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# Multiple Concurrent Partnerships and the Church

Assessing the Attitudes and Perceptions of Community Leaders of Faith

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*A survey, on a convenience sample of 65 community leaders from churches, faith-based organizations (FBO), non-governmental organizations (NGO) and community-based organizations (CBO) in Africa, Europe and North America, was administered in late 2008 by the Pan African Christian AIDS Network (PACANet) to assess the attitude and perceptions of respondents with respect to multiple concurrent partnerships (MCP), and to assess the current state of the church response as gleaned from respondents' experiences. The survey revealed that frequent churchgoers and evangelicals were significantly more likely to report that their church had general and/or specific activities geared to addressing MCP and that fewer of their fellow congregant engaged in MCPs. Most respondents tended to associate MCP for females with the need to procure both essential and non-essential goods. For males, MCP was believed to be the product of natural and social impulses. However, respondents did not believe that these impulses were insurmountable.*

## Introduction

There is a growing belief, sustained by the best evidence available, that MCPs are a primary driver of HIV transmissions in countries with high prevalence. MCP, defined as "relationships where an individual has two or more sexual partners that overlap in time," allows for the rapid transmission of HIV through sexual networks. It does so by increasing the probability that an HIV-positive individual will engage in a sexual relationship with an HIV-negative individual when the former is at his or her period of greatest infectiousness.

Addressing sexual behaviors will require the hard work of various partners, especially religious institutions

Even in the most remote areas of Africa, where the government and NGOs cannot reach, churches are present. This presence combined with the fact that when a church leader speaks, people tend to listen, points to the necessity of the church having a prominent role in any response that addresses the HIV epidemic.

However, if community leaders of faith are to impact the epidemic by affecting the behavior of their congregation or religious organizations, in addition to being a positive example, they must also have a clear understanding of MCP and a belief that change is possible. It is important to assess the attitudes and perceptions of church leaders in order to plan effective training that will maximize the positive impact of their influence.

## Methodology

The survey is from a convenience sample of religious community members interested or active in the response to HIV and AIDS in Africa that were meeting at a conference in late 2008. Of the 68 surveys that were distributed to conference participants (all present at the conference at the time), 65 were returned to survey organizers.

The completed surveys were then used to populate an Excel spreadsheet, and all 65 observations were then checked against the original surveys. The Excel spreadsheet was exported to STATA and all the observations were checked against the Excel spreadsheet and 10 randomly selected observations were checked against their original paper survey.

The resulting data was checked for missingness, reliability and consistency. Frequency, bivariate and (in limited instances) multivariate analyses were employed to cull the information that follows.

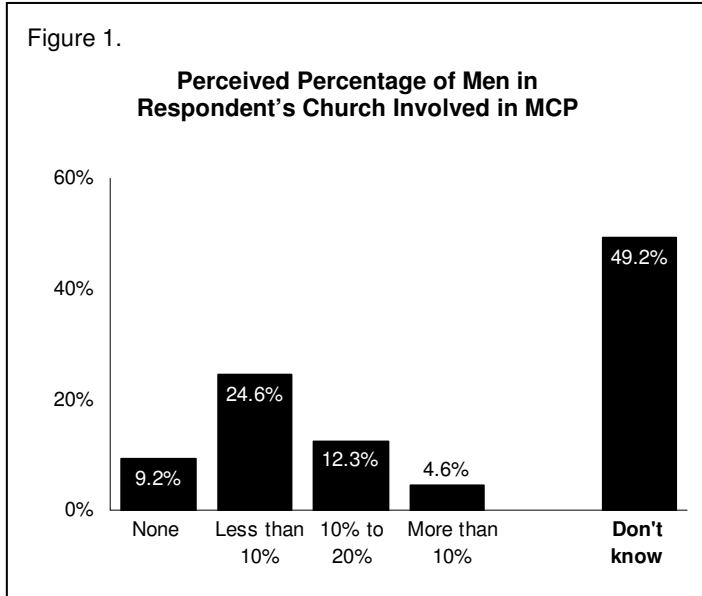
## Sample Characteristics

There were more than twice as many male (69.2 percent) as female (30.8 percent) respondents in the sample. Respondents ranged from 26 to 63 years of age, with a mean age of 44 years (median age: 45 years). With 6 respondents each from Burkina Faso and Senegal, 5 from Benin and 13 from other neighboring countries, western Africa was well represented in the sample. Nearly a quarter of respondents (15) were from member states of the Southern African Development Community (SADC). There were 12 respondents from east Africa (north of Tanzania). Of the non-African

