

# CHANGING RISKY BEHAVIOUR THROUGH

## WORLDVIEW TRANSFORMATION: A PASTORAL

## INTERVENTION TO THE SPREAD OF

# **HIV/AIDS IN ZAMBIA**

ΒY

## Kennedy Chola Mulenga

Submitted in fulfilment of the requirements of the degree

# PHILOSOPHIAE DOCTOR

In the Faculty of Theology, University of Pretoria The study was done through the Cape Town Baptist Seminary

> SUPERVISOR: Professor Julian C. Müller CO-SUPERVISOR: Dr. Linzay Rinquest

## NOVEMBER 2010

© University of Pretoria



### **DECLARATION OF AUTHORSHIP**

I, Kennedy Chola Mulenga, declare that the thesis, which I hereby submit for the degree PHILOSOPHIAE DOCTOR at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at another university/institution.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

PLACE: Cape Town Baptist Seminary



## DEDICATION

То

Elizabeth M. B. Mulenga

who has been my partner in ministry,

my friend and confidante, the mother of my children

and my patient, courageous, enduring and beloved wife of twenty-one years.



### ABSTRACT

The study investigates how the church in Zambia can effectively facilitate change toward reducing HIV-risky behaviour. The researcher posits that an intricate connection exists between HIV-risky behaviour and the socio-cultural context of majority people groups in Zambia. He further argues that much risky behaviour is imbedded in pervasive socio-cultural norms and traditions propelled by a worldview which essentially resists transformation. From an insider's perspective the researcher will design a praxis model for transforming Zambian worldview facets with regard to HIV/AIDS predisposing behaviours in order to achieve enduring HIV risk reduction. The study reviews current literature on HIV behavioural change theories and models to understand where the theories have taken all the stakeholders, including theological praxis. The study will demonstrate the link between Zambian cultural worldviews and trends in sexual behaviour which, arguably, facilitates the proliferation of HIV risky behaviour. The study culminates in designing an evangelical theological praxis/model for transforming relevant cultural worldviews toward changing HIV risky behaviour in Zambia.

#### **KEY CONCEPTS**

Changing Risky Behaviour, HIV-Risk Behaviour, Worldview Transformation, Pastoral Intervention, HIV/AIDS, Zambia



### ACKNOWLEDGEMENTS

This thesis would not have seen the light of day without the Lord's help. He provided me with His guidance and strength throughout the study. I am therefore profoundly grateful to Him for His sustaining grace during this study. However, the production of this thesis would have not been possible without the kind assistance of the following people whom the Lord graciously brought into my life for such a time as this:

Professor Julian C. Müller, the head of the department of Practical Theology at the University of Pretoria and my study supervisor, for his encouragement and motivation toward academic integrity. I am deeply indebted to Professor Müller for teaching me to be an empathic listener and pastoral helper of PLWHA. Professor Müller's insights on the Art of Narrative Counselling have left an indelible mark on my views on how to care for God's people irrespective of racial, cultural background, religious affiliation, or HIV/AIDS status.

My hearty thanks go to Dr. Linzay Rinquest, my Co-Supervisor and the Principal of the Cape Town Baptist Seminary, for his inestimable guidance, suggestions, theological insights, pastoral support, and research creativity without which I would not have completed this study. I also thank all the staff and faculty of the Cape Town Baptist Seminary for their love and unrelenting support to my family during the tenure of this phase of my studies at the Seminary.

I am also grateful to the following:

- Dr. Vhumani Magezi for his encouragement during my studies, for reading through some of my unfinished work, and giving a listening ear to me during the process of ravelling the subject of the thesis.
- Rosa and Nel Scheepers for their unrelenting prayer and financial support to my family and I.

vi



- Neville Du Plessis for reading the thesis and making insightful suggestions. Thanks too for his prayers, encouragement, and financial support.
- Neville and Joyce Morris, Colin Morris, and all the staff of the then omniwest Group of Companies in Cape Town, where I worked part-time during the formative phase of this project, for their encouragement and unconditional support. Thanks especially to Neville for inspiring me to take my academic life to the next level.
- The Sons of God Ministry members—namely Alec Sassman, Charles Martinus, Clive Davis, Danny Davis, Fred Petersen, Heinrich Jemane, Jeff Petersen, Malcolm Johnson, and Professor Basil Julies— and their families for their prayer and financial support.
- Rev. Gift Makumbe and the Board of Directors of Grace Fellowship Africa (GFA), Cape Town, for their spiritual and moral support during my studies.
- Rod and Molly Johnson of Grace Fellowship Africa (USA) for their unconditional support and for trusting the Lord with me to complete this thesis, even though we are yet to meet in person this side of heaven.

