSS | VH GWAMBA | Pentecostal |

-> Mbulunji New Apostolic

| congregation name | village | tradition |
|--------------------------------|----------------------|--------------|
| MBUHINJI NEW APOSTOLIC | MGOMBA VGE | Christian |
| MBULUNJI NEW APOSTOLIC CHURCH | MUGOMBA VILLAGE | Indig Christ |
| MBULUNJI NEW CHURCH | MKHALIRA VILLAGE | Christian |
| MBULUNJI APOTOLIC CHURCH | CHINEWA | Pentecostal |
| MBULUNJI APOSTOLIC CHURCH | MUKHALINA VILLAGE | . |
| MBULUNJI NEW APOSTOLOIC CHURCH | MUKHALIRA VILLAGE | . |
| MBULENJI NEW APOSTOLIC CHURCH | MKHALISA | Pentecostal |
| MBULUNJI NEW APOSTOLIC CHURCH. | MGOMBA VILLAGE | Indig Christ |
| MBULUNSI NEKI APOSTOLIC | KAPELEMERA | . |
| MBULUNJI APOSTOLIC | MGOMBA APOSTOLIC | Pentecostal |
| MHUJU NEW NEW APOSTOLIC CHURCH | KHABANGE VGE | Pentecostal |
| MBULUNJI NEW APOSTOLIC | PHUNGA PUNGA VILLAGE | . |
| MGOMBA NEW APOSTOLIC CHURCH | MGOMBA | Pentecostal |
| MBULANJI NEW APOSTOLIC | MPHUNGA PANGU | Pentecostal |

-> Melina African Church

| congregation name | village | tradition |
|-----------------------|---------|--------------|
| MERINA AFRICAN CHURCH | MERINA | Indig Christ |

-> Mgampha African Church

| congregation name | village | tradition |
|--------------------------------|-----------------|------------------|
| MGAMPHA NESHONALE | MGAMPHA | . |
| MGAMPHA NESTIONALE CHURCH | MGAMPHA VILLAGE | Indig Christ |
| MGAMPHA AFRICAN CHURCH. | MGAMPHA | Indig Non-Christ |
| MGAMPHA AFRICAN INTERNATIONAL | MGAMPHA. | . |
| MGAMPHA AFRICAN INTERNATIONAL | MGAMPHA | Indig Non-Christ |
| INTERNATIONAL CHURHC MGAMPHA I | MGAMPHA | . |

-> Mgapu Catholic

| congregation name | village | tradition |
|-------------------------------|-------------|-----------|
| KATOLIKA/CATHOLIC | MGAMPHU | Cath |
| MATIZI RC | MGAMPHU VG | Cath |
| MATIZI R.C | N'GAMPHY | . |
| MATIZI CHTHOLIC CHURCH | MEAMPHU | Cath |
| MATIZI ROMAN CATHOLIC | KAIGWAZANGA | Cath |
| CATHOLIC | MEAMEHU | Cath |
| MATIZI R C | MGAMPHU | Cath |
| MATIZI CATHOLIC | MGAMPHU | Cath |
| MATIZI CATHOLIC | NGOLOMI | Cath |
| ROMAN CATHOLIC CHIZUALE | MQAPHU | . |
| MKATHANGO RC CHURCH | NGOLOMI | . |
| CATHOLIC MATIZI | MGAMPHU | Cath |
| CATHOLIC RC | MATIZI | Cath |
| MATIZI CATHOLIC | MGAMPHU | Cath |
| MATIZI ROMAN CATHOLIC | MGAMPM | Cath |
| MATIZI CATHOLIC | MGAMPHU | Cath |
| MATIZI CATHOLIC | MGAMPHU | Cath |
| MATIZI KATOLIKA | MGAMPHU | Cath |
| THENDO ROMAN CATHOLIC CHURCH | THENDO | Cath |
| MATIZI RC | MGAMPHU | Cath |
| MATIZI R.C | MGAMPHG | Cath |
| GAMPHU CATHOLIC CHURCH. | GAMPHU VLGE | Cath |
| MATIZI R.C. | MGAMPHU | Cath |
| MATIZI CHURCH | MGAMPHU | Cath |
| CATHOLIC | MGAMPHU | Cath |
| MATIZI R.C. | MGOMPHU | Cath |
| MATIZI R.C. | MGAMPHY | Cath |
| MATIZI ROMAN CATHOLIC CHURCH | KAWERE | . |
| MATIZI R.C. | MGAMPHU | Cath |
| MATIZI ROMAN CATHOLIC CHURCHQ | JERE | Cath |
| MATIZI ROMAN CATHOIC | MGAMPHU | Cath |
| MATIZI CATHOLIC CHURCH | MGAPHU | Cath |
| MATIA R CATHOLIC | MGAMPHU | Cath |
| MATIZI CATHOLIC CHURCH | . | . |
| MATIZI CATHOLIC CHURCH | MGAMPHU | Cath |
| MATIZI CATHOLIC | MGAMPHU | Cath |
| MATIZI CATHOLIC | KAIQWAZANGA | Cath |
| MATIZI RC | MGAMPHU | Cath |
| CATHOLIC MATIZI | MGAMPHU | Cath |
| CATHOLIC | MGAMPHU | . |
| MATIZI CHURCH | MGAMPHU | Cath |
| MATIZI ROMAN CATHOLIC | MGAMPHU | Cath |
| MATIZI CATHOLIC | MGAMPHU | Cath |
| MATIRI CATHOLIC | MGAMPHE | Cath |
| MATIZI ROMAN CATHOLIC | MGAMPHU | Cath |
| MATIZI ROMAN CATHOLIC | KAIGWAZANGA | Cath |

| | | |
|------------------------------|----------------------|-------------|
| MATIZI ROMAN CATHOLIC | MKAMPHU VG | Cath |
| MPINGA WA KATALIKA | MGAMPHU | Cath |
| MATIZI RC | MGAMPHU | Cath |
| THENDO ROMAN CAVACHE CHURCH | THONDO | Cath |
| MATIZI CATHOLIC CHURCH | MGAMPHO | Cath |
| MATIZI CATHOLIC CHURCH | MGAMPHU | Cath |
| MATIZI CONGREGATION | CHAWALA | Jehovah Wit |
| MATIGIRC | MGAMPHU | Cath |
| MATIZI CATHOLIC | MGAMPHU | Cath |
| MATIZI CHURCH | MGAMPHU | Cath |
| MATIZI CATHORIC CHURCH | MQAPHU | . |
| MATIZI CATHOLIC | NGOLOMI | Cath |
| MATIZI CATHOLIC | MGAMPHU | Cath |
| CATHOLIC MATIZI | MGAMPHU | Cath |
| KOMOM CATHILIC | MGAMPHU | Cath |
| MATIZI ROMAN CATHOLIC CHURCH | MGAMPHU | . |
| ROMAN MATIZI CATHOLIC | MGAMPHU | Cath |
| MATIZI CHURCH | MGAMPHU | Cath |
| ROMAN CAHTOLIC | MMUDZI MWA MKANDA | Cath |
| MAFIZI ROMAN CATHOLIC | MGAPHU | Cath |
| MATIZI CATHOTIC CHURCH | PAFZIPI NDI MUDZI WA | . |
| MKTIZI CATHOLIC CHURCH | MGAMPITU | Cath |
| MATIZI CATHOLIC CHURCH | M'GAMPHU | . |
| MATIZI ROMAN CATHOLIC | MMUDZI MWA MGAPHU | Cath |
| MATIZI CATHOLI CHURON | MGAMPTU VGE | Cath |
| CATHOLIC | MGAMPHU | . |
| MATAZI CHURCH OF CHRIST | NGAMPAU | Cath |
| MATIZI CATHOW CHURCH KALOLIK | MGAMPAU | Cath |
| MATIZIRC | MGAMPHU | Cath |
| MATIZI ROMAN COLLEGE CHURCH | MGAMPHAR | . |
| MATIZI CATHLIC CHURC | MGAMPHU | Cath |
| MATIZI CATHOLIC CHUR | MGAMPHU VG | Cath |
| THENDO ROMAN CATHOLI | THENDO | Cath |
| MATIZI CATHOLIC | NGOLOMI | Cath |

-> Mhuju African International

| congregation name | village | tradition |
|--------------------------------|-----------------|--------------|
| MHUJU AFRICAN INTERNATIONAL CH | SALIZI VILLAGE | Indig Christ |
| MHUJU AFRICON INTERNATIONAL | ZUKA VILLAGE | Indig Christ |
| MTANILA AFRICAN INTERNATIONAL | MTANILA VILLAGE | Indig Christ |
| MHNJN AFRICAN INTERNATIONAL | SALIZI VILLAGE | Indig Christ |
| MHUJU AFRICAN INTEMATION CHURC | SALIZI | Indig Christ |
| MHUJU AFRICAN INTERNATIONAL | KAGALA VILLAGE | Indig Christ |
| MHUJA AFRICAN CHURCH | MTANILA VILLAGE | Indig Christ |

-> Mhuju Assemblies of God

| congregation name | village | tradition |
|-------------------------------|---------------------|-------------|
| MHUJU ASSEMBLES OF GOD CHURCH | MHUJU YAWULUNGU | Pentecostal |
| MHUJU ASSEMBLY OF GIRL CHURCH | ZUKA VILLAGE | Pentecostal |
| MHUJU ASSEMBLIES OF GOD. | KHAWANGO | Pentecostal |
| MHAJU ASEMBLES OF GOD | MWAYAWULULU VILLAGE | Pentecostal |
| MHUJU ASSEMBLIES OF GOD | YAUUNGU VILLAGE | Pentecostal |

-> Mhuju CCAP

| congregation name | village | tradition |
|-----------------------|---------------------|-----------|
| MHUJU CCAP CHURCH | ZUKA VILLAGE | CCAP |
| MHUJU CCAP CHURCH | ZUKA VILLAGE | CCAP |
| MHUJU CCAP | ZUKA | CCAP |
| MHUJU C.C.A.P. CHURCH | ZUKA VILLAGE | CCAP |
| MHUJU CCAP CHURCH | ZUKA VILLAGE | CCAP |
| MHUJU C.C.A.P | ZUKA | CCAP |
| MHUJU CCAP CHURCH | ZUKA VILLAGE | CCAP |
| MHUJU CCAP CHURCH | GVH ZUKA VILLAGE | CCAP |
| MHUJU CCAP | ZUKA | CCAP |
| MHUJU CCAP | ZUKA VILLAGE | CCAP |
| MHUJU CCAP | DZUKA | CCAP |
| MHUJU C.C.A.P | ZUKA VIGE | CCAP |
| MHAIGU C.C.A.P. | ZUKA VILLAGE | CCAP |
| MHUJU CCAP | VINGULA | CCAP |
| MHUJU CCAP | ZUKA VILLAGE | CCAP |
| MHUJU CCAP | ZUKA VILLAGE | CCAP |
| MHUJU CCAP CHURCH | ZUKA | CCAP |
| MHUJN CCAP | ZUKA VGE | CCAP |
| MHUJU CCAP CHURCH | ZUKA VILLAGE | CCAP |
| MHUJU CCAP | ZUKA VILLAGE | CCAP |
| MHUJU CCAP CHURCH | YAWULUNGU VILLAGE | CCAP |
| MHUJU C.C.A.P. | ZUKA VILLAGE | CCAP |
| MHUTU CCAP | ZUKA VILLAGE | CCAP |
| MHUJU C.C.A.P. | ZUKA VILLAGE | CCAP |
| MHUJU C.C.A.P | ZUKA | CCAP |
| MHUJU C.C.A.P. | DZUKA VILLAGE | CCAP |
| MHUJU C.C.A.P | ZUKA | CCAP |
| MHUJU C.C.A.P. | ZUKA | CCAP |
| MHUJN CCAP | ZUKA VILLAGE | CCAP |
| MUHUU CCAP CHURCH | KAFWANLONGO VILLAGE | CCAP |
| MHUJU C.C.A.P | ZUKA VILLAGE | CCAP |
| MHUJU CCAP | ZUKA VGE | CCAP |
| MHAJU C.C.A.P. CHURC | KAWANGO VILLAGE | CCAP |
| MHUJU CCAP | ZUKA | CCAP |
| MHUJU CCAP | VINGULA VILLAGE | CCAP |

| | | |
|-----------------------|----------------------|------|
| MHUJU CCAP | ZUKA VGE | CCAP |
| MHVJU CCAP CHURCH | ZUKA VILLAGE | CCAP |
| MHUJU CCAP CHURCH | CHAMAWEYA VILLAGE | CCAP |
| MHUJU CCAP CHURCH | ZUKA VILLAGE | CCAP |
| MHUN CCAP | ZUKA VGE | CCAP |
| MHUJU CCAP | ZUKA | CCAP |
| MHUJU CCAP CHURCH. | ZUKA VILLAGE | CCAP |
| MHUJU CCAP | ZUKA | CCAP |
| MHUJU C.C.A.P | ZUKA VILLAGE | CCAP |
| MHUJU C.C.A.P | MHUJU TRADING CENTRE | CCAP |
| MWIJA CCAP CHURCH | ZUKA VILLAGE | CCAP |
| MHAJU CCAP CHURCH | GOHONI VILLAGE | CCAP |
| MHUJU CCAP CHURCH | DONT KNOW | CCAP |
| MHUJU CCAP CHURCH | ZUKA VILLAGE | CCAP |
| MHUJU CCAP | DZUKA VILLAGE | CCAP |
| MHUJU C.C.A.P | ZUKA VILLAGE | CCAP |
| MHUJU CCAP | ZUKA VILLAGE | CCAP |
| MHNJU CCAP CHURCH | KAFWANLONGO | CCAP |
| MHUJU CCAP | ZUKA VILLAGE | CCAP |
| MHAJU C.C.A.P. CHURCH | ZUKA VILLAGE | CCAP |
| MHUJU CCAP | ZUKA VILLAGE | CCAP |
| MHUJU CCAP CHURCH | ZUKA VILLAGE | CCAP |
| MUHUU C.C.A.P CHURC | KAFINAWULONGO VILLAG | CCAP |
| MHUJU CCAP | ZUKA | CCAP |
| MHNJA CCAP | ZUKA VILLAGE | CCAP |
| MHUJU CCAP CHURCH | ZUKA | CCAP |
| MHUJU C.C.A.P CHURCH | ZUKA | CCAP |
| MHUJU CCAP CHURCH | ZUKA VILLAGE | CCAP |
| MHUJU C.C.A.P. | ZUKA VILLAGE | CCAP |
| MHUJU C.C.A.P | KAFWAULONGO VILLAGE | CCAP |
| MHUJU CCAP CHURCH | VILT ZUKA | CCAP |
| MHUJU CCAP CHURCH | ZUKA VILLAGE | CCAP |
| MHUJU CCAP CHURCH | ZUKA | CCAP |
| MHUJU C.C.A.P | VINGULA | CCAP |
| MHUJU CCAP | ZUKA | CCAP |
| MHUJN CCAP CHURCH | YAWUHAGU VILLAGE | CCAP |
| MHUJU C.C.A.P. | ZUKA VILLAGE | CCAP |
| MHUJU CCAP | KHAWANGO VILLAGE | CCAP |
| MHUJU CCAP | ZUKA | CCAP |
| MHUJU CCAP | ZUKA VILLAGE | CCAP |
| MHUJU C.C.A.P CHURCH | ZUKA | CCAP |
| MHUNJU CCAP CHURCH | ZUKA VILLAGE | CCAP |
| MHUJU C.C.A.P. | OZUKA V.G.E. | CCAP |
| MHUJU C.C.A.P. CHURC | MWAZUKA VILLAGE | CCAP |
| MUHUU CCAP CHURCH | ZUKA VILLAGE | CCAP |
| MHUJU CCAP | ZUKA | CCAP |
| MHUJU CCAP CHURCH | ZUKA VGE | CCAP |
| MHUJU CCAP | ZUKA | CCAP |