Table 1.					
Respondent Demographics (n=65)					
<b>Sex</b>		<b>Age</b>		<b>Region</b>	
Male	69.2%	25 – 34	16.9%	Non-SADC Africa	64.6%
Female	30.8%	35 – 44	32.3%	SADC	23.1%
		45 – 54	38.5%	Europe & North America	12.3%
		55 – 64	12.3%		
<b>Residence*</b>		<b>Marital Status</b>		<b>Organization</b>	
Urban	67.7%	Married	81.2%	FBO	16.9%
Peri-urban	13.8%	Single	18.8%	NGO	32.3%
Rural	13.8%			Church	38.5%
DK/NR <sup>†</sup>	4.6%			CBO	12.3%
<b>Religious Affiliation</b>			<b>Religious Attendance</b>		
Mainline Protestant	50.8%	Multiple times weekly	35.4%		
Evangelical	33.8%	Weekly	55.4%		
Catholic	10.8%	Monthly	3.1%		
Muslim	3.1%	Yearly	1.5%		
Monotheist	1.5%	None	3.1%		
		DK	1.5%		
*The categories of residence do not add to 100.0 percent primarily due to a rounding error involving peri-urban and rural (both 13.846 percent).					
† Don't know/No response.					

respondents, there were four participants from Denmark, three from the U.S. and one from Sweden.

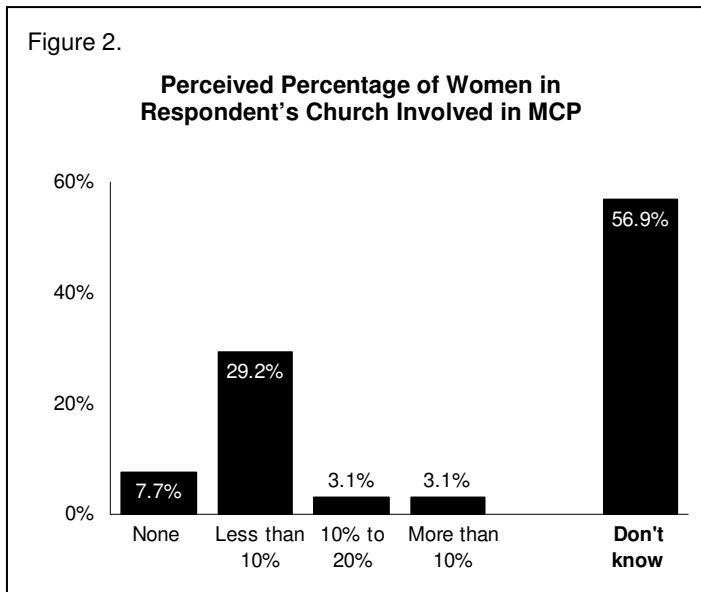
Most respondents were married (81.2 percent) and resided in urban areas (67.7 percent). Just about half (50.8 percent) of the respondents were from mainline protestant churches (e.g., Anglican, Lutheran, Presbyterian), but evangelicals (e.g., Pentecostals) (33.8 percent) and Catholics (10.8 percent) were also represented. More than half (55.4 percent) of the respondents were representing a church or faith-based organization (FBO), while the rest were affiliated with either a nongovernmental organization (NGO) (32.3 percent) or a community-based organization (CBO) (12.3 percent). Nearly all the respondents went to religious services at least once per week: 35.4 percent attended more than once per week and another 55.4 percent attended on a weekly basis.



## Findings

### Perceptions about the Prevalence of MCP in Religious Institutions

As depicted in figure 1, most survey respondents were not willing to speculate about the severity of the MCP problem in their congregations. Nearly half (49.2 percent) reported not knowing the percentage of men involved in MCP in their church or mosque, and the percentage (56.9 percent) was even higher for women (figure 2).



Of the respondents that were willing to place a figure on MCP in their church or mosque, most did not think that it involved more than 10 percent of women or men in their congregation. However, these figures do not tell the whole story. Of the 32 respondents who answered "don't know" to the question about prevalence of male MCP in the church, 15 provided an answer to the question about

the most common MCP relationship for men in the church (table 3) and 20 gave a reason for such MCPs (table 4).

There was a similar pattern in the data for women in the church engaged in MCP. Sixteen of the 37 respondents who were unable or unwilling to put a percentage on the level of MCP in their church, were able to describe the most common type of these relationships and 21 reported the most common reason for said relationships.

With a large percentage of the respondents believing, as is evident from their subsequent responses, that MCP occurs in the church, yet unwilling to put a figure on its prevalence, it is impossible to provide a definitive answer about perceptions on the extent of MCP in the church. However, the data make it very clear that many of the respondents believe that there are both men and women in the church engaged in MCP.

When asked about MCP in their congregations only five respondents reported that neither the male nor the female members were engaged in MCP, and one male respondent said that none of the men in his church were engaged in MCP, but that he did not know about the women. All other respondents either reported a percentage or that they did not know about the prevalence of MCP in their congregations. Subsequent surveys with slightly modified questions will better describe perceptions concerning MCP in the church.