Lastly, all my brothers and sisters in the Lord Jesus Christ (too numerous to mention by name) who have supported my family and I in innumerable ways during this highly demanding leg of my academic journey. I would like to thank my family in Zambia, especially my mother-in-law and my mother, for understanding my wife and children's absence from home. I look forward to a great family reunion someday soon. My heartiest thanks go to my wife Elizabeth and our Children—Kennedy, Leah, and Flavia—for tolerating a virtual 'absentee' husband and father (respectively) during this study.

Kennedy Chola Mulenga Cape Town November 2010



## ACRONYMS AND ABBREVIATIONS

AHD	American Heritage Dictionary
AIDS	Acquired immune-deficiency Syndrome
ANC	Antenatal Clinic
ARHAP	African Religious Health Assets Programme
ARRM	AIDS Risk Reduction Model
ART	Assisted Reproductive Technology
AVAC	AIDS Vaccine Advocacy Coalition
CD4	Stands for cluster of differentiation. CD4 is a molecule on the surface of
	some white blood cells onto which HIV can bind. The immune cell that
	carries the CD4 on its surface is called a CD4 cell. A CD4 test measures
	the number of CD4 cells in a person's blood. The more CD4 cells there
	are per millilitre the stronger is the immune system. The stronger the
	immune system the better the body can fight illness.
CHEP	Copperbelt Health Education Programme
CSO	Central Statistical Office
CBoH	Central Board of Health
EFZ	Evangelical Fellowship of Zambia
FBO	Faith-Based Organization
HBM	Health Belief Model
HEARD	Health Economics and HIV/AIDS Research Division
HIV	Human Immunodeficiency Virus
HRW	Human Rights Watch
ICRW	International Centre for Research on Women
JAMA	The Journal of the American Medical Association
MoH	Ministry of Health
MTCT	Mother To Child Transmission
NASC	National AIDS Surveillance Committee
NAC	National HIV/AIDS/STD/TB Council
NAPCP	National AIDS Prevention and Control Programme
NERCHA	National Emergence Response Council on HIV/AIDS



NGO	Non-Government Organization
NIV	New International Version
PLWHA	People Living With HIV/AIDS
PWG	Global HIV Prevention Working Group
PVA	Poverty and Vulnerability Assessment
SARPN	Southern African Regional Poverty Network
SCT	Social Cognitive (or learning) Theory
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
ТВ	Tuberculosis
TNIV	Today's New International Version
TRA	Theory of Reasoned Action
UNAIDS	Joint United Nations Programme on AIDS
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency of International Development
VCT	Voluntary Counselling and Testing
WCC	World Council of Churches
WHO	World Health Organization
ZDHS	Zambia Demographic and Health Survey
ZSBS	Zambia Sexual Behaviour Survey



# LIST OF FIGURES AND TABLES USED

Figure		Page
1.1	Adults and Children living with HIV and AIDS in 2007	5
1.2	Estimated number of Adults and Children Newly	
	Infected With HIV during 2007	6
1.3	HIV Prevalence by Province	8
2.1	HIV Transmission Risk	61
2.2	Intergenerational Transmission of HIV	65
3.1	Culture and Worldview Interplay	114
3.2	The Dimensions of Culture	122
3.3	Levels of Culture	128
3.4	The Configurational Nature of Knowledge	134
3.5	The Process of Worldview Change and Its' Results	141
3.6	Traditional Public Health and Social Marketing	149
4.1	Three Levels of Transformation	171
4.2	The Nature of Worldview Shifts	177
4.3	Further Worldview Shifts	178