-> Mhuju Catholic

| congregation name | village | tradition |
|--------------------------------|----------------------|-----------|
| MHUJU ROMAN CATHOLIC | VINGULU | Cath |
| MHUJU CATHOLIC CHURCH | VNGULA VILLAGE | Cath |
| MHUJU ROMAN CATHOLIC | ZGATEPETA VILLAGE | Cath |
| VINGULA CATHOLIC(ROMAN)CHURCH. | VINGULA VILLAGE | Cath |
| MHUJN CATHOLIC | VINGULA VGE | Cath |
| MHUJU CATHOLIC CHUR | VINGLU VILLAGE | Cath |
| MHUJU ROMAN CATHOLIC CHURCH | G.V.H VINGULA | Cath |
| MHUJU ROMAN CATHORIC | MHUJU | Cath |
| MHUJU CATHOLIC | VINGUL A VILLAGE | Cath |
| MHUJU CATHOLIC CHURCH | VINGULA VILLAGE | Cath |
| MHUJU ROMAN CATHOLIC | VINGULA VGE | Cath |
| MHUJU ROMAN CATHOLIC CHURCH | SALIZI'S VILLAGE | Cath |
| MTTUJVI ROMAN CATBTOLIC | VINEULA VILLAGE | Cath |
| MHUSU ROMAN CATHOLIC | VINGULA | Cath |
| MHUJU ROMAN CATHOLIC | VINGULA VILLAGE | Cath |
| MHUJU ROMAN CATHOLIC | VINGULA | Cath |
| MHUJU ROMAN CATHOLIC | VINGULA VILLAGE | Cath |
| MHUNJU ROMAN CATUDIC | MHUNJU TRADIA CENTER | Cath |
| MHUTU ROMAN CATHOLIC CHURCH | VINGULA VILLAGE | Cath |
| MHAGO ROMAN CATHOLIC CHURCH | VINGULA | Cath |
| MHUJU ROMAN CATHOLIC | VINGULA VILLAGE | Cath |
| MHUJA ROMAN INTERNATION CHURCH | MHUSU VILLAGE | Cath |
| MHUJU ROMAN CATRIC | KHAWANGO | Cath |
| MHUJU KATOLIKA CATHORIC | CHIMNYANGA KATOLIKA | Cath |
| MHUJU REMAN CATHOLIC | VINGULA VILLAGE | Cath |
| MHUJU R.C | VINGULA | Cath |
| MHUJU CATHOLIC CHURCH | MHUJU VILLAGE | Cath |
| MHUJI CATHOLIC CHURCH | VINGULA VILLAGE | Cath |
| MHULU ROMAN CATHOLIC | VINGULA | Cath |
| MHUTU ROMAN CATHOLIC | PHWAMPHWA | Cath |
| MHUJU CATHOLIC CHURC | VINGULA | Cath |
| MUHUUJ ROMAN CATHALIC | VINGULA | Cath |
| MITUJU ROMAN CATHOLIC CHURCH | VINGULA VILLAGE | Cath |
| MHUJU ROMAN CATHOLIC | VINELILA | Cath |
| MHUJU ROMAN CATHOLIC CHURCH. | VINGAWA SALIZI VILLA | Cath |
| MHAJU ROMAN CATHETIC | VINGULA VILLAGE | Cath |
| MUHUUJ ROMAN CATHOLIC | VINGULA | Cath |
| MHUJU COTHENIC CHURCH | VINGULA VILLAGE | Cath |
| MHAJU ROMAN CATHOLIC | VINGULA | Cath |
| MHUJU ROMAN CATHSTIC CHURCH | V.H VINGULA | Cath |
| MHUJU CATHOLIC CHURCH | VINGULA | Cath |
| MHUJU ROMAN CATHOLIC CHURCH | VINGULA VILLAGE | Cath |

-> Mhuju Church of Christ

| congregation name | village | tradition |
|------------------------|-----------------|--------------|
| MHUJU CHURCH OF CHRIST | KAPUTA VILLAGE | Indig Christ |
| MHUJU CHURCH OF CHRIST | Y AULUNGU | . |
| MHUJU CHURCH OF CHRI | GOHONI VILLAGE. | Christian |
| MHUJU CHURCH OF CHRIST | Y AULUMGU VGE | Baptist |
| MHUJU CHURCH OF CHRIST | GOWONI VILLAGE | . |

-> Mhuju Jehovahs Witness

| congregation name | village | tradition |
|--------------------------------|-------------|-------------|
| MHUJU RHOVATIS WITNESS CHURCH. | V.H MULWALA | Jehovah Wit |

-> Mhuju Mosque

| congregation name | village | tradition |
|---------------------|----------|-------------|
| MZIKITI WA KONGONDA | GANJE | Quad Muslim |
| MHUJU MOSQUE | KHAWANGO | Quad Muslim |

-> Mhuju New Apostolic

| congregation name | village | tradition |
|------------------------------|-------------------|-------------|
| MHUJU NEW APOSTOLICE CHURCH | YAWULUNGU VILLAGE | Pentecostal |
| KHUKUU APOSTOLIC CHURCH | MKHALIRA | Pentecostal |
| MHUJU NEW APOSTOLIC CHURCH | KHAWANGO VILLAGE | . |
| MUHUJU NEW APOSTOUE CHURCH | YAWULUNKU | . |
| MHANJIE NEW APOSTOLIC CHURCH | GOHONI VILLAGE | Other |
| MHUJU NEW APOSTOLE CHURCH | TAULUNGU VILLAGE | . |
| MHUJU NEW APOSKOK | KHAWANGO VGE | Pentecostal |
| MHUJU NEW APOSTOLIC CHURCH | Y AULUNGU VILLAGE | . |
| MHUJU NEW APOSTOLIC | YANHINGU VILLAGE | Christian |
| MHANGO NEW APOSTOLIC CHURCH | Y AULUNGO | Cath |

| | | | |
|-----------------|----------------|--------|-------------|
| MISOWA MOSQUE | | MISOWA | Quad Muslim |
| MISOWA MOSQUE | | MISOWA | Quad Muslim |
| MISOWA MOSQUE | | MISOWA | Quad Muslim |
| MISOWZ MOSQUE | MISOWZ VILLAGE | | Quad Muslim |
| MISOWA MOSQUE | | MISOWA | Quad Muslim |
| MISOWA MOSQUE | MISOWA VILLAGE | | Quad Muslim |
| MISOWA MOSQUE | | MISOWA | Quad Muslim |
| MISOWA MOSQUE | MISOWA VILLAGE | | Quad Muslim |
| MISOWA MOSQUE | | MISOWA | Quad Muslim |
| MISOWA MOSQUE | | MISOWA | Quad Muslim |
| MISOWA MOSQUE | | MISOWA | Quad Muslim |
| MISOWA MOSQUE | | MISOWA | Quad Muslim |
| MISOWA MOSQUE | | MISOWA | Quad Muslim |
| MISOWA MOSQUE | | MISOWA | Quad Muslim |
| MISOWA MOSQUE | MISOWA VLG | | Quad Muslim |
| MISOWA MOSQUE | MISPAWA | | Quad Muslim |
| CHENTIRA MOSQUE | MISOWA VILLAGE | | Quad Muslim |
| MISOWA MOSQUE | MISOWA VILLAGE | | Quad Muslim |
| MTILA MOSQUE | | MISOWA | Quad Muslim |
| MTILA MOSQUE | | MISOWA | Quad Muslim |
| MISOWA MOSQUE | | MISOWA | Quad Muslim |
| MISOWA MOSQUE | | MISOWA | Quad Muslim |
| MISOWA MOSQUE | MISOWA VILLAGE | | Quad Muslim |
| MISOWA MOSQUE | MISOWA VILLAGE | | Quad Muslim |

-> Mkanda African Church

| congregation name | village | tradition |
|-------------------------------|-----------------|--------------|
| KASAKASA AFRICAN CHURCH | NGOLOMI | Indig Christ |
| AFRICAN ABRAHAM | 0 | Christian |
| AFRICAN MKANDA ABRAHAM | NGOLOMI | . |
| NGOLOMI AFRICAN CHURCH | NGDOMI VGO | Indig Christ |
| NGOLOMI AFRICAN CHURCH | NGOLOMI VILLAGE | Indig Christ |
| KASAKASA AFRICAN CHURCH | NGOLOMI | Indig Christ |
| AFRICAN ABRAHAM | MKANDA | . |
| AFRICAN ABRAHAM | MKANDA | Indig Christ |
| AFILIKANI | MKANDA T.C | Pentecostal |
| MKANDA AFRICAN CHURCH | NGOLOMI | Indig Christ |
| MCHEMANI AFRICAN ABRAHAM | MKANDA | Indig Christ |
| AFRICAN ABRAHAM | MKANDA T.C | . |
| CHIRIGLAZA AFRICAN | KAPANGWA | Baptist |
| MSANDA AFRICAN CHURCH | MSANDS | Pentecostal |
| NGOLOMI AFRICAN CHURCH | NGOLOMI | Indig Christ |
| MKANDA AFRICAN CHURCH | KAPATUKA | Indig Christ |
| MKANDA AFRICAN CHURCH | MKANDA | Indig Christ |
| MKANDA AFRICAN CHURCH | MKANDA | Indig Christ |
| MKANDA AFRICAN CHURCH | NGOLOMI | Baptist |
| AFRICAN ABRAHAM CHURCH MKANDA | KADIZIZERE | Indig Christ |
| APRKAN CHURCH | KANDA T.C. | Anglican |
| AFRICAN ABRAHAM | MELINA VLGE | Christian |
| NGOLOMI AFRICAN CHURCH | NGOLOMI VILLAGE | Indig Christ |

-> Mkanda Assemblies of God

| congregation name | village | tradition |
|-------------------|----------------|-------------|
| ASSEMBLIES OF GOD | MKANDA T.C | . |
| MKANDA ASSEMBLIES | MKANDA | Pentecostal |
| ASSEMBLIES OF GOD | MKANDA TLCENTE | Pentecostal |
| ASSEMBLIES OF GOD | MKANDA | Baptist |
| ASSBLISS OF GOD | MKANDA | . |
| ASSEMBLIES OF GOD | KAZYOZYO | . |
| ASSEMBLIES OF GOD | KAZYOZYO | Pentecostal |
| ASSEMBLIES OF GOD | NAMONDE | Pentecostal |
| ASSEMBLY OF GOD | MKANDA | Pentecostal |

-> Mkanda Bible Believers

| congregation name | village | tradition |
|-----------------------|---------|-----------|
| MKANDA BIBLE BEUEVERS | MKANDA | . |

-> Mkanda CCAP

| congregation name | village | tradition |
|---------------------|----------------|-----------|
| MADZIMAYELA CCAP | MADZI WINA | CCAP |
| MKANDA CCAP | MKANDA VILLAGE | CCAP |
| MICHEMEM CCAP | LLI NWAMKANDA | CCAP |
| CC.A.P | MKANDA TRADING | . |
| MKANDA CCAP | MKANDA | . |
| CCAP | MKANDA | CCAP |
| MICANDA CCAP CHURCH | MKANDA | CCAP |
| CCAP | MKANDA | CCAP |
| MKANDA CCAP | MKANDA | CCAP |
| CCAP | MKANDA | CCAP |
| CHEMANI C-C.AP | MKANDA TONDING | . |
| MSISITA CCAP | MKANDA VG | CCAP |
| MEHEMANI CCAP | MWA MKENDA | CCAP |
| MKANDA CCAP CHURCH | MKANDA | CCAP |
| MKHEMANI CCAP | MKANDA | Anglican |
| MICHEMARI CCAP | MKANDA | . |
| MKANDA CCAP | MKANDA | CCAP |
| MKANDA CCAP | MKANDA | CCAP |
| MKANDA CCAP | MKANDA | CCAP |

-> Mkanda Catholic

| congregation name | village | tradition |
|------------------------|----------------------|-----------|
| CATHOLIC | MKANDA | . |
| MKADA PARISH | MWA MKANDA | Cath |
| CATHOLIC | MKANDA | Cath |
| MKANDA PARISH | MKANDA TK | . |
| CATHOLIC | MKANDA | Cath |
| MKANDA RC | MKANDA | Cath |
| CATHOLIC | MKANDA | Cath |
| MKANDA PARISU | MKANDA T/C | . |
| MKAMLA RC | MKAMLA TC (MUTCIWINA | . |
| MKANDA CATHOLIC | MKANDA | Cath |
| ROMAN CATHOLIC | MMUTZI NKAMWANA | Cath |
| MKANDA R.C | MKANDA T.C. | Cath |
| CATHOLIC | MKANDA | Cath |
| MAKANDA CATTOHLIC | MAWAM KANDA | Cath |
| MKANDA PARISU | MKANDA TIC | . |
| MKANDA ROMAN | MKANDA | Cath |
| MKAUDA CATHOLIC CHURCH | MKAUDA VILLAGE. | Cath |
| CATHOLIC | MKANDA | . |

-> Mkanda Church of Christ

| congregation name | village | tradition |
|------------------------------|-----------------|--------------|
| MKANDA CHURCH OF CHRIST | MKANDA VILLAGE | . |
| MPINGO WAYESU | MKANDA T.C | Pentecostal |
| CHURCH OF CHRIST | MKANDA | . |
| MKANDA CHURCH OF CHRIST | MKANDA | Pentecostal |
| MANGO WA YESU | CHAWALA | Indig Christ |
| MKANDA CHURCH OF CHRIST | MKANDA VILLAGE | . |
| CHURCH OF CHRIST | MKANDA | . |
| YESU KHRISTU | KWA KHOZA | . |
| CHURCH OF CHRIST | MKANDA | CCAP |
| MHAMDA CHURCH OF CHRIST | MKANDA T/C | Pentecostal |
| YESU KHRISTU | MKANDA | Indig Christ |
| MKANDA CHURCH OF CHIRST | MKAND T/C | Pentecostal |
| MKANDA CHURCH OF CHRIST | MKANDA | Christian |
| CHURCH OF CHRIST | MRANDA TARING | . |
| MKANDA CHURCH OF CHRIST | MKANDA | Indig Christ |
| MKANDA GOME CHURCH OF CHRIST | MKANDA VILLAGE | . |
| CHAYOAZA CCAP | KADEWARE | CCAP |
| MANGO WA YESU | MKANDA | . |
| YESU KHRISTU | KWA KHOZA | . |
| CHURCH OF CHRIST | MUDZI WA MKANDA | . |
| CHURCH OF CHRIST | MKANDA T/C | Indig Christ |
| MKANDA CHURCH OF CHRIST | MKANDA T/C | Pentecostal |

-> Mkanda Mosque

| congregation name | village | tradition |
|--------------------|----------------|---------------|
| MKANDA MOSQUE. | MKANDA T/C | Quad Muslim |
| MKANDA MSLINI | MKANDA | Quad Muslim |
| MKANDA MZIKITI | MKANDA | Sukutu Muslim |
| MKANDA MOSQUE | MKANDA T.C. | Quad Muslim |
| ISLAMIC | MKANDA T.C | Quad Muslim |
| MKANUA MOSQUE | MKANUA TRADING | Quad Muslim |
| MKANDA PRIJ MOSQUE | MKANDA T.C. | Quad Muslim |
| MKANDA MKYALAM | MKANDA | Sukutu Muslim |
| MKANDA MOSQUE | MKANDA | Sukutu Muslim |
| MKANDA MOZGNE | MKANDA VILLAGE | Quad Muslim |
| SHOHATIBU ISLAM | SHEHATIBU | Quad Muslim |

-> Mkundika Mosque

| congregation name | village | tradition |
|-------------------|------------------|-------------|
| MKUNDIKA MOSQUE | MKUNDIKA VILLAGE | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA | Quad Muslim |
| CHAGUNDA MOSQUE | NKUNDIKA VILLAGE | Quad Muslim |
| CHAGUNDA MOSQUE | CHAGUNDA VILLAGE | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA VILLAGE | Quad Muslim |
| NKUNDIKA MOSQUE | NKUNDIKA | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA VILLAGE | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA | Quad Muslim |
| CHAGUNDA MOSQUE | CHAGUNDA VILLAGE | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA | Quad Muslim |
| CHAGUNDA MOSQUE | CHAGUNDA VILLAGE | Quad Muslim |
| CHAGUNDA MOSQUE | CHAGUNDA VILLAGE | Quad Muslim |
| NKUNAIKA MOSQUE | NKUNAIKA VILLAGE | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA VILLAGE | Quad Muslim |
| CHAGUNDA MOSQUE | CHAGUNDA VILLAGE | Quad Muslim |
| CHAGUNDA MOSQUE | CHAGUNDA VILLAGE | Quad Muslim |
| NKUNDIKA MOSQUE | CHAGUNDA | Quad Muslim |
| CHAGUNDA MOSQUE | CHAGUNDA VILLAGE | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA | Quad Muslim |
| CHAGUNDA MOSQUE | CHAGUNDA VILLAGE | Quad Muslim |
| KASANDI MOSQUE | NKUNDIKA | Quad Muslim |
| NKUNDIKA MOSQUE | NKUNDIKA VILLAGE | Quad Muslim |
| MKHNDIKA MOSOQU | MKHNDIKA VILLAGE | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA VILLAGE | Quad Muslim |

| | | |
|-----------------|------------------|-------------|
| CHAGUNDA MOSQUE | CHAGUNDA VILLAGE | Quad Muslim |
| NTUNDU MOSQUE | NKUNDIKA VILLAGE | Quad Muslim |
| NKUNDIKA MOSQUE | NKUNDIKA VILLAGE | Quad Muslim |
| NKUNDIKA MOSQUE | CHAGUNDA VILLAGE | Quad Muslim |
| NTUNDU MOSQUE | NKUNDIKA VILLAGE | Quad Muslim |
| NKUNDIKA MOSQUE | NKUNDIKA VILLAGE | Quad Muslim |
| CHAGUNDA MOSQUE | NYANGA | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA VILLAGE | Quad Muslim |
| CHAGUNDA MOSQUE | CHAGUNDA | Quad Muslim |
| CHAGUNDA MOSQUE | CHAGUNDA VILLAGE | Quad Muslim |
| NKUNDIKA MOSQUE | NKUNDIKA VILLAGE | Quad Muslim |
| NTUNDU MOSQUE | NKUNDIKA VILLAGE | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA VILLAGE | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA VILLAGE | Quad Muslim |
| CHAGUNDA MOSQUE | CHAGUNDA | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA VILLAGE | Quad Muslim |
| CHAGUNDA MOSQUE | CHAGUNDA VILLAGE | Quad Muslim |
| CHAGUNDA MOSQUE | CHAGUNDA VILLAGE | Quad Muslim |
| NKUNDIKA MOSQUE | NKUNDIKA VGE | . |
| CHAGUNDA MOSQUE | CHAGUNDA VILLAGE | Cath |
| MKUNDIKA MOSQUE | MKUNDIKA | Quad Muslim |
| CHAGUNDA MOSQUE | CHAGUNDA VILLAGE | Quad Muslim |
| DJASANI MOSQUE | CHAGONDA | Quad Muslim |
| NKUNDIKA MOSQUE | NKUNDIKA VILLAGE | Quad Muslim |
| NTUNDU MOSQUE | NKUNDIKA VILLAGE | Quad Muslim |
| NKUNDIKA MOSQUE | NKUNDIKA VILLAGE | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA | Quad Muslim |
| NKUNDIKA MOSQUE | NKUNDIKA VILLAGE | Quad Muslim |
| MKUNDIRA MOSQUE | MKUNDIKA | Quad Muslim |
| NKUNDIKA MOSQUE | NKUNDIKA | Quad Muslim |
| CHAGNDA MOSQUE | CHAGNDA | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA VILLAGE | Quad Muslim |
| NKUNDIKA MOSQUE | CHAGUNDA | . |
| CHAGNDA MOSQUE | CHAGUNDA | Quad Muslim |
| NTUNDV MOSQUE | NKUNDIKA VILLAGE | Quad Muslim |
| MKUNDIKA MOSQUE | MKUNDIKA | Quad Muslim |