Table 2.

**Perception of Evangelicals and Multiple Weekly Church Attendees about Prevalence of MCP**

MCP in Church	< 10% of Men		< 10% of Women	
Evangelicals	52.4%	<b>p=.029</b>	57.1%	<b>p=.020</b>
Non-evangelicals	25.0%		27.3%	
Multiple/weekly	52.2%	<b>p=.021</b>	56.5%	<b>p=.015</b>
Weekly or less	23.8%		26.2%	

There were no significant differences in perceptions of prevalence of MCP among church members of either sex by respondent's: sex, age, region or area of residence. However, even with the small sample size, differences based on religious affiliation and frequency of religious attendance were detectable.

As shown in table 2, respondents identifying as evangelical were significantly more likely to report that "less than 10 percent" of the men in their church were engaged in MCPs than

Table 2.a.

**Less than 10 Percent of Men in Respondent's Church Engaged in MCP**

	OR	s.e.	P>  z
Evangelicals	2.892	1.676	.067
Multiple/weekly	3.097	1.766	<b>.047</b>

Table 2.b.

**Less than 10 Percent of Women in Respondent's Church Engaged in MCP**

	OR	s.e.	P>  z
Evangelicals	3.136	1.813	<b>.037</b>
Multiple/weekly	3.259	1.849	<b>.048</b>

other respondents. Evangelicals were also significantly more likely to report that “less than 10 percent” of women in their congregation engaged in MCPs than other respondents (table 2). The same was true of respondents whose regular religious attendance exceeded once a week.

Respondents with frequent church attendance were significantly more likely than other respondents to report that less than 10 percent of men and women in their church or mosque engaged in MCP (table 2). As expected, there is considerable overlap between evangelicals and respondents who attend church more than once weekly. However, as can be seen in tables 2.a and 2.b, the effects are distinct.

With the exception of evangelical’s perception of male MCP prevalence, the other three relationships between attitudes and affiliation or attendance hold up when controlled for the other factor. For the most part, the odds of evangelicals, whether frequent church attendees or not, and frequent church attendees, whether they are evangelical

or not, are approximately three times those of other respondents of reporting that less than 10 percent of their fellow congregants engage in MCPs.

These findings have two important implications: either the respondents are correct in their assessment of MCP prevalence, and there is less MCP in evangelical and other religious institutions that engender frequent religious attendance, or the respondents are incorrect and they are underestimating MCP in their religious communities, relative to other sampled members of the religious community.

In the first instance, greater attention should be focused on the activities of evangelical other groups with frequent religious attendance, such as those reviewed later in this report, to see if they differ from the activities of other institutions. In the second instance, where respondents are incorrect and the prevalence of MCP is just as high in evangelical and other religious institutions that engender frequent attendance, greater focus should be targeted to increasing awareness about

Table 3.

**Beliefs about the Most Common Types of MCP in Church**

<i><b>For men it is spouse/co-habiting partner and:</b></i>		<i><b>For women it is spouse/co-habiting partner and:</b></i>	
Steady girlfriend	28.1%	Steady boyfriend	25.0%
Occasional girlfriend	18.8%	Occasional boyfriend	18.7%
Casual partner/one night stand	9.4%	Casual partner/one night stand	6.3%
Sex workers	3.1%	Transactional sex	1.6%
Other	3.1%	Other	0.0%
<i>Don't know</i>	<i>34.4%</i>	<i>Don't know</i>	<i>42.2%</i>
<i>No response</i>	<i>3.1%</i>	<i>No response</i>	<i>6.3%</i>

Table 4.

**Perceptions about the Primary Cause of MCP**

	<i>For Men in Church</i>	<i>For Men in Community</i>	<i>For Women in Church</i>
Physiologic need	23.1%	24.6%	6.2%
Social status/peer pressure	20.0%	26.2%	6.2%
Source of entertainment	20.0%	20.0%	4.6%
Income for essential needs	3.1%	1.5%	30.7%
Income for non-essential needs	3.1%	0.0%	12.3%
Other	1.5%	6.2%	1.5%
<i>DK/NR</i>	<i>29.2%</i>	<i>21.5%</i>	<i>38.5%</i>

the problems of MCP in these institutions.

The only other association between perceptions of MCP prevalence and respondent characteristics involved marital status. Single respondents were significantly more likely to believe that more than 10 percent of the men in their congregations were engaged in MCP (41.7 to 11.5 percent,  $p=.013$ ).

Description of MCP in the Church

Table 3 presents respondent’s beliefs about what the most common forms of MCP are in their church. Again, most answered that they did not know the most common form of MCP for men (34.4 percent) or women (42.2 percent). About a quarter believed that a steady girlfriend (28.1 percent) or a steady boyfriend (25.0 percent) in conjunction with a spouse or co-habiting partner was the most common form of MCP for men and women, respectively, in the church. The respondents that believed that more than 10 percent of men in their congregations were engaged in MCP were also significantly more likely to believe that a steady girlfriend in addition to a spouse or co-habiting

partner was the most common form of such MCP (54.6 to 22.6 percent,  $p=.032$ ).