Table		Page
2.1	Elements Critical To Risk Behaviour Change	70
2.2	Prior HIV Testing among HIV-Positive Respondents	95



### Table of Contents

Declaration	iii
Dedication	iv
Abstract	v
Acknowledgements	vi
Acronyms and Abbreviations	viii
List of Figures and Tables Used	х
Table of Contents	xi
CHAPTER ONE: ORIENTATION OF RESEARCH	1
1.1 Introduction	1
1.1.1 The Epidemiology of HIV/AIDS in Zambia	4
1.1.2 Factors Perpetuating HIV/AIDS Growth in Zambia	9
1.1.3 Modes of HIV Infection	12
1.1.3.1 Sexual Transmission	13
1.1.3.2 Mother-To-Child Transmission of HIV	14
1.1.3.3 Use of Infected Blood and Blood Products	15
1.2 A Slow Response to HIV/AIDS in Zambia	16
1.2.1 A Sluggish Start	17
1.2.2 Current Approaches to Risky Behavioural Change in Zambia	20
1.3 Problem Statement	20
1.4 Purpose of the Study	23
1.5 Relevance of the Study	24
1.6 Hypothesis	24
1.7 Method of Study	25
1.8 Description of Chapters	28



1.8.1 Orientation of Research	28
1.8.2 Doing Practical Theology in a Context of HIV/AIDS	28
1.8.3 Worldviews & Changing HIV-Risk Behaviour	28
1.8.4 Transforming Worldviews to Change Risky Behaviour	29
1.8.5 Thesis Summary, Prospective Issues, and Conclusion	29
CHAPTER TWO: DOING PRACTICAL THEOLOGY AMID A GROWING HIV/AIDS EPIDEMIC	31
2.1 Introduction	31
2.2 Defining Practical Theology	31
2.3 HIV-Risk Behaviour Defined	35
2.4.1 The Dilemma of HIV-Risk Behaviour Change in Zambia	37
2.4.2 Cultural and Traditional Practices	44
2.4.2.1 Sexual Rituals	45
2.4.2.1.1 Sexual Abstinence of Motherhood	46
2.4.2.1.2 Widow/Widower Sexual Cleansing	47
2.4.2.1.3 Wife Inheritance	48
2.4.2.2 Sexual Violence and Myths	48
2.4.2.2.1 Sexual violence	49
2.4.2.2.2 The Virgin Myth	51
2.4.2.2.3 Misperceptions on Condoms	51
2.4.2.2.3.1 The Need for Children and the Value of Semen	53
2.4.2.2.3.2 Condoms prevent the 'ripening of the foetus'	55
2.4.2.2.3.3 A Mixed Message on Condoms	56
2.4.3 A Taboo on Sex Education	58
2.4.4 Lack of Male circumcision	59
2.4.5 Multiple and Concurrent Sexual Partnerships	61



2.4.5.1 Polygyny and Polyandry	62
2.4.5.2 Intergenerational and Transactional Sex	64
2.4.5.3 'Mobile People's' Multi-partnership	66
2.4.6 HIV-Associated Stigma	67
2.5. Current Approaches to Risky Behaviour Change	69
2.5.1 Theories and Models of HIV-Risk Behavioural Change	71
2.5.1.1 Theories Focusing on the Individual	72
2.5.1.1.1 Health Belief Model (HBM)	72
2.5.1.1.2 Social Cognitive (or learning) Theory (SCT)	74
2.5.1.1.3 Theory of Reasoned Action (TRA)	74
2.5.1.1 4 Stages of Change Model	76
2.5.1.1.5 AIDS Risk Reduction Model (ARRM)	77
2.5.1.2 Theories and Models Focusing on the Community	80
2.5.1.2.1 Diffusion of Innovation Theory	81
2.5.1.2.2 Social Influence or Social Inoculation Model	82
2.5.1.2.3 Social Network Theory	83
2.5.1.2.4 Theory of Gender and Power	84
2.5.1.3 Structural and Environmental Theories & Models	85
2.5.1.3.1 Theory for Individual and Social Change or Empowerment Model	86
2.5.1.3.2 Social Ecological Model for Health Promotion (SEMHP)	87
2.5.1.3.3. Socioeconomic Factors	88
2.6.1 Major Approaches to HIV-Risk Behaviour Change in Zambia	89
2.6.1.1 Interventions Aimed at Individuals	89
2.6.1.1.1 Information, Education and Communication (IEC)	90
2.6.1.1.2 Mass and small group education	90
2.6.1.1.3 Peer Education	92