-> Mpanje Mosque

| congregation name | village | tradition |
|----------------------|-----------------|---------------|
| MPANJE KADIYA CHURCH | MPANJE | Quad Muslim |
| MPANJE MOSQUE | MPANJE | Sukutu Muslim |
| MPANJE MOSQUE | MPANJE VG | Quad Muslim |
| MPANJE MOSQUE | MPANJE | Quad Muslim |
| MPANJE KADILIYA | MPANJE | Quad Muslim |
| MPANJE MOSQUE | MPANJE VILLAGE | Quad Muslim |
| MPANJE MOSQUE | MPANJE VILLAGE | Quad Muslim |
| MPANJE KADRIA MOSQUE | MPANJE VILLAGE | Quad Muslim |
| MPANJE MOSQUE | MPANJE VILLAGE | Quad Muslim |
| MPANJE MOSQUE | MPANJE | Quad Muslim |
| MPANJE KADRIA MOSQUE | MPANJE MOSQUE | Quad Muslim |
| MPANJE MOSQUE | MPANJE VE | Sukutu Muslim |
| JUMBE MOSQUE | MPANJE | Sukutu Muslim |
| MPANJE MOSQUE | MPANJE GEORGE | Sukutu Muslim |
| MPANJE MOSQUE | MPANJE | Quad Muslim |
| MPANJE MOSQUE | | Quad Muslim |
| MPANJE MOSQUE | MPANJE VILLAGE | Quad Muslim |
| MPANJE MOSQUE | MPANJE | Quad Muslim |
| KADILIYA | MPANJE | Quad Muslim |
| JUMBE MOSQUE | AMPANJE VILLAGE | Sukutu Muslim |
| MPANJE MOSQUE | MPANJE | Quad Muslim |
| JUMBE MOSQUE | MPANJE | Quad Muslim |
| MPANJE MOSQUE | MPANJE | Quad Muslim |
| MPANJE MOSQUE | MPANJE VILLAGE | Quad Muslim |

-> Mpanzi Bible Believers

| congregation name | village | tradition |
|-----------------------|---------|-------------|
| BLBLE BEHEIER | MPANZI | Pentecostal |
| MPAZI CRISTIAN CHURCH | NKANDA | Pentecostal |
| MPAZIBIBLE BELAVERS | MDAZI | Pentecostal |

-> Mphepo Catholic

| congregation name | village | tradition |
|------------------------------|---------------------|-------------|
| MPHEPO ROMAN CATHOLIC CHURCH | MPHEPI VGE | Cath |
| MPHEPO CATHOLIC | MPHEPO | Cath |
| MPHEPO CATHOLIC CHURCH | ZMPEHPO | Cath |
| LOMAN CATHOLIC | | . |
| MPHEPO CATHOLIC CHURCH | MPHEPO | Cath |
| MPHEPO R.C | MPHEMPO | Cath |
| PHREPO CATHARC CHURCH | PATAPI RADI MAKEUWA | . |
| MPHENA ROMAN CATHOLIC | MPHEPO | Cath |
| MPHEPO RC | MPHEPO RC | Cath |
| MOHEPU CATHALIC CHURCH | MPHEPU | Cath |
| MPHEPO R.C | MPHEPO | Cath |
| MPAPHO CATHOLIC CHURCH | ZANDANA | Cath |
| MPHEPO CATHOLIC | MPHEPO | Cath |
| MPHEPO CATHILIC CHRUCH | MPHEPO | . |
| FIPHEPO R.C | WPHEPO VILLAGE | Cath |
| MPHEPO ROMAN CATHOLIC | MPHEPO | Cath |
| MPHEPO ROMAN CATHOLIC CHURCH | MPHEPO | . |
| ROMAN CATHOLIC | MPHEPO | Cath |
| MPHEPO CATHOLIC KATOLIKA | MPHEPO | . |
| MPHEPO CATHOLIC | MPHEPO VILLAGE | Cath |
| MPHEPO CATHOLIC | MPHEPO | Cath |
| MPHEPO CATHOLIC CHURCH | MPHEPO | Cath |
| MPHEPO CATHOLIC | MPHEPO | Cath |
| MPHEP CATHOLIC | MPHEPO | Cath |
| MPHEPO ROMAN CATHOLIC | MPHEPO | Cath |
| KATOLIKA (MPHEPO) | MPHEPO | Cath |
| MPEPHO CATHOLIC CHURCH | MPEPHO | Quad Muslim |
| PHEPO | PHEPO RC | Cath |
| MPHEPO CATHOLIC CHURCH | MPHEPO | Cath |
| MPHEPO CATHOLIC CHURCH | MPHEPO | Cath |
| MPHEPO CATHOLIC CHURCH | MPHEPO | Cath |
| MPHEPO ROMAN CATHOLIC CHURCH | MPHEPO VILLAGE | Cath |
| MPHEPO ROMAN CATHOLIC CHURCH | MPHEPO VGE | Cath |
| MPHEPO CATHOLIC CHURCH | MPHEPO | Cath |
| MPHEPO CATHOLIC CHUR | MPHEPO | Cath |
| MPHEPO CATHOLIC | MPHEPO | Cath |
| MPHEPO RC | MPHEPO VG | Cath |
| MPHEPO CATHOLIC CHUR | MPHEPO | Cath |
| MPHETO CATHOLIC CHUR | MPHETO | Cath |
| MPHEPO CATHOLIC CHUR | MPHEPO | Cath |
| PHEPOTHORIC CHURCH | PHEPO | NoRelig |

-> Mphita CCAP

| congregation name | village | tradition |
|------------------------|----------------|-----------|
| KACHERE C.C.A.P | MPHITA | CCAP |
| KAWERE CCAPCHURCH | KAWERE | . |
| KAWERAWERA CCAP | ZEFELINO | CCAP |
| KACHERE C.C.A.P | MPHITA VILLAGE | CCAP |
| KOCHERE CCAP | MMUDZI | CCAP |
| KAWERE CCAP CHURCH | KAWERE | . |
| KAWERE CCAP CHURCH | KAWERE | . |
| C.C.A.P. | KAWELE | . |
| KAWELE CCAP | KAWELE | CCAP |
| KACHERE CCAP | MPHITA | CCAP |
| KADEWE CCAP CHURCH | KADEMERE | CCAP |
| KAWELE PRAYER HOUSE | KAWELE | CCAP |
| KAUCLE KOFY | CHAWALA VY | CCAP |
| KACHERE | MPHITA | CCAP |
| MPHITA CCAP CHURCH | MPHITA | CCAP |
| CHINWAMAKUNI CCAP | MPHITA | CCAP |
| KACHERE CCAP CHRUCH | MPHITA | CCAP |
| KAWERAWERA CCAP | KAYOLA | CCAP |
| MPHITA C.C.A.P | MPHITA | CCAP |
| MCHEMANI C.CA.P | MKCANDA | CCAP |
| KAWELE CCAD | KAWELE VILLAGE | CCAP |
| KAWERE CCAP | KAWERE VILLAGE | CCAP |
| KAWERE CCAP CHURCH | KAWERE | CCAP |
| KAWERC CCAP | KAWERE | CCAP |
| CCAP | KAWERA VLGE | CCAP |
| CCAP | KAWERE VILLAGE | . |
| KACHERE CCAP | MPHITA | CCAP |
| KACHEE CCAP CHURCH | MOHITA | CCAP |
| CHAWALA CCAP CHURCH | CHAWALA | CCAP |
| C.C.A.P | KADEWERE VGE | CCAP |
| KAWELE CCAP | KAWELE | CCAP |
| KAWERAWREA CCAP CHURCH | KAYOLA | CCAP |
| KAWARE CHURCH | KAWARE | . |
| KAWELE CCAP CHURCH | KAWELE | CCAP |
| KAWERE C.C.A.P CHURCH | KAWERE VILLAGE | CCAP |
| KAWERE CCAP | KAWERE | CCAP |
| KACHERE CCAP | MPHITA | CCAP |
| KAWELE CCAP | KAWELE | CCAP |
| MPHITA CCAP CHURCH | MPHITA | CCAP |
| MPHITA CCAP | MPHITA | CCAP |
| KAWELE C.C.A.P | KAWELE | CCAP |
| KAWELE CCAP CHURCH | KAWELE | CCAP |
| C.C.A.P. | MPHITA | CCAP |
| C.C.AP | KAMBADEKHA | CCAP |
| KACHEE CCAP | MPHITA | CCAP |
| MPHITA C.CAP. | MPHITA VILLAGE | CCAP |

| | | |
|---------------------------|-----------------|------|
| MCHEMANI CCAP | MKANDA | CCAP |
| KAWERE CCAP | KAWER | . |
| MCHEMANI CCAP | KAFERA | CCAP |
| KAWERE CC.A.P | KAWERE VILLAGE | . |
| KACHERE CCAP | MPHITA | CCAP |
| KAWERE CCAP | KAWERE | CCAP |
| C.C.A.P | KADEWERE | CCAP |
| KAWERA WERA C.C.AP CHURCH | KAYOLA | CCAP |
| CCAP | KAWARE VILLAGE | . |
| KAWELE CCAP | KAWELE | CCAP |
| M'NDONDA CCAP | KAWERE V.G | CCAP |
| MPHITA CCAP OF CHURCH | MPHITA | CCAP |
| KAWERE CCAP | KAWERE | CCAP |
| KAWEXE CCAP CHURCH | KAWEXE CHURCH | . |
| KAWERAWERA CCAP | KAYOLA V/G | CCAP |
| CCAP | KAWARE | CCAP |
| KAWELE CCAP | KAWELE | CCAP |
| MAPHITA CCAP CHURCH | MAPHITA | CCAP |
| KACHERE CCAP CHIRCH | MPHITA | CCAP |
| KAWERE CCAP | KAWERE | CCAP |
| KPTIGA CCAP CIETCH | KPTIGA UCCAGE | CCAP |
| MINTA CCAP CHURCH | MHITA | CCAP |
| MOHIBA CCAP | MEHITA | CCAP |
| MPUITA CCAP CHURCH | MPLUITA VILLAGE | CCAP |
| KAWERE C.C.A.P. | KAWELE | CCAP |
| KACHERE CCAP CHURCH | MPHITA | CCAP |

-> Mphita Catholic

| congregation name | village | tradition |
|-------------------------------|-----------------|-----------|
| MAHANGA WOYERA ROMAN CATHOLIC | MPHITSO | Cath |
| MCHANGA WOYERA ROMAN CATHOLIC | MPHITA | Cath |
| MPHITA ROMAN CATHOLIC | MPHITA | Cath |
| MCHENGAWEYERA CATHOLIC | CHIMOMBO | Cath |
| MCHENGA OYER CATHSLIC CHURCH | MPHITA | Cath |
| MCHENGA OYERA ROMAN CATHOLIC | MPHITA | Cath |
| MCHENGA OYERA R.C | MPHITA | Cath |
| MPHITA ROMAN CATHOLIC | MPHITA VG | Cath |
| KAWELP CATHOLIC CHURCH | KAWELE | Cath |
| MCHENGAOYELA CATHOLIC | MPHILA | Cath |
| MCHENGAWAYERA (KATOLIG) | CHIMOMBO | Cath |
| MPHITA REMANY CHURCH | MPHITA VILLAGE | Cath |
| MPHITA ROMAM CATHE | NLPHITA VILLAGE | Cath |
| MCHENGAWOYERA CATHOL | MPHITA | Cath |

-> Mpoesa Assemblies of God

| congregation name | village | tradition |
|-------------------------|----------------------|-------------|
| MPESA ASSEMBLIES OF GOD | ULONGWE TRADIN CENTR | Pentecostal |

-> Mtimawoyera Catholic

| congregation name | village | tradition |
|--------------------------------|--------------|-----------|
| MTIMAOYERA PARISH(ROMAN CATHOL | CHIGWENEMBE | . |
| MTIMAWOYERA ROMAN CATHOLIC | CHIGWENEMBE. | Cath |
| MTIMAOYERA CATH PARISH | CHIGWE MBE | Cath |
| MTIMA WOYERA ROMAN CATHOLIC* | CHIGWENEMBE | Cath |
| MTMAOYERA PARISH | CHIGWENEMBE | Cath |
| MTIMAOYERA CATHOLIC PARISH | CHIGWENEMBE | Cath |
| MTIMA WOYERA. ROMAN CATHOLIC | CHIGWENEMBE. | Cath |
| MTIMADYERA(RC) | CHIGWENEMBE | Cath |
| MTIMAOYERA CATHOIC PARISH | CHIGWENEMBE | . |

-> Mwahenga Holy Cross

| congregation name | village | tradition |
|---------------------|---------------------|-------------|
| MWAHENGA HOLY CROSS | M' ICHARIRA VILLAGE | Pentecostal |
| MWAHENGA HOLY CROSS | MKHALIRA | Pentecostal |

-> Mwerangombe CCAP

| congregation name | village | tradition |
|-------------------------|-------------------|------------|
| MWERA NGONUBE CCAP | | DZUWA CCAP |
| MINWERANGLOMBLE CCAP | DZUWA VILLAGE | CCAP |
| MWERA NGOMBE CCAP | | DZUWA CCAP |
| KUMWELANGOMBE CCAP | DZUWE VGE | CCAP |
| MWEANGOMBE CCAP | DZUWA | . |
| MWERAWERA CCAP | KAYOLA | CCAP |
| MWERANGEMBE CCAP | DZUWA VG | CCAP |
| MWERANGLOMBE CCAP | DZUWA VLGE | CCAP |
| MWERRANGOMBE C.C.AP | M'MUDZI MOMWERO | CCAP |
| MWELAGONTE CCATP | DZUWA VG | CCAP |
| MWELANGONBE CCAP | DZUWA VG | CCAP |
| MWERA NGIMBA CCAP | DZUWA | CCAP |
| MWERANGOMBE C.C.A.P. | PAFUPANDI DZUWA | CCAP |
| MWEARIGOMBE CCAP | DZUWA VIUAGE | . |
| MWERANGOMBE CCAP CHURCH | DZUWAVGE | CCAP |
| MWERANGOMBE C.C.AP | M'MUDGI MOMEVEMO | CCAP |
| MWERANGLOMBE CCAP | DZUWA | CCAP |
| MWGANIQOMBE CCAP | MRIWDZI MWA DZUWA | CCAP |

-> Mwima CCAP

| congregation name | village | tradition |
|-----------------------|----------------|-----------|
| MWIMA C.C.A.P | MWIMA | CCAP |
| MURINA C.C.A.P CHURCH | MDENGA VILLAGE | CCAP |