It is noteworthy that sex workers or, conversely, transactional sex were the least selected responses for source of MCP among church members. As with the prevalence of MCP discussed above, respondents may be correct, which would call into question the effectiveness of prevention efforts that solely target sex workers as a primary response to a general epidemic. Alternatively, respondents may be incorrect in their assessment of the behavior of their fellow church members, which would suggest a need for greater candor about the sexual behavior within the church, before effective strides can be made in addressing MCP through these institutions.

Beliefs about the Causes of MCP

Respondents pointed to different factors to explain the most common cause of MCP for male and female church members. As seen in table 4, the modal response for the questions about both sexes was either “don’t know” or to not

respond, but the proportion of such responses was considerably smaller for these questions than it was for the question on the prevalence of MCP.

For those who did respond, MCP for men in their church was primarily believed to be a product of physiologic need (23.1 percent); a desire for enhanced social status or peer pressure (20.0 percent); or a source of entertainment (20.0 percent). Respondents believing that MCP was a result of physiologic need were significantly younger (40.0 compared to 45.4 years of age,  $p=.0293$ ), while respondents believing that MCP for men was primarily a source of entertainment were significantly older (49.7 compared to 42.8 years of age,  $p=.008$ ). Respondents from SADC member states (40.0 to 14.0 percent,  $p=.027$ ), single respondents (50.0 to 13.5 percent,  $p=.005$ ) and those who believed that more than 10 percent of men in their church were engaged in MCP (45.5 to 14.8 percent,  $p=.021$ ) were all significantly more likely to think that MCP was primarily a source of entertainment for men.

For women, community leaders of faith believed that MCP was mainly a desire for income for either essential (30.7 percent) or non-essential (12.3 percent) needs. In effect, though respondents did not appear to think that male members of their church were involved with sex workers or that female members were engaged in transactional sex, their responses present a picture of an informal sex market with men as buyers and women as sellers. Not surprisingly, respondents from Denmark, Sweden or the United States were significantly less likely to cite income for essential needs as the primary cause of MCP for women

in their congregations (0.0 to 35.7 percent,  $p=.049$ )

When asked about the causes of MCP for men in the community-at-large, respondents offered much the same explanation as they did for men in the church. Physiologic need (24.6 percent), social status/peer pressure (26.2 percent) and source of entertainment (20.0 percent) were again selected as the primary cause of MCP. Furthermore younger respondents were significantly more likely to choose physiologic need while those from SADC member states and single respondents pointed to MCP as a source of entertainment for men in the community, suggesting that respondents did not believe that there was a big difference between the men in their church and those in the community that engaged in MCP. Respondents were not asked about women in the community; it is hoped that future iterations of this survey will yield information on this important question.

Respondents were also asked to give a more abstract assessment of the cause of MCP in their communities. More than half (55.4 percent) pointed to general social/cultural acceptance as the source of MCP. Respondents were less likely to point to western influences (18.5 percent) and women's liberation (6.2 percent) as a source of MCP. However, respondents from non-SADC member states in Africa were significantly more likely to point to western influences (26.2 as compared to 4.4 percent for other respondents,  $p=.043$ ), while both these respondents (45.2 to 73.9 percent,  $p=.026$ ) and those that did not know about the prevalence level of male MCP in their congregations (37.5 to 72.7 percent,  $p=.004$ ) were both significantly less likely to see social/cultural