2.6.1.1.4 Voluntary Counseling and Testing	93
2.6.1.2 Interventions Aimed at Communities	96
2.6.1.2.1 Social Influence and Social Network Interventions	96
2.6.1.2.2 Outreach Interventions	97
2.6.1.2.3 School-based interventions	98
2.6.1.3 Policy level interventions	99
2.7 Toward a Theology of HIV Behaviour Change	99
2.7.1 HIV-Risk Behaviour and Moralizing	100
2.7.2 A Conversation on Sex and Sexuality	102
2.7.3 God and HIV-Risk Behaviour Change	103
2.7.4 HIV Behaviour Change versus HIV-Associated Stigma	105
2.8 Conclusion	105

#### CHAPTER THREE: WORLDVIEWS AND HIV-RISK BEHAVIOUR CHANGE 109

3.1 Introduction	109
3.2 Exploring the Concept of Worldview	111
3.2.1 Origins of the Concept of Worldview	117
3.2.2 A Model of Worldview	121
3.3 Functions of Worldviews	123
3.3.1 Plausibility Framework	123
3.3.2 Emotional Security	124
3.3.3 Basis for Ethical Judgements	124
3.3.4 Integrates a People's Culture	125
3.3.5 Regulation of Culture	125
3.3.6 Society's Psychological Reassurance	125
3.4 Characteristics of Worldviews	126
3.4.1 Worldview Depth	127



3.4.2 Worldviews Are Not in the Genes	129
3.4.3 Worldviews are Implicit	130
3.4.4 Worldviews and Causality	131
3.4.5 Worldviews are Integrated Systems	132
3.4.6 Generativity of Worldviews	134
3.4.7 Worldviews are Constructed and Contested	135
3.5 Worldview Transformation Dynamics	136
3.5.1 An Elementary Model of Worldview Change	137
3.5.2 A Worldview Change Model	140
3.5.3 Transformational Culture Change	144
3.6 The Role of Worldview in Behaviour Change	145
3.7 Conclusion	147

CHAPTER FOUR: TRANSFORMING WORLDVIEWS FOR HIV-RISK BEHAVIOUR CHANGE	
4.2 Understanding Worldview Transformation	155
4.2.1 Transformation and Cognitive Categories	156
4.2.1.1 Intrinsic and Relational Sets	156
4.2.1.2 Digital and Ratio Sets	158
4.2.1.3 The Bible's View of Transformation	160
4.3 Transformation and HIV-Risk Behaviour Change	163
4.3.1 Worldview Transformation and Cultural Dimensions	164
4.3.1.1 Cognitive Transformation	165
4.3.1.2 Affective Transformation	166
4.3.1.3 Evaluative Transformation	167
4.3.2 Levels of HIV-risk Behaviour Transformation	169



4.3.3 Varieties of Worldview Transformation	174
4.3.3.1 Normal Worldview Transformation	174
4.3.3.2 Paradigm Shifts	175
4.4 Ways of Transforming Worldviews	180
4.4.1 Transformation by Examining Worldviews	181
4.4.2 Transformation by Exposure to Other Worldviews	185
4.4.3 Transformation by Creating Living Rituals	188
4.5 Conclusion	190

CHAPTER FIVE: THESIS SUMMARY, PROSPECTIVE ISSUES,	
AND CONCLUSION	194
5.1 Introduction	194
5.2 Synopses of Chapters	198
5.2.1 Synopsis of Chapter one	198
5.2.2 Synopsis of Chapter Two	199
5.2.3 Synopsis of Chapter Three	202
5.2.4 Synopsis of Chapter Four	204
5.3 Prospective Issues	210
5.4 Conclusion	212

#### 6.0 BIBLIOGRAPHY

215