-> Mzokoto African

| congregation name | village | tradition |
|--------------------------------|----------------------|------------------|
| EMMANUEL CHURCH NZOKOTO | THIMBANYIKO VILLAGE | . |
| MZOKOTO AFIRIKA CHURCH | VITAUNDA VILLAGE | Indig Christ |
| TCHAHTCLE MZOKOTO AF | SN CHIMALAUNUATHA VI | Indig Christ |
| MZOKOTO AFRICAN CHURCH | YAPHAMA VGE | Indig Christ |
| MZOKOTO AFRICAN IMMANUEL CHURC | V.H CHAMAHOMWA | Indig Christ |
| MZOKOTO AFRICAN | V H YAPHAMA | Indig Christ |
| MKOTO EMMANUAL (AFRICAN CHURC | IN CHAMHOMWA VILLAGE | Other |
| MZOKOTO MANUAL CHURCH | GVH CHIMBO VILLAGE | Indig Christ |
| MZOKOTO EMAEAL CHURCH | CHAMHONMUS VILLAGE | Indig Christ |
| MZOKOLO EMMANUEL CHURCH | V.H CHAMAHOMWA | Indig Non-Christ |
| MZOKOTO AFRICAN CHURCH | VITANDA VILLAGE | Indig Christ |
| MZOKOTO AFRICAN EMMANUEL CHURH | CHIWELEKETE VILLAGE | Indig Christ |
| MZOKOTO AFRICAN CHURCH | VITANDA VILLAGE | Indig Christ |
| MZOKOTO AFRICAN CHURCH | VITANDA VILLAGE | Indig Christ |
| MZOKOTO AFRICAN INTERNATIONAL | V.H. VITANDA | Indig Christ |
| MZOKOTO AFRICAN INTERNATION CH | VITANDA VILLAGE | Indig Christ |
| MZOKOTS AFRICAN CHURCH | VITANDA VILLAGE | . |
| MZOKOTO AFRICAN INTERNATIONAL | VUTABDA VILLAGE | Indig Christ |
| MZOKOTO EMMANUEL CHURCH | CHAMAHOMWA | Indig Christ |
| MZOKOTO NATIONALLY CHURCH | CHIMAKWANTHU | Indig Christ |
| MZOKOTO AFRICAN INTERNATION CH | VITANDA | Indig Christ |
| EMMANECE CHURCH MZOKOTO | CHAMAHOMWA VILLAGE | Indig Christ |
| MZOKOLO INTERNATIONAL AFRICAN | V.H YAPHAMA | Indig Christ |

-> Mzokoto Assemblies of God

| congregation name | village | tradition |
|---------------------------|----------------------|-------------|
| MZOKOTO ASEMBLE OF GOD | CHIARALAWANKW | Pentecostal |
| MZOKOTO ASSEMBLIES OF GOD | CHIMALA WATHU VILLAG | Pentecostal |
| MZOKOTO ASSEMBLS OF GOD | CHIMALAWANTHA VILLAG | Pentecostal |

-> Mzokoto Baptist Convention

| congregation name | village | tradition |
|---------------------------|----------------------|-------------|
| MZOKOTO CONVETION BAPTIST | CHIMALAWANTHU VILLAG | Baptist |
| MZOKOTO BAPTIST CONVESI | CHIMALAWANTHU | Pentecostal |

-> Mzokoto CCAP

| congregation name | village | tradition |
|--------------------------|----------------------|-----------|
| MZOKOTO C.C.A.P. CHURCH. | MPHOMBO | CCAP |
| MZOKOTO CCAP CHURCH | MPHOMBO VILLAGE | CCAP |
| MZOKOTO C.C.A.P CHURCH | CHIMALAWANTHU | CCAP |
| MWKOTO CCAP CHURCH | GVH VITANDA VILLAGE | CCAP |
| MZOKOTO CCAP | PHOMBO VILLAGE | CCAP |
| MZOKOTO C.C.A.P. | CHIMALAWANTHU VILLAG | . |
| MZOKOTO CCAP CHURCH | YAPHAMA VILLAGE | CCAP |
| MZOKOTO CCAP CHURCH | CHIMAHUNHU VILLAGE | . |
| MZOKOTO C.C.AP CHURCH | V.H VITANDA | CCAP |
| MZOKOTO CCAP CHURCH | MPHOMBO VILLAGE | CCAP |
| MZOKO TO C.C.A.P. CHURCH | CHIMALAWANTHU | CCAP |
| MZOKOTO C.C.A.P | MPHOMBO CHIWONA | CCAP |
| MZOKOTO CCAP | MPHOMBO VILLAGE | CCAP |
| MZOKOTO CCAP | VITANDA VILLAGE | CCAP |
| MZOKOTO CCAP CHURCH | CAIMALAWANTA | CCAP |
| MZOUOTO CCAP CHURCH | CHIMALAWANTHU | CCAP |
| MZOKOTO CCAP CHURCH | CHINALAWANTHU VILLAG | CCAP |
| MZOKOTO CCAP | PHOMBO VILLAGE | CCAP |
| MZOKOTO CCAP | MZOKOTO VILLAGE | CCAP |
| MZOKOTO CCAP CHURCH | VITANDA VILLAGE | CCAP |
| MZOKOTO CCAP | CHIMALAWANTHU VILLAG | CCAP |
| MZOKO CCAP | CHIMALAWANTHA | CCAP |
| MZOKOTO C.C.A.P | CHIMALAWAQNTHU | CCAP |
| MZOKOTO CCAP CHURCH | CHIMALAWANTHU | CCAP |
| MZOKOTO CCAP CHURCH | MPHOMBO KALUA VILLAG | CCAP |
| MZOKOTO CCAP | YAPHAMA VILLAGE | CCAP |
| MZOKOTO CCAP CHURCH | MPHOMBO VILLAGE | CCAP |
| MZKOTO CCAP | CHIMALAWANTHU | CCAP |
| MZOKOTO CCAP | CHIMALAWOANTHN | CCAP |
| MZOKOTO C.C.A.P. CHURCH | CHIMALAWANTHU | CCAP |
| MZOKOTO CCAP | CHIMALAWANTHU | CCAP |
| CHIMALAWANTHU CCAP | CHIMALAWANTHU | CCAP |
| MZOUOTO CCAP | CHIMALAWANTHO VGE | CCAP |
| MZOKOTO CCAP | CHIMALAWANDHU | CCAP |
| HZOKOTO CCAP CHURCH | MPHOMBO VILLAGE | CCAP |
| MZOKOTO C.C.A.P | MPHOMPFO | CCAP |
| MZOKOTO CCAP CHURCH | CHIMALAWANTHU VILLAG | CCAP |
| MZOKOTO C.C.A.P CHURCH | CHIMALAWANTHO VILLAG | CCAP |
| MZOKOTO CCAP CHURCH | REVERAND MWENELWIWA | CCAP |
| MZOKOTO CCAP | CHIMALAWANTHA | CCAP |
| MZOKOTO C.C.A.P CHURCH. | CHINALAWANTHU VILLAG | CCAP |
| MZOKOTO CCAP | CHIMALAWANTHU | CCAP |
| MZOKOTO CCAP CHURCH | CHIHANA | CCAP |
| MZOKOTO CCAP | MPHOMBO | CCAP |
| MZOKOTO C.C.A.P. CHURCH | CHIMALAWANTHU VILLAG | CCAP |
| MZOUOTO CCAP CHURCH | MPHOMBO VILLAGE | CCAP |

| | | |
|-------------------------|----------------------|------|
| MZOKOTO CCAP CHURCH | CHIMALAWANTHU VILLAG | CCAP |
| MZOKOTO CCAP | CHIMALAWANHU VILLAGE | CCAP |
| MZOKOTO CCAP | CHIMALAWANTHU VILLAG | CCAP |
| MZOKOTO C.C.A.P | CHIMALAWANTHU | CCAP |
| ----- | | |
| MZOKOTO CCAP | CHIMALAWANTHU | CCAP |
| MLOKOTO C.C.A.P. CHURCH | MPHOMBO VILLAGE | CCAP |
| MZOKOTO CCAP CHURCH | CHIMALAWANTHU | CCAP |
| MZOKOTO CCAP | CHIMALAWZINTHW | CCAP |
| MZOKOTO CCAP | CHIRMAKWATHA | CCAP |
| ----- | | |
| MZOKOTO CCAP CHURCH | CHIMACAWANTHU | CCAP |
| MGOKOW CCAP CHURCH | YAPHAMA | CCAP |
| MZOKOTO CATHELIC CHURCH | CHIKUMBO VILLAGE | Cath |
| MZOKOTO CCAP | MPHOMBO VILLAGE | CCAP |
| MZOKOTO CCAP | VITANDA VILLAGE | CCAP |
| ----- | | |
| MZOKOTO CCAP CHURCH | YAPHAMA VILLAGE | CCAP |
| MZOKOTO CCAP | MPHOMBE VILLAGE | CCAP |
| NZOKOTO CCAP | CHIMALAWANTHU | CCAP |
| MZOKOTO CCAP | MPHOMBO | CCAP |
| MZOKOTO C.C.A.P | YAZOWA VILLAGE | CCAP |
| ----- | | |
| MZOKOTO CCAP CHURCH | CHIMALAWARTH VILLAGE | CCAP |
| MZOKOTO CCAP | CHIMALAWANTHU VILLAG | CCAP |
| MZOKOTO C.C.A.P CHURCH | CHIMALA WANTHA VILLA | CCAP |
| MZOKOTO C.C.A.P | VITANDA VILLAGE | CCAP |
| MZOKOTO CCAP | MPHOMBO | CCAP |
| ----- | | |
| MZOKOTO CCAP | CHUMALAWANTHU | CCAP |
| MZOKOTO CCAP CHURCH | MPHOMBO | CCAP |
| NZOKOTO C.C.A.P | PHOMBO VILLAGE | CCAP |
| MZOKOTO CCAP | NKHOWAM VILLAGE | CCAP |
| MZOKOTO CCAP CHURCH | CHINIALAWANTHU | CCAP |
| ----- | | |
| MZOHOTO CCAP | CHIMAWAWA NTHU | CCAP |
| MZOKOTO CCAP CHURCH | MPHOMBO | CCAP |
| MZOKOTO CCAP | MWANKHUNIKIRA | CCAP |
| MZOKOTO CCAP | CHIMALAWANTHA | CCAP |
| MZOKOTO CCAP | MPHOMBO | CCAP |

-> Mzokoto Catholic

| congregation name | village | tradition |
|-------------------------------|----------------------|-------------|
| MZOKOTO ROMAN CATHIL | CHIMALWANTTHU | Cath |
| MZOKOTO ROMAN CATHOLIC | CHIMALAWANTHU VGE | Cath |
| MZOKOTO ROMNN CATITOLIC | CHMMAWANTHI | Quad Muslim |
| MZOKOTO ROMAN CATHOL | CHIMALAWANTHU | Cath |
| MZOKOTO ROMAN CATHOLIC | CHIMALAVANTHA | Cath |
| MZOKOLO CATHOLIC CHURCH | CHILEMBO VILLAGE | Cath |
| MZOKOTO ROMAN CATHOLIC | CHIMALAWANTHU VILLAG | Cath |
| MZOKOTO CATHOLIC CHURCH | CHINJOKA VILLAGE | Cath |
| MZOKOTO | MAPEZA | . |
| MZOKOTO ROMAN CATHOL | CHMAZAWANTHI | Cath |
| MZOKOTO CATHOLIC CHURCH | CHIMALAWANTHU VILLAG | Cath |
| MZOKOTO ROMAN CATHOLIC CHURCH | CHIMALAWANTHU VILLAG | Cath |
| MZOKOTO ROMAN CHURCH | CHIMALAWANTHU | Cath |

-> Mzokoto Church of Christ

| congregation name | village | tradition |
|---------------------------|----------------------|-------------|
| MZOKOTO CHURCH OF CHRIST | CHAMAHOMWA | . |
| AMERICAN CHURCH OF CHRIST | CHAMAHOMWA | . |
| MZOKOTO CHURCH OF CHRIST | CHIMADAWANTHU | . |
| MSOKOTO CHURCH OF CHRIST | CHAMAHAMO VILLAGE | Pentecostal |
| MZOKOTO CHURCH OF CHRIST | YOPAMA | . |
| MZOKOTO CHURCH OF CHRIST | CHICOERELETE VILLAGE | . |
| MZOKOTO CHURCH OF CHRIST | CHEMAHONDWA VILLAGE | Pentecostal |
| MZOKOTO CHURCH OF CHRIST | CHAMAHOMWA | . |
| MZOKOTO CHURCH OF CHRIST | CHIMALAWANTHU | . |
| MZOKOTO CHURCH OF CH | CHANAHOMUA VILLAGE | Christian |
| MZOKOTO CHURCH OF CHRIST | THIMBANIKO | Pentecostal |
| MZOKOTO CHURCH OF CHRIST | CHIMALAWANTHU | Other |
| MZOKOTO CHURCH OF CHRIST | THIMBANIKO VILLAGE | Pentecostal |
| MZOKOTO CHURCH OF CHRIST | CHAMABOMUSU VILLAGE | . |

-> Mzokoto Evangelical Lutheran

| congregation name | village | tradition |
|------------------------------|----------------------|-------------|
| MZOKOTO EVANGELICAL RUTUERAN | CHIMALAWANTHU VILLAG | Pentecostal |
| MZOKOTO RUYHEREN CHURCH | CHISALASALA VILLAGE | . |
| MZOKOTO EVANGELICAL RATHEREN | CHISALASALA PHOMBO | Pentecostal |

-> Mzokoto New Apostolic

| congregation name | village | tradition |
|--------------------------------|----------------------|--------------|
| TCHALITCHI CHA NEW APOSTOLIC I | MAPEZA'S VILLAGE. | Other |
| MZOKOTO NEW APOSTOLIC | MAPZZA | . |
| MAPETA NEW APOSTOLIC CHURCH | MAPEZA | . |
| MZOKOTO NEW APOSTOLIC CHURCH | EHMALAWZINGHA VILLAG | . |
| MZOKOTO NEW APOSTOLIC CHURCH | MAPEZA VILLAGE | . |
| MZOKOTO NEW APOSTOLIO CHURCH | CHIMAKWENTHO | . |
| MZOKOTO N.A.C. | MOPEZA | Other |
| MZOKOTO NEW APOSTOLIC CHURCH | CHIMALAWANTHU | . |
| MZOKOTO NEW APOSTOLIC CHURCH | MAPEZA | Pentecostal |
| MZOKOTO NEW APOSTOLIC CHURCH | MAPEZA VILLAGE | . |
| MZOKOTO NEW APOSTLE CHURCH | MAPEZA VILLAGE | . |
| MZOKOTO NEW APOSTOZIC CHURCH | MAPEZA VILLAGE | Christian |
| MZOKOTO NEW APOSTOLIC CHURCH | MAPELA VILLAGE | Cath |
| MZOKOLO NEW APOSTOLIC CHURCH | MAPEZA VILLAGE | . |
| NEW APOSTIC CHURCH | CHILIPAPA VILLAGE | Pentecostal |
| MZOKOTO NEW APOSTLE | MAREZA VILLAGE | . |
| MZOKOTO NEW APOSTOLIC CHURCH | MAPEZA VILLAGE | . |
| MZOKOTO NEW APOSTOLIC CHR | MAPEZA | Indig Christ |
| MZOUOTONEW APOSTOLIC CHURCH | MAPEZA VILLAGE | Indig Christ |
| MZOKOTO NEW APOSTOLIC CHURCH | MAPEZAI VILLAGE | . |
| TCHALITCHI CHIRYOLO | IN MSOWOYAS VILLAGE | Cath |
| MZOKOTO NEW APOSTOLIC CHURCH | CHIMALAWANTHU | Indig Christ |
| MZOKOTO NEW APOSTOLIC CHURCH | MZOKOTO | Christian |
| MZOKOTO NEW APOLTIC CHURCH | MAPAZA VILLAGE | . |
| MZOKOTO NEW APOSTOLIC CHURCH | MAPEZA VILLAGE | . |
| TCHALITCHI CHA MZOKOTO NEW APO | MAPEZA'S VILLAGE | Other |

-> Mzokoto Seventh Day Adventist

| congregation name | village | tradition |
|--------------------------------|--------------|----------------|
| MZOKOTE SEVENTH DAY ADVENTIST. | HPHOMBO | 7th Day Advent |
| MZOKOTO SEVENTH DAY ADVENTIST | JOSI VILLAGE | . |

-> Mzokoto Seventh Day Baptist

| congregation name | village | tradition |
|-----------------------------|----------------------|-----------|
| MZOKOTO SEVENTH DAY BOPTIST | VH YANTHANGA VILLAGE | . |

-> Namalomba Anglican

| congregation name | village | tradition |
|---------------------------|--------------------|-----------|
| NAMALOMBA AUGHCAN CHURCH | NAMALOMBA VILLAGE | Anglican |
| NANALONKE ANGLICAN | CHIPAPA VILLAGE | Anglican |
| NAMALOMBA ANGLICAN | NDEMBWE | Anglican |
| ANGLICAN NAMALOMBA | NAMALOMABA VILLAGE | Anglican |
| NAMALOMBA ANGHZAN CHURCH | NAMALOMBA V.G. | Anglican |
| MMANKA ANKLIAN CHURCH | MMANKA | Anglican |
| NAMALOMBA ANGHCAN CHURCH | NAMALOMBA VILLAGE | Anglican |
| NAWALOMBA ANGLICAN CHURCH | NAWALOMBA VILLAGE | Anglican |
| NANALOMBA ANGLICAN | NAMALOMBA VILLAGE | Anglican |
| NAMALOMBA ANGLICAN CHURCH | MAJIKUTA | Anglican |
| NAMALOMBA ANGLIEAN CHURCH | NAMALOMBI VILLAGE | Anglican |
| NAMALOMBA ANGLICAN CHURCH | NAMALOMBA | Anglican |
| NAMALOMBA ANGLICAN CHURCH | NAMALOMBA VILLAGE | Anglican |