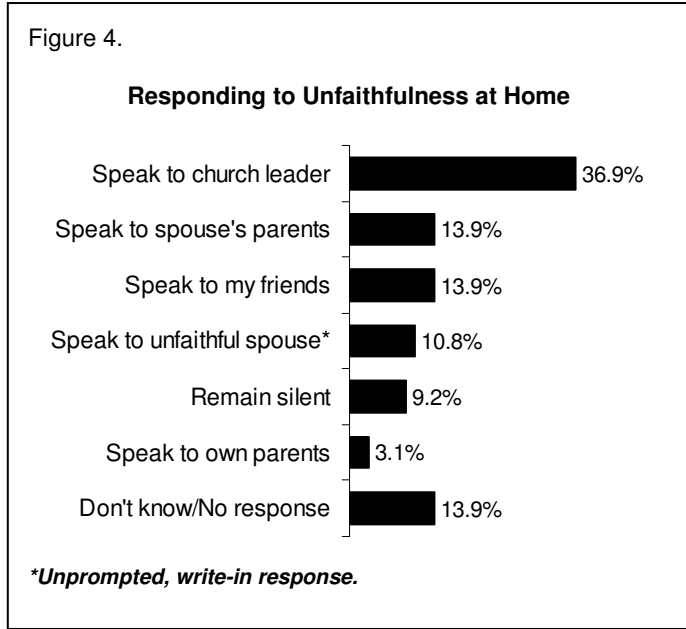
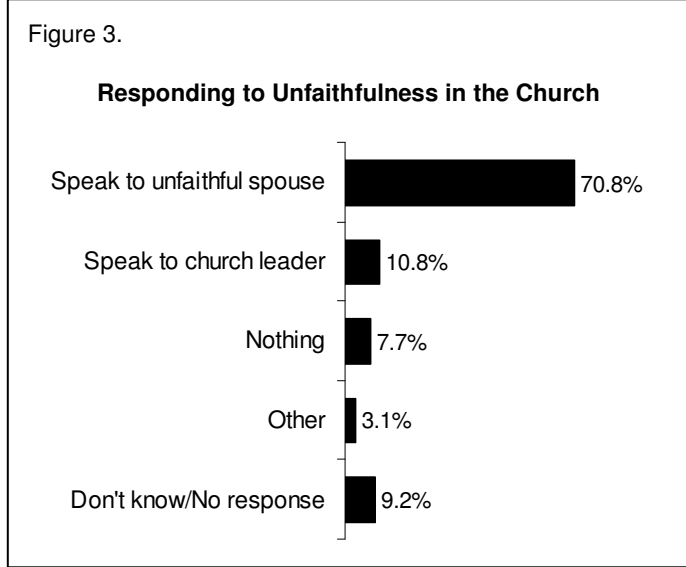
acceptance as the cause of MCP in their communities. Twenty percent (13) of respondents did not know or did not respond to the question.

### Confronting MCP in the Church

When asked how they would react to discovering that a member of their congregation was being unfaithful to a spouse, 70.8 percent of the respondents, as shown in figure 3, said that they would speak with the unfaithful spouse. Another 10.8 percent said that they would speak to a church leader. Only 5 of the 65 respondents (7.7 percent) said that they would do nothing about a fellow church member being unfaithful to their spouse. While actions certainly speak louder than words, these responses suggest that the church environment is increasingly inhospitable to the practice of MCP.

Similarly, as depicted in figure 4, remaining silent (9.2 percent) was not a preferred option for respondents confronted with the hypothetical situation of discovering that a spouse was being unfaithful. Most respondents reported that they would speak to someone about an unfaithful spouse, and church leaders (36.9 percent) were, by far, their preferred confidants.

Respondents from SADC members states (26.7 percent,  $p=.022$ ) and those that responded “don’t know” when asked about the prevalence of MCP in their congregations (18.8,  $p=.011$ ) were



significantly more likely to remain silent about an unfaithful spouse than other respondents. Frequent churchgoers were significantly less likely to speak to their spouse's parents (0.0 compared to 21.4 percent for other respondents,  $p=.021$ ) or friends (also 0.0 compared to 21.4 percent,  $p=.021$ ) about an unfaithful spouse, preferring instead to speak to a church leader (56.5 compared to 26.2 percent for other respondents,  $p=.015$ ).

Table 5.

**Faithfulness: Possibilities and Practice**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>DK/NR</b>
Monogamy by both partners important for happy home.	1.5%	0.0%	15.4%	81.5%	1.5%
Possible for man to be faithful to just one partner for life.	0.0%	9.2%	23.1%	61.5%	6.2%
Possible for woman to be faithful to just one partner for life.	0.0%	4.6%	20.0%	70.8%	4.6%
MCP for married man not harmful so long as he is discrete and provides for family.	72.3%	20.0%	0.0%	6.2%	1.5%
Man can produce children elsewhere if wife is infertile.	63.1%	20.0%	9.2%	0.0%	7.7%
Woman can produce children elsewhere if husband is infertile.	67.7%	20.0%	4.6%	0.0%	7.7%

Faithfulness: Possibilities and Practice

Survey respondents were asked six questions that were meant to determine their attitudes about the possibility of being practicing faithfulness in marriage. As presented in table 5, nearly every responded agreed or strongly agreed that monogamy by both partners is important to maintaining a happy home (96.9 percent); and that it was possible for a woman (90.8 percent) or a man (84.6 percent) to remain faithful to one partner for life. A similar percentage of respondents disagreed or strongly disagreed with the statement that a man having concurrent partners is not harmful so long as he is discrete and provides for his family (92.3 percent); or that it is alright for a man (83.1 percent) or a woman (87.7 percent) to produce children outside of the marriage if their spouse is infertile.