-> Namonde Abraham

| congregation name | village | tradition |
|------------------------|----------------|--------------|
| NAMONDE ABRAHAM | ANDREW NAMONDE | Other |
| NAMONDE ABRAHAM CHURCH | NAMUNDE | Indig Christ |
| NAMONDE ABRAHAM | NAMONDE VG | . |

-> Namonde CCAP

| congregation name | village | tradition |
|---------------------|-----------------|-----------|
| NAMONDE CCAP CHURCH | NAMONDE VILLAGE | CCAP |

-> Namonde Church of Christ

| congregation name | village | tradition |
|------------------------------|-----------------|--------------|
| NAMONDE CHURCH OF CH | NAMONDE | Other |
| NAMONDE CRISTNW CHURCH | NAMONDE | . |
| NAMONDE MPINGO WA KRISTU | NAMONDE VILLAGE | Other |
| NAMONDE CHURCH OF CHRIST | NAMONDE | . |
| NAMONDE CHURCH OF CHRIST | NAMONDE VILLAGE | Indig Christ |
| NAMONDE CHURCH OF CHRIST | NAMONDE | Pentecostal |
| NOMONDE CHURCH OF CHRIST | NAMONDE | Pentecostal |
| NAMONDJE II CHURCH OF CHRIST | NAMONDE II | . |
| CHURCH OF CHRIST | NAMORDE | Pentecostal |
| NAMONDE CRISTAN CHURCH | NAMONDE | . |

-> Namonde Elamu Pentecostal

| congregation name | village | tradition |
|-------------------------------|-----------------|-------------|
| ELAMI PENTECOBTE CH | NANDUMBO II | Pentecostal |
| NAMONDE ELAMU PENTECOSITE | NAMONDE | Pentecostal |
| NAMONDE ILAM PERTECOST | NAMONDE | Pentecostal |
| NAMONDE ELAMU CHURCH | NAMONDE | Pentecostal |
| ELAM PENTECOASTAL | NAMUNDE | Pentecostal |
| NAMONDE ELAM PENTEKOSITO | NAMONDE | Pentecostal |
| NAMONDE EESAMU PENKOSINT CHUR | NAMONDE | Pentecostal |
| ELAM PENTECOASTAL | MWIMA | Pentecostal |
| ELAM PENTECOASTAL | NAMONDE | Pentecostal |
| NAMONDE ELAMU PENTECOSITE | NAMONDE | Pentecostal |
| ELAMU PERTECOST | NAMONDE | Pentecostal |
| ELAM PENTECOST CHURCH | NAMONDE | Pentecostal |
| NAMONDE LLAN PRDEEASLA | NAMONDE VILLAGE | Pentecostal |
| ELAM PENTECOST CHURCH | NAMONDE | Pentecostal |
| ELAMU PENTECOSTAL | NAMONDE | . |

-> Namonde New Covenant

| congregation name | village | tradition |
|-------------------------|---------|-------------|
| NAMONDE COVENANT CHURCH | NAMONDE | Pentecostal |
| NAMONDE NEW CONVENANT | NAMONDE | Pentecostal |

-> Namonde Topian

| congregation name | village | tradition |
|-----------------------|-----------------|-----------|
| NAMONDE TOPIAN CHURCH | NAMOMDE VILLAGE | Cath |
| TOPIAN CHURCH | NAMONDE VILLAGE | . |

-> Namphinda Anglican

| congregation name | village | tradition |
|---------------------------|-----------------|-----------|
| NANPHINDA ANGLNA CHURCH | NAMONDE VG | Anglican |
| NAMPHINDA ANGLICAN CHURCH | NAMONDE VILLAGE | Anglican |
| NAMONDE ANGLICAN CHURCH | NAMONDE | Anglican |
| NAMONDE ANGLILANO CHURCH | NAMONDE VILLAGE | . |
| NAMPHINDA ANELICAN CHURCH | NAMONDE | Anglican |
| NAMPHINA ANGHCAN CHURCH | NAMONDE | Anglican |

-> Namphinda Assemblies of God

| congregation name | village | tradition |
|-----------------------------|-------------|-------------|
| ASSEMBLE OF GOD | NAMDUMBO VG | Baptist |
| NAMPHINDA ASSEMBLIES OF GOD | NAMONDE | Pentecostal |
| NAMPHINDA ASSEMBLIES OF GOD | NAMONDE | Pentecostal |
| NAMPHIMDA ASSEMBLES OF GOD | NAMONDE VG | Pentecostal |
| NAMONDE ASSEMBLES OF GOD | NAMONDE | Other |

-> Namphinda CCAP

| congregation name | village | tradition |
|-----------------------|------------------|-------------|
| NAMPHINDA ASSEMBLIES | NAMONDE | Pentecostal |
| ST JONES C.C.A.P | WA CHOPI | CCAP |
| NAMPHINDA CCAP CHURCH | NAMONDE VILLAGE | CCAP |
| NAMPHWDA CCAP | NAMPHINDA | . |
| NKASI CCAP | NYANYLLCA(2) VGE | CCAP |
| NAMPHINGA CCAP | NAMONDE | CCAP |
| NAMPHINDA CCAP | ANDREW NAMONDE | CCAP |
| MKASI C.C.A.P | MGUNDA | CCAP |
| NAMPHINDA C.C.A.P | NAMONDE | CCAP |
| NAMPHINDA CCAP | NAMDNDE VILLAGE | CCAP |
| MKAZI C.C.A.P. | NYANYIKA. | CCAP |
| NAMPHINDA CCAP CHURCH | NAMONDE VILLAGE | CCAP |

| | | |
|-------------------|------------------|---------------|
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO VILLAGE | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUNBO MOSQUE | NANDUNBO VILLAGE | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Sukutu Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO VILLAGE | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | . |
| NANDUMBO MOSQUE | NANDUMBO V.G | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | . |
| NANDUMBO MOSQUE | NANDUMBO VGE | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO VILLAGE | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO VGE. | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDAMBO MOSQUE | NANDAMBO VILLAGE | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| MR NAMONDE MOSQUE | NAMONDE | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | SHEIKH CHIPASULA | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO VILLAGE | Quad Muslim |
| NANDUMBU MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO VGE | Quad Muslim |
| NANDMBO MOSAME | NANDMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| KADILIYA MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO VILLAGE | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | . |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO VGE | Quad Muslim |
| NANDUBO MOSQUE | NANDUMBO | Quad Muslim |
| NANDUMBO MOSQUE | NANDUMBO VGE | Quad Muslim |

-> Nanyika Baptist

| congregation name | village | tradition |
|-------------------------|------------------|-----------|
| NYANYIKA BAPTIST CHURCH | NYANYIKA VILLAGE | Baptist |

-> Nanyika Church of Christ

| congregation name | village | tradition |
|----------------------------|------------------|-----------|
| NYANYIKA CHURCH OF CHRIST. | NYANYIKA VGE | Christian |
| NYANYIKA CHURCH OF CHRIST | NYABYIKA (2) VGE | Christian |
| NYANYIEK CHURCH OF CHRIST | NYANYIEK VGE | Christian |
| NYANSIKA CHURCH OF CHRIST | NYANSIKA | Christian |
| NYANYIKA CHURCH OF CHRIST | NYANYIKA VILLAGE | Christian |

-> Nanyika Mosque

| congregation name | village | tradition |
|-------------------|------------------|-------------|
| NKANYIKA MOSQUE | NKANYIKA VILLAGE | Quad Muslim |
| NYANYIKA MOSQUE | NYANYIKA VILLAGE | Quad Muslim |
| NYANYIKA MOSQUE | NYANYIKA VILLAGE | Quad Muslim |
| NYANYIKA MOSQUE | NYANYIKA VILLAGE | Quad Muslim |

-> Naperi CCAP

| congregation name | village | tradition |
|-------------------|-----------------|-----------|
| NAPERI C.C.A.P. | CHEKOKO VILLAGE | CCAP |
| NAPORI CCAP | CHIPETA VG | CCAP |
| NAPERI CCAP | CHINGWALUNGWALU | CCAP |

-> Natanga Catholic

| congregation name | village | tradition |
|------------------------------|-----------------|-----------|
| MTALAKOPA CHUCH OF C | MKAWIYA VILLAGE | Cath |
| NTANGA ROMAN CATHOLIC CHURCH | NTOLE VILLAGE | Cath |
| NTANGA CATHOLIC CHURCH | MTOLE | Cath |
| MTANGA CATHORIE CHURCH | MTOIE VILLAGE | Cath |

-> Ndonda CCAP

| congregation name | village | tradition |
|--------------------------------|------------------|-----------|
| NGOZA CCAP | SAFIALE VGE | CCAP |
| MNDONDA CCAP | KAWERE | CCAP |
| MNDONDA CCAP | KAWERE | . |
| NGOZA CCAP | SALIYERE | CCAP |
| CHITSITSIMUTSE GOME CCAP CHURC | SALIYENE | CCAP |
| TSANYALE CCAP | NDOWOKA VILLAGE | CCAP |
| SALIYERE CCAP CHURCH | SALIYERE VILLAGE | CCAP |
| MNDONDI CCAP | CHINKNDA | CCAP |
| MODONDA CCAP | KAWERE | CCAP |
| NDONDA CCAP | KAWERE | CCAP |
| NDORLA CCAP | KAWEDA VILLAGE | CCAP |
| NGOZA C.C.A.P | SALIYERE | CCAP |
| NGOZA CCAP | NGOZA VILLAGE | CCAP |
| NGOZA CCAP CHURCH | SALIYERE | CCAP |
| NDONDA CCAP | KAWERE | CCAP |
| NGOIA C.C.A.P. | SALIYELE | CCAP |
| NGOZA CCAP CHURCH | SALIYERE | CCAP |
| NDONDA CCAP CHURCH | KAWIRE | . |
| NGOZA CCAP | SALIYERE VILLAGE | CCAP |
| CCAP (NGOZA) | SALIYERE | CCAP |
| SALIELE OCAP CHURCH | SALIELE VGE. | CCAP |
| NGOZA C.C.A.P. | SALIYELE | CCAP |
| NGOLA CCAP | SALIYELE | CCAP |
| CCAP | SALIYELE | CCAP |
| NGOZA CCAP CHURCH | SALIELE | CCAP |

-> Ngalachala African International

| congregation name | village | tradition |
|-------------------|-------------|--------------|
| NGALAGHALA A.I.C | MWACHIFUMIA | Indig Christ |

-> Ngasale African Continent

| congregation name | village | tradition |
|--------------------------------|-----------------|--------------|
| NGASALE AFRICAN CONTINENT CHUR | NGASALE | Pentecostal |
| NGASALE AFRICAN CHURCH | NGASALE VILLAGE | Pentecostal |
| NGASALE AFRICAN CONTINENT | NGASALE | Other |
| NGASALE AFRICAN CONTINENT CHUR | NGASALE | Pentecostal |
| NGASALE AFRICAN INTERNATION | WGAVALL | Jehovah Wit |
| NGASALE AFRICANE CONTINENT CHU | NGASALE VILLAGE | Pentecostal |
| NGASALE AFRICAN CHURCH | NGASALE VILLAGE | Pentecostal |
| NGASALE AFRICAN CHURCH | NGASALE | Indig Christ |

-> Ngasale Catholic

| congregation name | village | tradition |
|-------------------------|-----------------|-----------|
| NGASALE CATHOLIC CHURCH | NGASALE | Cath |
| NGASALE CATHOLIC CHURCH | NGASALE VILLAGE | Cath |
| NGASALE CATHOLIC CHURCH | NGASALE | Cath |
| NGASALE CATHOLIC CHURCH | NGASALE | Cath |

-> Ngasale Christian

| congregation name | village | tradition |
|-----------------------------|---------|--------------|
| CHRISTIAN CHURCH OF NGASALE | NGASALE | Christian |
| NGASALE CHRISTIAN CHURCH | NGASALE | Indig Christ |
| NGASALE CHURCH OF CHRIST | NGASALE | Other |

-> Ngasale Elamu Pentecostal

| congregation name | village | tradition |
|--------------------------------|-----------------|-------------|
| NGASALE ELAMECHURCH | NGASALE VILLAGE | . |
| NGASALE ELAM PENTECOSTAL | NGASALE | Pentecostal |
| CHILEKA ELAM PENTECOSTAL CHURC | CHAGUNDA | Pentecostal |
| NGASALE ELOMU PERTECOST | NGASALE VILLAGE | Pentecostal |
| YELAMU PENTEKOSTE | NGASALE | Pentecostal |
| NGASALE ELAMN CHURCH | NGASALE | . |
| NGARALE ERAM PENTECORT | NGASALE | Pentecostal |
| YELAMU PENTEKOSTE | MAKAWA | Pentecostal |

-> Ngasale Evangelical Baptist

| congregation name | village | tradition |
|------------------------------|-----------------|-----------|
| NGASALE EVARGELICAL | NGASALE | Other |
| NGASALE EVANGELICAL CHURCH | NGASALE VILLAGE | . |
| NGASALA BAPTIST CHURCH | NGASALA | Baptist |
| NGASALE BAPTIST CHURCH | NGASALE | Baptist |
| NGASALE BAPTIST | NGASALE | Baptist |
| NGASALE EVANGELICAL BAPTIST | NGASALE VILLAGE | Baptist |
| NGASALE BAPTIST | NGASALE | Baptist |
| NGASALE EVANGELICAL BABATIST | NGASALE | Baptist |
| NGASALE GVANGELICAL BABALIST | NGASALE | . |

-> Ngasale Jehovahs Witness

| congregation name | village | tradition |
|--------------------------|------------------|-------------|
| NKAMWANA JEHOVA | NKAMWANA VILLAGE | Jehovah Wit |
| NEASALE JEHOYA'S WITNESS | NEASALE | Jehovah Wit |
| WITNESS OF JAHOVA | NGASALE VILLAGE | Jehovah Wit |
| JEHOVAS WITNESS | NGASALE V.G | Jehovah Wit |
| JEHOVA'S WITNESS | NGASALE VA | Jehovah Wit |

-> Ngasale Mosque

| congregation name | village | tradition |
|-------------------|-----------------|---------------|
| NGASALE MOSQUE | NGASALE VILLAGE | Sukutu Muslim |
| NGASALE MOSQUE | NGASALE | Quad Muslim |
| NGASALE MOSQUE | NGASALE VE | Quad Muslim |
| NGASALE MOSQUE | NGASALE | Sukutu Muslim |
| NGASALE MOSQUE | NGASALE VILLAGE | Quad Muslim |
| MWANGASALA MOSQUE | MWGNGASALA | Quad Muslim |
| NGASALE MOSQUE | NGASALE VILLAGE | Quad Muslim |
| NGASALE MOSQUE | NGASALE | Quad Muslim |

-> Ngolomi African

| congregation name | village | tradition |
|-------------------------------|-------------|------------------|
| NGOLOMI AFRICAN | NGOBMI | Baptist |
| ALATHAQUO AFRICAN ABRAHAM | NGOEDMI | Indig Christ |
| MKATHA MALIO AFRICAN CHURCH | NGOLOMI | Indig Christ |
| NGOLONI AFRICAN CHURCH | NGOLONI | Indig Christ |
| MAGANA AFRICAN CINRO | NGOLOMI | Indig Christ |
| AFRICAN ABRAHAM | NGOLOMI | . |
| KMOLONI AFRICAN CHURCH | NGOLUMI | Indig Christ |
| MAGAWA AFRICAN ABRAHAM | | Indig Christ |
| AFRICAN ABRAHAM | NGOTOMI | . |
| AFRICANI | KWA MKANDU | . |
| MKANTHANGUWO AFRICAN | NGOLOMI | Indig Christ |
| MKANTHA GAME AFRICAN ABRAHAM | NGOLOMI AGE | . |
| AFRICAN | KAHWENDE | Indig Christ |
| AFRICAN ABRAHAM | NGOLOMBE | Indig Christ |
| NKANTHANGUWO AFRICAN | NGOLOMI | Baptist |
| MKOATHANGVUTO AFRICAN | NGOLOMI | Indig Non-Christ |
| AKALGAGAWO ATNCGA and GRAGAAS | | Indig Christ |
| MKANTANGNWO AFRICAN ABRAHAM | NGOLORNI | . |
| AFRICAN | NGOLOMI | Indig Christ |
| AGOLOMI AFRICAN ABLOHAM | NGOLOMI | Indig Christ |
| NGOLOMI AFRICAN ABRAHAM | NGOLOMI VGE | Indig Christ |
| MKANTHA NQUWD AFRICAN CHURCH. | NQOLOMI | . |
| MKANTHANGWO GOME | NGOLOMI | Christian |
| MAGAWA AFRICAN ABRAHAM | NGOLOMI | Indig Christ |
| NAZA AFRICAN CHURCH | NGOLOMI | Indig Christ |
| AFRICANI | WGOLONI | Indig Christ |
| NGOLOMI AFRICAN ABRATAN. | NGOLOMI VG. | Indig Christ |
| AFRICAN ABRAHAM | MGOLOMI | . |
| AFRICAN ABRAHAM | KANBADEKHA | . |
| AFRICAN | KAPATUKA | Anglican |
| MKHATA MQUWO CHURCH | NGOLOMI | . |
| AFRICAN ABRAHAM | KUTHETHE | Pentecostal |
| M'KANTHA NQUWO AFRICAN CHURCH | NQOLOMI | . |
| AFRIKAN CHURCH | KAMWA DEKHA | Pentecostal |
| NKATHAYSUO AFRICAN ABRAHAM | NG. WINI | Indig Christ |
| MKOMTHANGWE AFRICAN | NGOLOMI | Indig Christ |

-> Ngolonje CCAP

| congregation name | village | tradition |
|--------------------------|-----------------|-----------|
| NGOLONJE C.C.A.P. CHURCH | NAMAYA VILLAGE | CCAP |
| NGOLONJO C.C.AP CHURCH | NAMAYA VILLAGE | CCAP |
| NGOLONJE CCAP | NGASALE | CCAP |
| NGOLONJE CCAP CHURCH | NGASALE VILLAGE | . |
| NGOLONJE CCAP CHUCH | NGASALE | CCAP |
| NGOLONJE C.C.A.P | NAMAYA | CCAP |

-> Nkamwana Evangelical Life

| congregation name | village | tradition |
|--------------------------------|------------------|-------------|
| NKAMWANA EVERNGEL LIFE CHURCH | NKAMWANA VILLAGE | Pentecostal |
| MKAMWARA EVARGELIA LIFE CHURCH | MKAMWANA VILLAGE | Pentecostal |

-> Nkamwana Mosque

| congregation name | village | tradition |
|-------------------|-------------------|---------------|
| MKANONGWA MOSQUE | MKANONGWA | Sukutu Muslim |
| NKAMANA MOSQUE | NKAMANA VILLAGE | Quad Muslim |
| NKAMAWANA MOSQUE | NKAMAWANA VILLAGE | Quad Muslim |
| NKANWANA MOSQUE | NKANWANA | Quad Muslim |
| MKANONGWA MOSQUE | MKANONGWA VILLAGE | Sukutu Muslim |
| NKAMWUANA MOSQU | NKAMWUANA | Quad Muslim |

-> Nkamwana Seventh Day

| congregation name | village | tradition |
|--------------------------------|----------|----------------|
| MKANWANA SEVETH DY ADVENTIST | MKANWANA | 7th Day Advent |
| SEVENTH DAY ADVENTEST | NKAMWANA | 7th Day Advent |
| MKAMWANA SEVENTH DAY ADVENTIST | MKAMWANA | 7th Day Advent |
| NKAMWANA SEVENTH DAY ADVENTIST | NKAMWANA | 7th Day Advent |

-> Nkaweya CCAP

| congregation name | village | tradition |
|-------------------|---------|-----------|
| NKAWELA CCAP | 99 | CCAP |

-> Nkaweya Church of Christ

| congregation name | village | tradition |
|----------------------------|-----------------|--------------|
| MTALAKOPA CHURCH OF CHRIST | MKAWEYA VG | Other |
| MKAWEYA CHURCH OF CHRIST | MKAWEYA | . |
| NKAWEYA CHURCH OF CHRIST | NKAWEYA VILLAGE | . |
| NKAWEYA CHURCH OF CHRIST | NKAWEYA | Pentecostal |
| NKAWEYA CHURCH OF CHRIST | NKAWEYA | . |
| MKAWEYA CHURCH OF CHRIST | MKAWEYA | Indig Christ |

-> Nkaweya Mosque

| congregation name | village | tradition |
|-------------------|-------------------|---------------|
| MKAMWANA MOSQUE | MKAMWANA | Quad Muslim |
| NHAWAYA MOSQUE | NKAWANA | Quad Muslim |
| NKAMWANA MOSQUE | NKAMWANA VILLAGE | Quad Muslim |
| NKAWANGE MOSQUE | NKAWANGE VILLAGE | Quad Muslim |
| NKAWEYA MOSQUE | NKAWEYA | Sukutu Muslim |
| MKAMWANA MOSQUE | MKAMWANA VILLAGE | Quad Muslim |
| NKAWAYA MOSQUE | NKAWAYA | Quad Muslim |
| MKAWEYA MOSQUE | MKAWEYA | Quad Muslim |
| MKAMWANA MOSQUE | MKAMWANA VLGE | Quad Muslim |
| MKAMWANA MOSQUE | MKAMWANA VILLAGE | Quad Muslim |
| NKAWEYA MOSQUE | NKAWEYA | Quad Muslim |
| MKMEKWERE MOSQUE | MKWEKWERE VILLAGE | Quad Muslim |
| MKAWEYA MOSQUE | MKAWEYA VILLAGE | Quad Muslim |
| MKAWEYA MOSQUE | LIKONGOLO | Quad Muslim |
| MKAWEYA MOSQUE | MKAWEYA | Quad Muslim |
| NKAWEYA MOSQUE | NKAWEYA | Quad Muslim |
| MKAWEYA MOSQUE | MKAWEYA | Quad Muslim |
| NKAWEYA MOSQUE | NKAWEYA MOSQUE | Quad Muslim |
| NKANONGWA MOSQUE | NKANONGWA | Sukutu Muslim |
| MKAWEYA MOSQUE | MKAWEYA VILLAGE | Quad Muslim |
| NLAWEYA MOSQUE | NKAWEYA | Quad Muslim |
| NKARUNGWE | NKARUNGWE | Sukutu Muslim |
| NKAWEYA MOSQUE | NKAWEYA VILLAGE | Quad Muslim |
| MKAWEYA MOSQUE | MKAWEYA VG | Quad Muslim |
| NKAMWANA MOSQUE | NKAMWANA | Quad Muslim |
| NKAMWANA MOSQUE | NKAMWANA VILLAGE | Quad Muslim |
| NKANONGWA MOSQUE | NKANONGWA VILLAGE | Sukutu Muslim |
| MKAWEYA MOSQUE | MKAWEYA VILLAGE | Quad Muslim |
| MKAWOYA MOSQUE | KUNKAWEYA VILLAGE | Quad Muslim |
| N KAWEYA MOSQUE | N KAWEYA | Quad Muslim |
| NKAMWANA MOSQUE | NKAWANA VILLAGE | Quad Muslim |
| NKAMWANA MOSQUE | NKAMWANA VG. | Quad Muslim |
| MKAWEYA MOSQUE | MKAWEYA | Quad Muslim |
| NKAMWANA MOSQUE | WKAMWANA VGE | Quad Muslim |
| NKAWEYA MOSQUE | NKAWEYA | Quad Muslim |

| | | |
|-----------------------|------------------|---------------|
| NKAMWANA MOSQUE | NKAMWANA | Quad Muslim |
| NKAWWEYA MUSHIM JAMAT | NKAWWEYA VILLAGE | Quad Muslim |
| NKAWWEYA MOSQUE | NKAWWEYA | Quad Muslim |
| M'MUKAWWEYA MOSQEE | M/MUKAWWEYA | Quad Muslim |
| NKAMWANA MOSQUE | NKAMWANA VILLAGE | Quad Muslim |
| MKAMWANA MOSQUE | MKAMWANA | Quad Muslim |
| NKAMWANA MOSQUE | NKAMWANA VGE | Quad Muslim |
| NKAMWANA MOSQUE | NKAMWANA VILLAGE | Quad Muslim |
| MKAWWEYA MOSQUE | MKAWWEYA | Quad Muslim |
| NKAMWANA MOSQUE | NKAMWANA VILLAGE | Quad Muslim |
| NKAWWEYA MOSQUE | NKAWWEYA | . |
| MKAMWANA MOSQUE | MKAMWANA VGE | Quad Muslim |
| MKAWWEYA MOSQUE | LUKONGOLO | Quad Muslim |
| NKAWWEYA MOSQUE | NKAWWEYA | Quad Muslim |
| NKAWWEYA MOSQUE | MKAWWEYA VILLAGE | Quad Muslim |
| NKANONGWA MOSQUE | NKANONGWA | Sukutu Muslim |
| NKAMWANA MOSQUE | NKAMWANA VILLAGE | Quad Muslim |
| NKAMWANA MOSQUE | NKAMWANA | . |
| NKAMWANA MOSQUE | NKAMWANA | Quad Muslim |
| MKAMWANA MOSQUE | MKAMWANA | . |
| NKAWWEYA MOSQUE | NKAWWEYA | Quad Muslim |
| MKAWWEYA MOSQUE | LUKONGOLO | Quad Muslim |
| NKAMWANA MOSQUE | NKAMWANA VGE | Quad Muslim |
| MKAWWEYA MOSQUE | MKAWWEYA | Quad Muslim |
| MUAMWANA MOSQUE | MUAMWANA | Quad Muslim |
| NKAWWEYA MOSQUE | NKAWWEYA | Quad Muslim |
| MKAMWANA MOSQUE | MKWAMWANA VGE | Quad Muslim |
| NKAMWANA MOSQUE | NKAMWANA V-G. | Quad Muslim |
| MKAWWEYA MOSQUE | LIKONGOLO VG | Quad Muslim |
| MKAWWEYA MOSQUE | MKAWWEYA VG. | Quad Muslim |
| NKAMWANA MOSQUE | NKAMWANA VGE | Quad Muslim |
| MKAMWANA MOSQUE | MKAMWANA | Quad Muslim |
| MKAWWEYA MOSQUE | MKAWWEY VILLAGE | Quad Muslim |
| NKAWWEYA MOSQUE | NKAWWEYA | Quad Muslim |
| NKAMWANA MOSQUE | NKAMWANA VILLAGE | Quad Muslim |
| NKAWWEYA MOSQUE | NKAWWEYA | Quad Muslim |
| NLAWWEYA MOSQUE | NKAWWEYA | . |

-> Nkhomboli Bible Believers

| | | |
|--------------------------|-----------|-----------|
| congregation name | village | tradition |
| NKHOMBOLI BIBLE BELIEVER | NKHOMBOLI | . |

-> Nkhonde Catholic

| congregation name | village | tradition |
|-------------------------------|---------------------|-----------|
| NKHONDE CATHOLIC CHURCH | HINDAHINDA VILLAGE | Cath |
| ROMAN NKHONDE CATHILIC CHURCH | HINDA-HINDA VILLAGE | Cath |
| SACRED HEART PARISH <NKHONDE> | CHAGNDA VILLAGE | Cath |
| NKONDE CATHOLIC CHURCH | HINDAHINDA | Cath |

-> Nkhunda Catholic

| congregation name | village | tradition |
|------------------------------|----------------------|-----------|
| NKHUNDA R C | NKHUNDA VGE | Cath |
| CHALIMBAZA KATIRUKA | CHALIMBANA | . |
| KAZYOZYO CATHOLIC | KAZYOZYO | Cath |
| ROMAN CATHOLIC | CHALIMBANA ESTATE | . |
| CATHOLIO | NKHUNDA | Cath |
| CHIMBERA RC | MULAWELA VGE | Cath |
| STMONICA CATHOLICA | ESTATE 72 | Cath |
| KACHOCHO R.C CHURCH | KACHOCHO | Cath |
| ROMAN CATHOLIC | CHALIMBANA ESTITE | Cath |
| NKHRDA ROMAN CATHOLIC CHURCH | NKHRDA RG. | Cath |
| NKHUNDA CATHOLIC CHURCH | NKHUNDA VLGE | Cath |
| NKHUNDA CATHOLIC CHURCH | NKHUNDA VLGE | Cath |
| NKHUNDA CATHOLIC CHURCH | NKHUNDA | Cath |
| MATUWAMBA CATHOLIC | MATUWAMBA CATHOLIC | Cath |
| CHALIMBANA KATOLIVA | CHALIMBANA | . |
| KATOLIKA/KAZYOZYO | KANZYOZYO | Cath |
| NKHUNDA ROMAN CATHOLIC | NKHUMBA VILLAGE | Cath |
| NKHUNDA RC | NKHUNDA VGE | Cath |
| CATHRLIC | KAZYOZYO | . |
| CATHOLIC | KAZYOZYO | . |
| NKHUNDA R C | MUDA NKHUMDAWBE WINA | Cath |
| NKHUNDA CATHOLIC CHURCH | NKHUNDA | Cath |

-> Phwamphwa African International

| congregation name | village | tradition |
|---------------------------------|----------------------|------------------|
| AFRICAN CHURCH | LUPIYA | Pentecostal |
| AFRICAN CHURCH | KANKHWENDE | . |
| AFRICAN CHURCH | MELINA VILLAGE | . |
| AFRICAN CHURCH | CHIMSASA | Indig Christ |
| AFRICAN CHURCH | KANKHWENDE | . |
| AFRICAN CHURCH | NGOLOMILA | Indig Christ |
| AFRICAN CHURCH | NGOLOMO | Pentecostal |
| AFRICAN CHURCH | KHOZA | Pentecostal |
| AFRICAN CHURCH | KAMBADEKHA | Pentecostal |
| PHWAMPHWA NATIONAL CHURCH | MTALAMA VILLAGE | Indig Christ |
| PHWAMPHWA AFRICAN INTERNATION | V.H MFALAMA | Indig Non-Christ |
| MPHWAPHWA INTERNATIONAL CHURCH | ZQATEPETA VILLAGE | Indig Christ |
| PHWAMPHWA AFRICAN INTERNATIONA | ZGATEPE TO VILLAGE | Indig Christ |
| PHWAMPHWA EMMANUEL CHURCH | ZGATEPETA. | . |
| PHWAMPHWA AFRICAN NATIONAL CHU | YAZOWA | Indig Non-Christ |
| AFRICAN EMMANUEL CHURCH. | ZGATEPETA VGE. | Indig Christ |
| MWA NJOWI AFRICAN INTERNATIONA | CHAKHULU GWENDA VGE | Pentecostal |
| TCHALITCHI MKHALIRO NATIONALLY | JR MKHALIRA'S VILLAG | Other |
| PHWAMPHWA AFRICAN INTERNATIONAL | NKHONJERA | . |
| GWAMBA INTERNATIONAL CHURCH | GWAMBA. | Indig Christ |
| KOPONGOLO CHURCH OF CHRIST | M'BODO VILLAGE | . |
| PHVAMPHWA AFRICAN INTERNATIONA | MTALAMA | . |
| PHWAMPHWA AIC CHURCH | MUTALAMA | Indig Christ |
| PHWAMPHWA AFRICAN INTERNATIONA | ZGATEPETA VILLAGE | Indig Christ |
| PHWAMPHWA AIC | ZGATEPETA | Indig Christ |
| MPHWA PHWA EMMNUEL CHURCH | KAPINGILI | Indig Christ |
| TCHALITCHI CHA PHWAMPHWA AFRIC | IN ZYATEPETAS VILLAG | Indig Christ |
| PHWAMPHWA AFRICAN INTERNATIONA | ZGATEPETA | Indig Christ |
| AFRICAN INTERNATION PHWAMPHWA | ZGATEPETA | Indig Christ |
| PHWAMPHWA A.I.C. | ZGATEPETD | Indig Christ |
| PHWAMPHWA AFRICAN CHURCH | MTALAMA VILLAGE | Indig Christ |
| AFRICAN CHURCH | MTALAMA | Indig Non-Christ |
| MPHWAMPHWA EMANUEL CHURCH | KAPINGILI VILLAGE | Indig Christ |
| DIKNAMPHWA AFRICAN INTERNATION | ZGATEPETA | Indig Christ |
| MPHWAMPWA AFRICAN INTERNATIONA | ZGATEPETA VILLAGE | Indig Christ |
| PHWAMPHWA NATIONAL CHURCH | ZGATEPETA VILLAGE | Indig Christ |
| PHWAMPHNA AFRICAN INTERNATIONA | ZGATEPETA | Indig Christ |
| PHWAMPHWA AFRICAN CHURCH | MUTALAMA | Indig Non-Christ |
| PHWAMPHWA AIC | ZGATEPETA | Indig Non-Christ |
| PHWAMPHWO NATIONAL AFRICAN CHU | ZGATOPETA | Indig Christ |
| PHWAMPHWA AFRICAN INTERNATIONA | MTALAMO VILLAGE | Indig Christ |
| PHWAMPHWA AFRICAN CHURCH | MTALAMA VILLAGE | . |
| PHWAMPHWA NATIONALLY CHURCH | ZGATEPETA | Indig Christ |
| PHWAMPHWA AFRICAN CHURCH | ZGATEPETA | Indig Christ |
| PHWAMPHWA AFRICAN CHURCH | MTALAMA | Indig Christ |
| MUTALAMA AFRICAN INTERNATION | MTALAMA VILLAGE | Indig Non-Christ |