These results should not come as a surprise considering the composition of

the sample: leaders of organizations attending a professional conference on HIV/AIDS. Nor should it be surprising that these beliefs are manifested in the attitudes of married respondents about sex. Nearly 90 percent of such respondents, including every married female surveyed, believed that both partners should decide when to have sex (3 of the 39 married males believed that the decision should be made by the husband, 1 did not know who should make the decision and 2 did not respond). Similarly, 92.5 percent of all married respondents, again including every married female, reported the ability to have a frank conversation about sex with their spouse.

Churches Addressing MCP

As depicted in table 6, respondents were asked a series of questions to determine the extent to which they are exposed to messages about MCP in their congregation. All respondents were

asked whether church leaders spoke about MCP in their congregation. Married respondents were asked whether they received premarital counseling from their church; whether this counseling effectively addressed extramarital relationships; and whether they had attended any training on faithfulness in marriage.

Just over 4 of 10 respondents (41.5 percent) reported that church leaders spoke about MCP. Females (60.0 percent,  $p=.044$ ), evangelicals (63.6 percent,  $p=.010$ ) and respondents who

regularly attend religious services more than once a week (69.6 percent,  $p=.001$ ) were all significantly more likely to report that their church leaders talked about MCP. As noted above, there is overlap between evangelicals and frequent churchgoers. Once again, as shown in table 6.a, the effects of the two groups are independently significant and substantive. However, when controlling for other significant factors, the effect of sex drops just below significance ( $p=.070$ ).

	<i>Church leaders speak about MCP in my congregation.</i>	<i>I received premarital counseling from church</i>	<i>Church premarital counseling effectively addressed extramarital relationships</i>	<i>I have attended a training on faithfulness in marriage.</i>
<i>Total</i>	41.5%	54.7%	39.6%	37.7%
Male	<b>33.3%*</b>	51.3%	35.9%	33.3%
Female	<b>60.0%*</b>	64.3%	50.0%	50.0%
<b>Region</b>				
SADC	46.7%	63.6%	45.5%	45.5%
Non-SADC Africa	45.2%	54.3%	42.9%	37.1%
Europe & North America	12.5%	42.9%	14.3%	28.6%
Rural	33.3%	50.0%	50.0%	16.7%
Peri-urban	33.3%	37.5%	25.0%	25.0%
Urban	43.2%	59.5%	43.2%	40.5%
Single	58.3%	—	—	—
Married	36.5%	—	—	—
Catholic	42.9%	66.7%	66.7%	33.3%
Mainline Protestant	<b>27.3%*</b>	48.3%	31.0%	31.0%
Evangelical	<b>63.6%**</b>	68.4%	52.6%	52.6%
<b>Religious Services</b>				
Weekly or less	<b>26.2%***</b>	<b>42.9%*</b>	<b>25.7%**</b>	28.6%
More than once weekly	<b>69.6%***</b>	<b>77.8%*</b>	<b>66.7%**</b>	55.6%

\* denotes  $p \leq .05$ ; \*\* denotes  $p \leq .01$ ; and \*\*\* denotes  $p \leq .001$ .

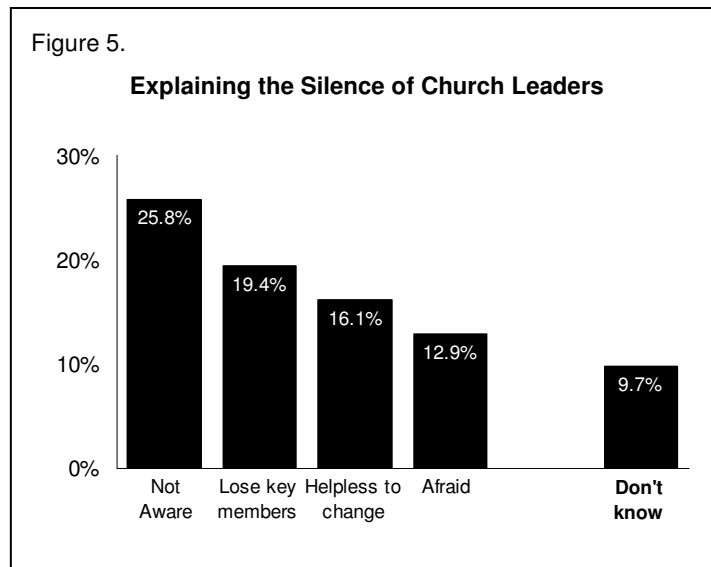
	OR	s.e.	P>  z
Males	0.317	0.201	.070
Evangelicals	3.757	2.329	<b>.016</b>
Multiple/weekly	6.500	4.032	<b>.003</b>

Figure 5 presents the reasons given by the 31 respondents whose church leaders were not discussing MCP, for why these leaders were not doing so. More than a quarter (25.8 percent) did not believe that their church leaders were aware of the MCP problem. Nearly a fifth (19.4 percent) thought that their leaders were scared that they might lose key members if they spoke out. Just over 16 percent thought that their church leaders felt helpless to change the situation and just under 13 percent thought their leaders were afraid either of going against the prevailing culture or of being accused of similar behavior. Single respondents (50.0 percent,  $p=.037$ ) and those believing that MCP prevalence was high in their congregations (for both men [50.0 percent,  $p=.004$ ] and women [75.0 percent,  $p=.001$ ]) were significantly more likely to see religious leaders as being afraid of being accused of similar behavior. Evangelicals were significantly more likely to say that silent leaders in their church were not aware of MCP (62.5 as compared to 13.0 percent for non-evangelicals,  $p=.013$ ) Younger respondents (mean age of 37.7 years) were significantly ( $p=.045$ ) more likely to report that church

leaders did not want to lose key members.