| | | |
|----------------------------------|---------------------|------------------|
| MPHWAPHWA NATIONAL CHURCH | ZGATEPETA | Pentecostal |
| PHWAMPHWA | ZGATEPETH | Indig Christ |
| MTALAMA NATIONAL CHU | MTALAMA VILLAGE | Cath |
| PHWAMPHUSA AIC | ZGATEPETA | Indig Christ |
| ZGATEPETA AFRICAN INTERNATIONAL | ZGATEPETA | Indig Christ |
| PHWAMPHWA AIC | ZGATEPETA | Indig Christ |
| PHWAMPHWA AFRICAN INTERNATIONAL | MZOMERA | Indig Christ |
| PHWAMPHWA AFRICAN INTERNATIONAL | ZGATEPETA | Indig Christ |
| PHWAMPHWA A.I.C. | ZGATEPETA | Indig Christ |
| PHWAMPHA AFRICAN INTERNATIONAL | ZILERE VILLAGE | . |
| PHWAMPHWA AFRICAN INTERNATIONAL | MZOMERA | Indig Christ |
| PHWAMPHWA AFRICAN NATION CHU | MTALAMA VILLAGE | Indig Christ |
| PHWAMPHWA AFRICAN INTERNATIONAL | ZGATEYWETA | . |
| PHWAMPHWA | ZGATEPETA | Indig Christ |
| AFRICAN CHURCH | MTALAMA VILLAGE | Indig Non-Christ |
| MPHWAPHWA NATIONAL CHURCH | ZATEPETA | Indig Christ |
| KAPINULLI AFRICAN INTER NATION | ZGATEPETA | Indig Christ |
| PHWAMPHWA AFRICAN INTERNATIONAL | ZGATEPETA V.H | Indig Non-Christ |
| PHWAMPHWA AFRICAN INTERNATIONAL | ZGATEPETA | Indig Christ |
| PHWAMPHWA AFRICAN INTERNATIONAL | ZGATEPETA | Indig Christ |
| PHWAMPHWA INTERNATIONAL AFRICA | MTUNGAMBELA VILLAGE | Indig Christ |
| PHWAMPHA AFRICAN CHURCH | MTALAMA VILLAGE | . |
| PHWAMPHWA AFRICAN INTERNATIONAL | ZGATEPETA VILLAGE | Indig Non-Christ |
| PHWOMPHWO AIC CHURCH | MUTOLAMA | Indig Christ |
| MLHWAMPIWA AIC CHURCH | ZGATEPOTA | Indig Christ |
| PHAMPHWA AFRICAN | DK-88 | Other |
| PHWAMPHWA AFRICAN CHURCH. | MTALAMA VILLAGE | . |
| PHWAMPHWA AFRICAN INTERNATIONAL | ZGATEPETA VILLAGE | . |
| MUTALAMA AFRICAN CHURCH | MUTALAMA VILLAGE | Indig Non-Christ |
| PHWAUPHAZ AFRICAN INTERNATIONAL | ZGATEPETA VILLAGE | Indig Christ |
| PHWAMPHWA NATIONAL CHURCH | ZGATEPETA VILLAGE | Indig Christ |
| PHWAMPHWA AIC | ZGATEPETA | Indig Christ |
| PHWAMPHWA AFRICAN INTERNATIONAL | MUTALAMA | Indig Christ |
| MPHWAPHWA NATIONAL CHURCH | ZGATEPETA | Indig Christ |
| PHWAMPHWA EMMANUEL CHURCH | ZGATEPETA VILLAGE | Indig Christ |
| AFRICAN INTERNATIONAL CHURCH (| ZQATEPETA VILLAGE | Indig Christ |
| PHWELMPHA AFRICAN INTERNATON C | MTAKIMA | village |
| PHWAMPHWA AFRICAN INTERNATIONAL | ZGATEPETA VILLAGE | Indig Christ |
| PHWAPHWA AFRICAN INTERNATIONAL | ZGATEPETA | Pentecostal |
| PHWAMPHWA AFRICAN INTERNATIONAL | ZGATEJETA | Indig Christ |
| MPHWAMPHWA AFRICAN INTERNATIONAL | ZQATEPETA | Indig Christ |
| PHWAMPHWA AFRICAN | ZGATEPETA VILLAGE | Indig Christ |
| PHWAMPHWA AFRICAN CHURCH | MTALAMA VILLAGE | . |
| CHWAMPHA CCAP | ZGETAPETA | CCAP |
| PHWAMPHWA AFRICAN CHURCH | MTALAMA VILLAGE | . |

-> Phwamphwa CCAP

| congregation name | village | tradition | |
|--------------------------------|----------------------|-----------|------|
| PHWAMPHWA CCAP | ZGATEPETA | CCAP | |
| PHWAMPHWA CC.AP CHID | MTALAMA VILLAGE | . | |
| MHUJU TRADING CENTRE | REV CHIONA | CCAP | |
| PHWAMPHWA C.C.A.P | ZGATEPETA | CCAP | |
| PHWAMPHWA CCAP | EGATEPETA | CCAP | |
| MPHAWAPHAWA C.C.A.P | ZGATEPETA VILLAGE | CCAP | |
| PHWAMPWA CCAP | ZGATEPETA | CCAP | |
| PHWAMPHWN C CAP CHURCH | GVH ZGATEPETA VILLAG | CCAP | |
| PHWAMPHWA CCAP | ZGATEPATA VILLAGE | . | |
| PHWA PHWA C.C.A.P | ZGATE PETA | CCAP | |
| PHWAMPHA C.C.A.P. CHURCH | ZGATEPERA | CCAP | |
| PHWAMPHWA CCAP | ZGATEPETA | CCAP | |
| PHWAMPHWA CCAP | CHIKHUWALA | CCAP | |
| PHWAMPHA CCAP CHURCH | ZGATEPA | village | CCAP |
| PHWAMPHWA C.C.A.P | ZGATEPETA VILLAGE | . | |
| MPHWPHWA CCAP CHURCH | KACHIKHWARWA | CCAP | |
| PHWAMPHWA CCAP | TGATEPETA | CCAP | |
| PHWAMPHWA C.C.A.P | ZGATEPETA VILLAGE | CCAP | |
| PHWAMPHWA CCAP | ZGATEPETA | CCAP | |
| PHWAPHWA CCAP | 2 GATE PETA | CCAP | |
| PHWAMPHWA C.C.A.P | ZGATEPETA VILLAGE | CCAP | |
| RHALTOLI CHA PHWAMPHWA C.C.A.P | WZYATEPETA'S VILLAGE | CCAP | |
| PHUAMPHWA CCAP | ZYATPTA VILLAGE | CCAP | |
| PHWAMPHWA CCAP CHURC | ZGATEPETA | village | CCAP |
| PHWAMPWA C.C.A.P | ZGATEPETA VILLAGE | CCAP | |
| PHWAMPHWA CCAP. | ZGATEPERA VILLAGE | CCAP | |
| PHWAMPHWA C.C.A.P | ZGATEPETA MHANGO | CCAP | |
| PHWARHWA C.C.A.P | ZGATIPOTA VILLAGE | CCAP | |
| PHWAMPHWA C.C.A.P. | ZGATEPETA | CCAP | |
| PHWAMPHA C.C.A.P. | ZGATEPETA | . | |
| PHWAMPHWA C.C.A.P. CHURCH | V.H. ZGATEPETA | . | |

-> Phwamphwa New Apostolic

| congregation name | village | tradition |
|--------------------------------|-------------------|--------------|
| MTALAMA NEW APOSTOLIC CHURCH | MTALAMA | . |
| PHWAMPHWA NEW APASTLE | MATALAMA VILLAGE | . |
| PHWAMPHWA NEW APOSTOLK | MUTALAMA | Pentecostal |
| PHWAMPHWA NEW APOSTOLIC CHURCH | MTALAMA | . |
| PHWAMPHWA NEW APOSIOLIC | HARAWA | Indig Christ |
| PHWAMPHWA NEW APOTOLIC | MTALAMA | . |
| PHWAMPHWA NEW APOSTOLIC | MTALAMA | . |
| PHWAMPHUA NEW APOLO | MTALAMA VILLAGE | Cath |
| PHWAMPLWVA NEW APOSTLE | IGATEPETA VILLAGE | . |

-> Phwanphwa Church of Christ

| congregation name | village | tradition |
|-----------------------------|----------------------|--------------|
| PHWAMPHWA CHURCH OF CHRIST | ZGATEPETA | Christian |
| MPHWAMPHWA CHURCH OF CHRIST | KAZIALIKA | Indig Christ |
| MPHWAMPHWA CHURCH OF CHRIST | ZGATEPETA | Indig Christ |
| PHWAMPHWA CHURCH OF CHRIST | ZGATEPETA | Indig Christ |
| PHWAMPHWA CHURCH OF CHRIST | ZGATEPETA V.W. | Indig Christ |
| PHWAMPHWA CHURCH OF CHRIST | ZGATEPETA | Christian |
| PHWAPHWA CHURCH OF CHRIST | ZGATEPETA | . |
| CHURCH OF CHRIST | PHWAPHWA | Cath |
| MPHWAMPHWA CHURCH OF CHRIST | MUTALAMA | Indig Christ |
| ZGATEPETA CHURCH OF CHURIST | ZGATEPETA VILLAGE | . |
| JEREKELE CHURCH OF CHRIST | KANGO | . |
| PHWAMPHWA CHURCH OF CHRIST | ZGATEPETA VILLAGE | . |
| PHWUMPHWU CHURCH OF CHRIST | ZGATEPETA | Christian |
| PHAWAMPHWA CHURCH OF CHRIST | ZEATEPETA | Christian |
| JELEKELE CHURCH OF CHRIST | JELEKELE | . |
| CHURCH OF CHRIST | ZGATEPETA VILLAGE | . |
| PHWAPHWA CHURCH OF CHRIST | IN ZGATEPETA VILLAGE | . |
| PHWAWPHWA CHURCH OF CHRIST | FGATEPETA | Christian |

-> Phwezi Assemblies of God

| congregation name | village | tradition |
|--------------------------------|----------------------|-------------|
| PHWEZA ASSEMBLES OF GOD | CHILIPAPA KALUA VILL | Pentecostal |
| PHWEZI ASSEMBLIES OF GOD CHURC | CHIMARA WANTHU VILL | Pentecostal |
| PHWEZI ASSEMBLIES OF GOD | CHILIPAPA KALUA | Pentecostal |
| PHWEZI ASSEMBLIES OF GOD | CHIHPPAPA | Pentecostal |
| PHWEZI ABIMBLWS GOD | CHIMALAWANA | Pentecostal |
| PHWEZI ASSEMBLIS OFG | CHIMALA WANTHI VILLA | Cath |

-> Phwezi Catholic

| congregation name | village | tradition |
|--------------------------------|----------------------|-----------|
| PHWEZI ROMAN CATHOLIC CHURCH | CHIMALAWANTHU | Cath |
| PHWEZI ROMAN CATHOLIC | CHIMALAWANTHU | Cath |
| PHWEGI ROMAN CATHATI | CHIMALWARTHIA VILLAG | Cath |
| PHWEZI ROMAN CATHOLIC | CHINIALA WINTHIL | NoRelig |
| PHWEZI ROMAN CATHOLI | DODOMA VILLAGE | Cath |
| PHWEZI ROMAN CATHOLIC | CHIMALAWANTHU | Cath |
| PHWEZI ROMAN CATHOLIC CHURCH | CHIMALAWANTHU VILLAG | Cath |
| CHIMYANGA ROMAN CATHOLIC CHURC | MZOMELA | Cath |
| PHUSEZI CATHOLIC | YAPHAMA | Cath |
| PWIRI CATHOLIC CHURCH | CATHOLIC VILLAGE | Cath |

-> REVIVAL CENTER CHURCH

| congregation name | village | tradition |
|-----------------------|----------|-------------|
| REVIVAL CENTER CHURCH | NAMONDE | Pentecostal |
| REVIVAL CENTER CHURCH | NAMONDE. | Pentecostal |

-> SAMAMAYELE AFRICAN ABRAHAM

| congregation name | village | tradition |
|----------------------------|-------------|-----------|
| SAMAMAYELE AFRICAN ABRAHAM | KAMBACLEKHA | . |

-> Shilini Church of Christ

| congregation name | village | tradition |
|--------------------------------|---------------------|--------------|
| MPINGA YENS (CHURCH OF CHRIST) | SHILINI VILLAGE | . |
| SHILINI CHURCH OF CHRIST | SHILINI | . |
| SHILINEJI CHURCH OF CHRIST | PAFUPI SHLINEJI | Christian |
| SHILINI CHURCH OF CHRIST | SHILINI VGE | . |
| SHILINI CHURCH OF YESU | SHILINI VGE | . |
| SHILINI YESLIKHRISTO | MUDZI WA SHILINI | . |
| CHURCH OF CHRIST | KWA SHILINGI | . |
| SHIRINI CHURCH OF CHRIST | SHIRINI | Christian |
| SHILINI YESUKHRISTA | SHILINI VILLAGE | . |
| CHURCH OF CHRIST | MUDZI WA SHILMI | . |
| SHILINI CHURCH OF CHRIST | SHILINI | . |
| SHILIN CHURCH OF YESU | SHILIN VSE | . |
| SHILINI CHURCH OF CHRIST | SHILINI VGE | Christian |
| CHURCH OF CHRIST | SHILINI VLGE | . |
| MPINGO WA YESU | KWA SHILINGI | . |
| CHURCH OF CHRIST | SHILINI VLGE | . |
| SHILINGI GOME CHURCH OF CHRIST | | . |
| SHILINI CHURCH OF CHRIST | SHILINI | . |
| SHILIMI CHURCH OF CHRIST | SHILIMI | . |
| SHILINGI CHURCH OF CHRIST | RAFUPINDI CHIYANIKA | Christian |
| CHURCH OF CHRIST | CHELIMI | Indig Christ |
| SHILIN CHURCH OF CHRIST | SHILIN VGE | Christian |
| SHILINI GOME CHURCH OF CHRIST | SHIRINI | Christian |
| SHIRINI GOME CHURCH OF CHRIST | SHIRINI | . |
| CHURCH OF CHRIST | MMUDZI MWASHIRINI | Indig Christ |
| SHILINI CHURCH OF CHRIST | SHILINI VLGE | Indig Christ |
| SHIWNI GOME OF CHURCH OF CHIRS | SHIWNI VGE | . |
| SHIRINGI GOME CHURCH OF CHRIST | SHIRINGI | . |
| SHILINGI MPINGOWA YESU | SHILINI VGE | . |
| SHIRINI GOME CHURCH | SHIRINI VIG | Christian |
| CHURCH OF CHIRST | SHILINI | . |
| SHILINI CHURCH OF | SHILINI VG | Christian |

-> St Agnes Catholic

| congregation name | village | tradition |
|-------------------------|---------|-----------|
| ST AGNES ROMAN CATHOLIC | MANIWA | Cath |

-> St Anns Catholic

| congregation name | village | tradition |
|---------------------------|---------------------|-----------|
| ST.ANNS CATHOLIC CHURCH | CHIVUNGULU VILLAGE | Cath |
| ST. ANNJ CATHOLIC CHURCH | CHIVUNGULU VILLAGE | Cath |
| ST. ANNES CATHOLIC CHURCH | ST.CHINGOMA VILLAGE | Cath |

-> St Jones Catholic

| congregation name | village | tradition |
|--------------------------|-------------|-----------|
| ST JONES CATHOLIC CHURCH | CHIGWENEMBE | Cath |

-> St Joseph Catholic

| congregation name | village | tradition |
|--------------------------------|---------------------|-----------|
| ST JOSEPH CATHOLIC C | NKASALE | Cath |
| ST JOSEPH CATHOLIC CHURCH (N K | HINDAHINDA VILLAGE | Cath |
| ST JOSEPHY CATHOLIC CHURCH | HINDA-HINDA | Cath |
| MWIMA CATHOLIC CHURCH | HINDA HINDA VILLAGE | Cath |
| MWIMA CATHOLIC CHURCH | MWIMA VILLAGE | . |

-> St Peters Catholic

| congregation name | village | tradition |
|-----------------------------|-------------------|-----------|
| ST PETER CATHOLIC | NGASOLE | Cath |
| ST. PETER CATHOLIC CHURCH | WILLIAM (NGASALE) | Cath |
| ST PETERS CATHOLIC CHUELS | NGASALE | Cath |
| ST PETER COTHDIC CHURCH | M MANIWA VILLAGE | Cath |
| ST PETER CATHOLIC CHURCH | NGASALE VILAGE | . |
| ST PETERS ANGLICAN CHURCH | NAMALOMBO VG | Anglican |
| ST. PETER CATHOLIC CHURCH | NGASALE | Cath |
| ST PETERS CATHOHIC PARISH | MWIMA VILLAGE | Cath |
| ST PETER RAMAN GTHOLIC | NGASALE | Cath |
| ST. PETER CATHOLIC | NGASALE | Cath |
| ST PETER CATHOLIC CHURCH | ULONGWE MMANIWA | Cath |
| ST. PETER'S CATHOLIC CHURCH | NGASALE | Cath |
| ST PETER CATHOLIC CHURCH | M'MANIWA VILLAGE | Cath |

| | | |
|--------------------------|---------------------|---------------|
| TAMBALA MOSQUE | TAMBALA VILLAGE | . |
| TAMBALA MOSQUE | TAMBALA VILLAGE | Quad Muslim |
| TAMBALA MOSQUE | TAMBALA VILLAGE | Quad Muslim |
| TAMBALA MOSQUE | TAMBALA VILLAGE | Quad Muslim |
| TAMBALA MOSQUE (MASIJID. | TAMBALA VILLAGE | Quad Muslim |
| TAMBALA MOWQUE | NEAR TAMBALA VILLAG | . |
| KUTAMBALA MOSQUE | KUTAMBALA. | Quad Muslim |
| KUTAMBALA MOSQUE | KUTAMBALA VGE | Quad Muslim |
| KUTAMBALA MOSQUE | 99 | Quad Muslim |
| TAMBALA MOSQUE | TAMBALA VILLAGE | Quad Muslim |
| TAMBALA MOSQUE | TAMBALA VILLAGE | Quad Muslim |
| TAMBALA MOSQUE | TAMBALA VILLAGE | Quad Muslim |
| KUTAMBALA MOSQUE | KUTAMBALA | Quad Muslim |
| TAMBALA MOSQUE | TAMBALA VGE | Quad Muslim |
| KUTAMOMA MOSQUE | KUTAMBAEA VEG | Quad Muslim |
| TAMBALA MOSQUE | TAMBALA | Sukutu Muslim |
| TAMBALA MOSQUE | TAMBALA VILLAGE | Quad Muslim |
| TAMBALA MOSQUE | TAMBALA | Quad Muslim |
| TAMBALA MOSQUE | TAMBALA VILLAGE | Quad Muslim |
| TAMBALA MOSQUE | TAMBALA VILLAGE | . |
| TAMBALA MOSQUE | TAMBALA VILLAGE | Quad Muslim |
| TAMBALA MOSQU | NEAR TAMBALA V9 | . |
| TAMBALA MOSQUE | TAMBALA VILLAGE | Quad Muslim |
| TAMBALA MOSQUE | TAMBALA VILLAGE | Quad Muslim |
| TAMBALA MOSQUE | TAMBALA VILLAGE | . |
| TAMBALA MOSQUE | TAMBALA VILLAGE | Quad Muslim |

-> Thendo Church of Christ

| congregation name | village | tradition |
|--------------------------|-----------------|-------------|
| MASECHE CHURCH OF CHRIST | THENDO | Pentecostal |
| MASIYO CHURCH OF CHRIST | MASIYO VGE | . |
| CHIRICE ROMN GLYN | THENDO VILLAGE | . |
| MASECHO CHURCH OF CHRIST | THERDO | Pentecostal |
| MAEKA CHURCH OF CHRIST | PAFUPINDI MSEKA | Christian |

-> Thimbaniko Church of Christ

| congregation name | village | tradition |
|------------------------------|--------------------|-------------|
| THIMBANIKO CHURCH OF CHRIST. | CHAMAHOMWA VILLAGE | . |
| THIMBANIKO CHURCH OF CHRIST | THIMBANIKO | Pentecostal |
| THIMBANIKO CHURCH OF CHRIST | THIMBANIKO | . |
| THIMBANIKO CHURCH OF CHRIST | THIMBANIKO V.GE | Pentecostal |

-> Thimbaniko National Church

| congregation name | village | tradition |
|----------------------------|------------|--------------|
| THIMBANIKO EMANUEL CHURCH | CHAMAHOMWA | Indig Christ |
| THIMBANIKO NATIONAL CHURCH | CHAMAHOMWA | Indig Christ |

-> Thimbaniko New Apostolic Church

| congregation name | village | tradition |
|---------------------------------|------------|-----------|
| THIMBANIKO NEW APOSTOLIC CHURCH | CHAMAHOMWA | . |

-> Twaliki Mosque

| congregation name | village | tradition |
|-------------------|----------|---------------|
| TWALIKI MOSQUE | NANDUMBO | Sukutu Muslim |

-> Ulongwe Baptist

| congregation name | village | tradition |
|--------------------------|---------|-----------|
| IILONGINE BAPTIST CHURCH | MSANGA | Baptist |
| ULONGWE BAPTIST | NGASAFE | Baptist |

-> Ulongwe CCAP

| congregation name | village | tradition |
|---------------------|---------|-----------|
| ULONGWE CCAP CHURCH | KALEMBO | CCAP |

-> Ulongwe Catholic

| congregation name | village | tradition |
|--|---|--------------------------------------|
| ULONGWE PARISH (RC) CATHOLIC | CHIGWENEMBE LUNA | Cath Cath |
| ST LUKA CATHOLIC | MKANDA | Cath |
| ULONGWE CATHOLIC CHU CATHOLIC | CHIGWENEMBE MPHEPO | Cath Cath |
| ULONGWE CATHOLIC | MWANIWA | Cath |
| UNONAWA PARASH CATHOLIC | KUUENA UGE MPHEPO | Cath Cath |
| ULONGWE PARISH ULONGWE PARISH (RC) | CHIGVENEMBE CHIGWENEMBE | Cath Cath |
| ULONGWE PARISH UNIQUE CATHOLIC CHUR ULONGWE PARISH ULONGWE CATHOLIC CHU CATHOLIC | CHIGWENEMBE VILLAGE CHIGWENEMBE VILLAGE CHINGWENEMBE VG CHIGWENEMBE MKHUNDA | Cath Cath Cath Cath Cath |
| ULONGWE PARISH (R.C) UTOUGWE PARISH ULONGWE CATHOLIC CHURCH ULONGWE CATHORIC CHURCH ULONGWE CATHOLIC CHURCH | CHIGWENEMBE CHIGWENEMBE MMANIWA CHIGWENEMBE CHIGWENEMBE | Cath Cath Cath Cath Cath |
| ULONGWE ROMAN CATHOLIC ULONGWE PARISH LIUNGE PARISH ALONGWE RC PARISH ULONGWE PARISH (CATHOLIC) | CHIGWENEMBE VG. CHIGWENEMBE CHIGWENEMBE VILLAGE CHIGWENEMBE MMANIWA | Cath Cath Cath Cath Cath |
| UONGOWA CATHILIC CHURCH ULONGWE PARISH (RC) CATHOLIC CHIGWENEMBE CATHOLIC CHURCH ULONGUE PARISH | CHIGWENENDA CHIGWENEMBE CIHWENEMBE CHIGWENEMBE CHIGWENEMBE | Cath Cath Cath Cath Cath |
| ULONGWE PARISH(RC) ULONGWE CATHOLIC CHURCH VLONGWE PARISH (ROMAN CATHOLIC UTOUGWE PARISH ULONGWE CATHOLIC CHURCH | CHIGWENEMBE KUNENA CHIGWENEMBE CHIGWENEMBE VILLAGE MMANIWA VILLAGE | Cath Cath Cath Cath Cath |
| ULONGWE CATHOLIC ULONGWE CATHOLIC CHURCH ULONGWE CATHOLIC UIONGWE RC PARISH ULONGWE CETHALIC PARISH | CHIGWENEMBE UHUGWE CHIGWENEMBE VILLAGE CHIGWENEMBE CHIGWENEMBLY | Cath Cath Cath Cath Cath |
| ULONGWE PARISH ULONGAVE CATHOLIC CHURCH ULONGWE CATHOLIC PARISH ULONGWE PARISH ULONGWE PORISH | CHIGWENEMBE CHIGWENEMBE CHIGWENEMBE CHIGWENEMBE CHINGWENEMBE | Cath Cath Cath Cath Cath |
| ULONGWE PARISH (RC) | CHIGWENEMBE | Cath |

| | | |
|--------------------------------|----------------------|------|
| ULONGWE PARISH | CHINGWENEMBE | Cath |
| ULONGWE CATHOLIC PARISH | CHIGWENEMSE | Cath |
| ULONGWE CATHOLIC CHURCH | MMANIWA | Cath |
| ALONGWE RC PARISH | CHIGWENEMBE VG | Cath |
| ULONGWE RC PARISH | CHIGUENEMBE | Cath |
| UIONGWE RC PARISH | CHIWENEMBE VG | Cath |
| VLONGIRE CATHOLIC CHURCH | MMANIWA | Cath |
| ULONGWE CATHOLIC PARISH | ULONGWE (NEAR VILLAG | Cath |
| ULONGIVE PARISH (RC) | CIHWENEMBE | Cath |
| ULONGWE CATHOLIC CHURCH | KUNENE VILLAGE | Cath |
| ULONGWE PARISH | CHINGWENEMBE | Cath |
| ULONGWE PARISH | CHIMGNENEMBE | Cath |
| ULONGWE CATHLIC CHURCH | CHIGWAMBE | Cath |
| KONGWE CATHOLIC CHURCH | CHIGWENEMBE | Cath |
| ULONGWE CATHOLIC CHURCH | CHIGWENEMBE VILLAGE | Cath |
| WONGWE ROMAN CATHOLIC CHURCH | M'MANIWA | Cath |
| ULONGWE CATHOLIC CHURCH | CHIGWENEMBE | Cath |
| ULONGWE RC | MMANIWA | Cath |
| ULONGWE PANSH (ROMAN CATHOLIC) | CHIGWENEMBE | Cath |
| ULONGWE CATHOLIC CHURCH | CHIGWENEMBE | Cath |
| VLONGWE PARISH | IT IS IN HMANIWA | Cath |
| ULONGWE CATHOLIC CHURCH | MMANIWA | Cath |
| ULONGWE RC PARISH | CHIGWENEMBE | Cath |
| ULONGWE PARISH | CHIGWENEMBE | Cath |
| ULONGWE CATHOLIC CHURCH | CHIGWEMBE VILLAGE | Cath |
| ULONGWE PARISH | CHIGWENEMBE | Cath |
| ULONGWE KC PANZN | CHIGWENEMBE | Cath |
| MTINA WOYERA | CHIGWENEMBE | Cath |
| ULONGWE RC PARISH | CHIGWENEMBE VG | Cath |
| ULONGWE CATHOLIC CHURCH | M'MANIWA | . |
| ULONGWE 1 CATHOLIC CHURCH | CHIGWENEWBE VILLAGE | Cath |
| UTONGWE PARISH | CHIGWENEMBE | Cath |
| ULONGWE PARISH | M'MANIWA VILLAGE | Cath |
| ULONGWE PARISH | CHIGWENENBE | Cath |
| YIONGWE RC PARISH | CHIGWENEMBE VG | Cath |
| ULONGWE PARISH | CHINGWENEMBE | Cath |
| ULONGWE PARISH | KALEMBO (ULONGWE) | Cath |
| ULONGWE PARSH (RC) | CHIGWENEMTE | Cath |
| ULONGWE CATHOLIC CHURCH | CHIGWENENBE | Cath |
| ULONGWE CATHOLIC PARISH | MANIWA | Cath |
| ULONGWE PARISH(ROMAN CATHOLIC) | CHIGWENEMBE | Cath |
| ULONGWE PANSH (RC) | CHIGWENEMBE | Cath |
| ULONQWE 1 CATHOLIC PARISH | CHIGWENEMBE | Cath |
| CATHOLIC | MGAMPHU | . |

-> Ulongwe Jehovahs Witness

| congregation name | village | tradition |
|--------------------------------|------------------|-------------|
| CHIPAPA KHOVAS WINTNESS | LENSON MATOTA | Jehovah Wit |
| MTHNUZI | MASIWA | Jehovah Wit |
| JEHOVAS ULONGWE WITNESS CHURCH | ULONGWE T.CENTRE | Jehovah Wit |

-> Ulongwe Vineyard

| congregation name | village | tradition |
|-------------------------|----------------------|-------------|
| ULONGWE VINEYARD | ULONGWE TRADING CENT | Pentecostal |
| MICHESI VINEYARD CHURCH | MICHESI | . |
| VINEYANI CHURCH | ULANGWE TRADING CENT | Pentecostal |
| ULONGWE VINEYAND | ULONGWE TRADING CENT | Pentecostal |
| ULONGWO VINEYARD CHURCH | | Pentecostal |

-> Zayoni Church of Christ

| congregation name | village | tradition |
|--------------------------------|---------|--------------|
| ZAYONI CHURCH OF CHRIST | BETERAH | Indig Christ |
| ZIONI CHURCH OF CHRIST | BETELA | . |
| ZION CHURCH OF CHRIST | BETELA | Indig Christ |
| ZAYONI CHURCH OF CHRIST IN CHI | BETERAH | Indig Christ |
| ZAYONI CHURCH OF CHRIST | BETELA | . |

-> Zefelino Catholic

| congregation name | village | tradition |
|--------------------------------|------------------|-----------|
| SITEREZIA CATHOLIC | ZETELINO | . |
| CHIMWIMIQUYOL ROMAN CATHOLIC | ZEFERINO | . |
| ZEFERINO CATHOLIC CHURCH | ZEFERUBI | Cath |
| ZEFELINO CATHOLIC CHURCH | ZEFELINO VILLAGE | Cath |
| ZEFEVIRO CATHOLIC CHURCH | ZEFELINO VG | Cath |
| CHIMUA MAKUWI CATNOLIC CHURCH | ZEFELINO | Cath |
| ZEFELINO CATHOLIC CHURCH | ZEFELINO | Cath |
| CHINWAMWAKUWI ROMAN CATHOLIC C | ZEFERINO | Cath |
| CHINWAMAKUWI ROMAN CATHWLIC CH | ZEFELINO | Cath |
| ZEFELINO ROMAN CATHOLIC CHURCH | ZEFELINO | Cath |
| CHIMUEWEKAHA ROMAN | JERE | Cath |

-> no church assigned

| congregation name | village | tradition |
|---------------------|---------|---|
| | | Christian . NoRelig NoRelig . |
| 1 | 99 | Indig Christ CCAP NoRelig NoRelig NoRelig |
| | | CCAP . NoRelig . NoRelig |
| | | NoRelig . NoRelig . . |
| | | Cath . . NoRelig . |
| MKANDA NGINI CHURCH | MKANDA | |
| | | . Indig Christ . . . |
| | 0 | NoRelig CCAP . NoRelig Pentecostal |
| HE HAS STOPED | | . NoRelig . . . |

| | | |
|----|------------|---|
| | | NoRelig NoRelig . . . |
| 99 | 99 | |
| | KANKHWENDE | |
| 99 | 99 | NoRelig NoRelig Cath |
| 99 | 99 | Indig Christ NoRelig CCAP . . |
| 99 | 99 | NoRelig NoRelig |
| | | NoRelig . NoRelig CCAP |
| | | NoRelig . NoRelig |
| 99 | 99 | |
| | ULONGWE | Quad Muslim |
| 99 | 99 | Quad Muslim . . |
| 99 | 99 | |

Appendix E: Selectivity Analysis

Raw Frequencies of Reasons Given for Religious Switching^a

| Reason | <u>Frequency</u> | <u>Percent</u> |
|-------------------|------------------|----------------|
| Marriage | 119 | 22.88 |
| No reason given | 68 | 13.08 |
| Conflict | 47 | 9.04 |
| Too strict | 46 | 8.85 |
| Other | 43 | 8.27 |
| Better lessons | 39 | 7.5 |
| Family convinced | 36 | 6.92 |
| Too far | 32 | 6.15 |
| Too liberal | 31 | 5.96 |
| Friends convinced | 24 | 4.62 |
| Miracles | 14 | 2.69 |
| Spirit filled | 11 | 2.12 |
| Don't Know | 5 | 0.96 |
| Wanted healing | 4 | 0.77 |
| AIDS | 1 | 0.19 |
| Total | 520 | 100 |

N=470 switches, 392 switchers, 452 valid reasons

^amore than one answer possible

Appendix F:

Estimates of Demographic Characteristics on Attendance at Religious Services

| | Women | Men | Total Sample |
|-------------------------------|-------------------|--------------------|---------------------|
| Age | -0.01 (0.01) | -0.00 (0.01) | -0.01 (0.00) |
| Balaka | -0.25 (0.16) | 0.32 (0.18) | 0.05 (0.11) |
| Rumphi | 0.21 (0.17) | 0.03 (0.18) | 0.17 (0.12) |
| Previously Married | 0.08 (0.14) | -0.08 (0.20) | -0.02 (0.11) |
| Ever in a Polygamous Marriage | -0.23 (0.13) | -0.52 * (0.21) | -0.39 *** (0.10) |
| Value of Livestock (logged) | 0.04 * (0.02) | 0.08 *** (0.02) | 0.06 *** (0.01) |
| Secondary Education | -0.37 (0.25) | -0.21 (0.18) | -0.27 (0.14) |
| Respondent Sick | -0.35 * (0.15) | | |
| N | 1316 | 1011 | 2344 |
| R2 | 0.0138 | .0178 | .0132 |
| Log Likelihood | -1015.60 | -853.45 | -2030.65 |

Source: Data are from the 2004 Malawi Diffusion and Ideological Change Project (MDICP-3)

NOTE: Coefficients from ordered logit regression procedure

Standard errors appear below the estimates in parentheses.

* p<.05 **p<.01 ***p<.001

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VITA

Jenny Trinitapoli was born in Milwaukee, Wisconsin on September 6, 1977, the daughter of Patricia Catherine Trinitapoli (nee Behl) and Richard James Trinitapoli. After completing her work at Brookfield East High School in 1995, she entered Marquette University in Milwaukee. She received the degree of Bachelor of Arts from Marquette University in 1999. During the following years she studied in Chile as a Fulbright scholar and worked as a translator in Brazil. In September 2002 she entered the Graduate School of The University of Texas.

Permanent Address: 4503 Kitty Avenue, Austin, TX 78721

This dissertation was typed by the author.