Taken together, the prevalence of three categories, i.e., losing key members, helpless to change and fear suggest that nearly half of the respondent's whose church leaders were not talking about MCP, were not doing so because the problem was believed to be too big to address safely. The end result was expected to be either futility or personal ruin. While successfully encouraging church leaders to directly confront MCP may be an uphill battle, there are other venues for these leaders to address MCP.

As depicted on table 6, more than half (54.7 percent) of all married respondents reported that they received premarital counseling from their church. Once again, respondents that attended church more frequently than once a week (77.8 percent) were significantly more likely to report receiving premarital counseling. However, only 39.6 percent of married respondents reported that their churches' premarital counseling effectively addressed extramarital



affairs. Here again, it was frequent churchgoers (66.7 percent) who were more like than others to report that their churches effectively addressed extramarital affairs.

Finally, as shown on table 6, only 37.7 percent of married respondents reported having attended a training on faithfulness in marriage. Respondents who attended religious services more frequently (55.6 percent) were more likely to report attending such a training, but in this instance the difference is not quite significant ( $p=.055$ ).

Well over half of the respondents (56.9 percent) reported always or sometimes receiving counseling on how to build a strong family during their Sunday services. Again, evangelicals (76.2 percent,  $p=.030$ ) and respondents who regularly attend religious services more than once a week (78.3 percent,  $p=.010$ ) were significantly more likely than other respondents to report receiving this

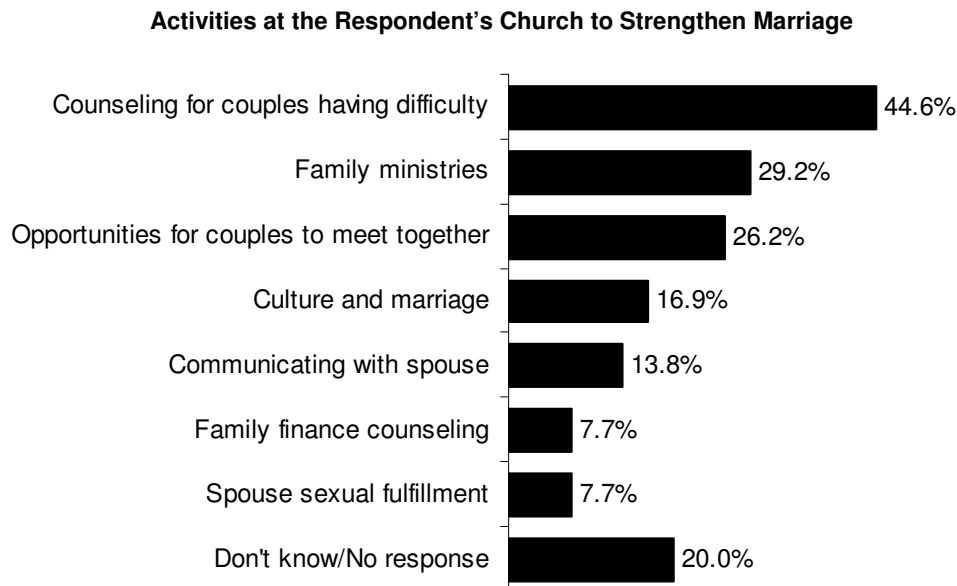
Table 7.  
**Counseling on Strong Families in Sunday Service**

	OR	s.e.	P>  z
Evangelicals	2.493	1.478	.123
Multiple/weekly	4.041	2.438	<b>.021</b>

counseling in their religious services. As shown in table 7, frequency of religious service attendance is the key, as its effect remains significant even after controlling for the overlap between evangelicals and these respondents.

When asked to select the activities available at their church to strengthen marriage (figure 6), respondents were most likely to report the availability of counseling for couples having marital difficulty (44.6 percent) — evangelicals were significantly more likely (63.6 percent,  $p=.027$ ) select this activity than other respondents. This was followed by: family ministries (29.2 percent),

Figure 6.



opportunities for different couples to meet with each other for peer support (26.2 percent), sessions on culture and marriage (16.9 percent), seminars on communicating with a spouse (13.8 percent), family-finance counseling (7.7 percent) and discussions about spouse sexual fulfillment (7.7 percent).

Respondents from urban areas were significantly more likely to say that their churches had activities for couples to meet together (34.1 percent,  $p=.040$ ). Evangelicals were the only respondents to report that their church's provided family finance counseling (22.7 percent,  $p=.003$ ). Frequent churchgoers were significantly more likely to report that their church's had seminars on communicating with your spouse (30.4 percent,  $p=.007$ ) and on spouse sexual fulfillment (17.4 percent,  $p=.049$ ).

One fifth of the respondents did not know about the activities to strengthen marriage that were available at their church or did not respond to the question. Not surprisingly, all the respondents that did not know about activities at their church were also those attending church once a week or less (19.1 percent,  $p=.043$ ).

## **Discussion**

The survey shows a clear difference between respondents who attended religious services more than once a week and those who did not. As noted earlier, along with evangelicals, these frequent churchgoers were significantly less likely to believe that their fellow congregants were engaging in MCPs and they were significantly more likely to report that their churches directly (e.g., through talks by church leaders) and indirectly (e.g., through activities to

strengthen marriage and marital fidelity) address MCP.

The strength of the relationship between church attendance and various measures involving MCP is particularly telling considering the small size of the sample (65). Compare this relationship to sex, age, region, area of residence, none of which consistently explain variation in attitudes or perceptions about MCP and activities that respondents' churches were undertaking to confront MCP.

Earlier, we noted that the relationship between evangelicals or frequent church attendees and their perception of MCP in their congregations needed to be combined with evidence that their religious institutions were doing more to address MCP — the survey showed evidence of such activities. Of course, it is possible that the reporting of more church activities by frequent churchgoers was simply a result of their increased exposure. It is not necessarily the case that their churches were doing more, it could be that the frequent churchgoers were more aware of activities at their church (which would still be a positive aspect of being a frequent churchgoer).

Data available from the new demographic and health surveys that compares HIV sero-prevalence to religious affiliation would be the best way to assess the effect of religious affiliation on HIV prevalence. Unfortunately, these surveys do not ask questions about frequency of church attendance or any other question that measures the level of interaction between respondents and their religious institutions.

This study also addresses beliefs about the ability of men to control their sexual impulses; and also respondents' beliefs concerning the possibility of mutual monogamy: almost every respondent believes that it is possible for men to control themselves and that mutual monogamy is a possibility.

When looking to describe the causes of MCP, survey respondents pointed to two distinct phenomena for males and females. For men it was a mixture of cultural norms and uncontrolled sexual behavior. For women, respondents saw a desire for goods, both essential and otherwise. This pattern held for both male and female respondents with the exception that more female respondents reported social status/peer pressure as a driver of female MCP than male respondents. Females were also more likely to see MCP as a source of entertainment for men. The difference between the sexes on these two exceptions was not statistically significant, but they were substantial enough to suggest that this would be a relationship to keep in mind when working with a larger sample size.

It is noteworthy that the survey responses, even as they pointed to several deeply ingrained aspects of human behavior and society that are not easy to change (e.g., cultural norms, material accumulation and male sexual behavior), also presented a potential model of success: the respondents that were more likely to report religious activities to strengthen marriage were also the ones that reported a lower prevalence of MCP in their congregations. The findings of the survey clearly showed that these conference participants, hailing from the religious community, were convinced

that MCP was the result of individual and communal choice, and that there were steps that religious community could take to help shape these choices.

## **Conclusion**

Over the past decade, considerable energy has been lent to rehashing the shortcomings of the church when it comes to addressing HIV/AIDS. Little attention has been given to the aspects of the church that have or have the potential to serve as a protective factor for their members. This survey begins to explore the positive role that church can and does play in the response to HIV. More importantly the survey highlights what can often become lost in the discussion of the church: the church is not a monolith — important characteristics, and not just those of denomination, distinguish one adherent from the next.

For example, in a study mainly composed of leaders from religious organizations (i.e., a study design that very easily could and may have obscured differences attributable to religion), it was still religious distinctions, not those based sex, age, marital status region or area of residence, that best explained variation in attitudes and perceptions concerning MCP.

Frequent churchgoers and, to a lesser extent, evangelicals either attend institutions that are more likely to provide activities that strengthen communication within marriage or they, as a result of their increased exposure to their religious institution, are more aware of the activities that are available. These same two groups are also more likely to affirm that fewer of their fellow members are engaged in MCPs. While

these findings are obviously subject to further examination, especially with respect to sero-prevalence, it is clear from this survey that greater attention needs to be given to the role of the church and potential differences between churches with respect to addressing MCP.

It is our hope that a slightly modified version of this survey can be administered to different populations throughout Africa in the near future, to further investigate the role of religious institutions and the attitudes of church leaders concerning MCP.