

African American Religious Community's Involvement with HIV/AIDS Education

Kouame J*

Western Michigan University, USA

*Corresponding author: Julien Kouamé, Ph.D., MPH, 6155 Woodfield Place #8, Kentwood, MI 49548, USA, Tel: (616) 617-6686, E-mail: Julien.Kouame@unh.edu

Received date: Sep 30, 2015; Accepted date: Apr 28, 2016; Published date: Apr 30, 2016

Copyright: © 2016 Kouame J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

This project assessed the involvement of the African American religious community in African American HIV/AIDS prevention. Participants of the study were 9 African American church ministers or pastors and 8 churchgoers. They participated in a 30 minute interview to answer questions regarding their churches' involvement in HIV/AIDS education. As a result, we found that the community's involvement in HIV/AIDS education is limited to abstinence preaching. We also found that stigma related to the disease is one of the obstacles that prevent the church to diversify HIV/AIDS educational programs. The disease is stigmatized because it involves sex, homosexuality and drug use. Contrary to previous authors who have written that condom is a taboo subject in the church community we found that church members can openly discuss condom only for the use by married couples. We hope that future planning and implementation of public health programs in the African American religious community consider these findings.

Keywords: HIV/AIDS; African American; Religious community; Qualitative research; Stigma

Introduction and Background

AIDS is one of the most dangerous diseases worldwide [1] In the US, African Americans are the most infected by HIV/AIDS. According to the CDC [2], "The rate of new HIV infection in African Americans is eight times that of whites based on population size". More than two-third of all pediatric HIV/AIDS cases are African American children [3]. Lincoln et al. reported that the church is the most trusted institution for minorities [4]. Brown et al. found that the church is positively related to education attainment [5]. Thus, public health professionals are calling for the African Americans' churches collaboration to provide awareness and educational programs for the African Americans communities [6]. The literature, however, shows that African American churches do not want to be part of any discussion involving HIV/AIDS because of some issues. First lack of financial resources; this is a major issue that prevent the church leaders from conducting HIV/AIDS education programs. Aja found that the church members have financial resources but these resources are not sufficient [7]. Second is stigma; the church leaders believe it is difficult to talk about sex and sexuality at the church [8]. The third issue is religious; some beliefs and traditions prevent the church leaders from talking about HIV/AIDS. Kress said, "*religion has a unique role to play in fighting HIV/AIDS [9]. With its influence on believers' values and behavioral norms and its role in caring for the suffering religion can have an impact on everything from prevention to treatment to dealing with the dying*". The fourth issue, talking about sex and use of condom is taboo. "There has been some movements among faith communities to [promote HIV/AIDS awareness programs] and support condom use among married couples, but this is as far as it goes" [10]. Though religious leaders from large cities in the USA started to raise their voice on the disease, very little is known about attitude and opinion of religious leaders in small communities.

Objective

For many public health professionals such as Dennis Deleon, churches would be a good place to provide HIV/AIDS education for the African American Communities. As he wrote in his publication of July 29, 2004, the churches have been the primary supportive institution for many minority communities essentially for Latino and African Americans. Despite these multiple calls for action, still, some ministers may not be willing to use their pulpits to talk about AIDS. This attitude seems to be more frequent in small communities where scarcity of financial resources and barriers due to local cultural norms become fundamental obstacles. Conducted in a small town located in the mid-west of the United States of America, this research attempted to assess the opinion of African American church leaders in a small community, their current level of involvement in HIV/AIDS education.

Methodology

Participants

To assess African American church leader's current opinion and level of involvement in HIV/AIDS education in our community, we involved African American church ministers and churchgoers. African American ministers are the gatekeepers for the church in the community; therefore they have a better knowledge of the church's norms and regulations. With the support and help from the local president of local ministerial alliance, we located African American churches leaders considered to have major leadership positions in the community to take part of the study. After interview with a minister or pastor, we asked him the permission to recruit two other churchgoers within her/his congregation. Though this was not a comparative study, we chose to interview churchgoers in order to collect not only enough information, but also to compare churchgoers' responses to those received from the ministers. The churchgoers interviewed were volunteers from each church that minister is participated in the study.

Data collection

In total, we interviewed 17 individuals (nine African American ministers or pastors and eight African American or black churchgoers in four major congregations). The individuals interviewed are those considered to have influence on major African American religious opinion in the community. Therefore, despite the small sample size, we believe that the information collected reflects upon the community. Researchers chose interviews as the best means to collect data because we wanted to have the opportunities to follow up on pertinent comments when necessary. Through the interviews we gained rich and detailed information that was used in the later analysis. The interview consisted of open ended questions. Prior to the interviews, we submitted to the local Institutional Review Board (IRB), a protocol which included a questionnaire, subject recruitment script, consent form and all data collection procedures for review and endorsement.

Each interviewee participated in a 30-minute interview in which we asked her/him to answer questions about her/his church's opinion on HIV/AIDS and the church's involvement in HIV/AIDS awareness and education. The interview was held at a location convenient to the participant. Most of the cases, we interviewed pastors and ministers in their personal offices. In case a participant was not able to provide a convenient location for the interview we used a room reserved for the research at a local research institution.

Because we intended to describe the relationship between the African American community and its behavior toward HIV/AIDS, in-depth interviews were conducted with the participants. The interviews were conducted by the two researchers. With the interviewees' consent, we tape recorded the interviews for later transcription. We report only group characteristics.

Typological analysis

Compte et al. defined typological as the qualitative method according to "[which information gathered from participants is

organized in group] on the basis of some canon for disaggregating the whole phenomenon under study" [11]. Hatch suggested this strategy as a useful method for analyzing interviews [12]. We transcribed the interviews with the discretion of the investigators, immediately after each session. To keep the confidentiality of the participants, we gave pseudo names to each church and their respective participants. We imported the recorded audio files into the qualitative analysis software Transana for transcription and analysis.

To benefit from the advantages of the typological analysis, we followed the steps that Hatch suggested [12]. First, the questionnaire was divided into groups that attempt to answer each of the study questions. Second, we read each of the interview transcripts and identified principal ideas. The utilization of Transana requires that the user creates keyword groups (principal ideas) first, then keywords (sub ideas). We created codes according to the interview and research questions. For instance, one keyword group was HIV/AIDS awareness by congregation. Under that keyword group we recorded any activity related to HIV/AIDS that the interviewee named. Then, we looked at relationships between those keyword groups to identify patterns to write a general idea about the topic. We made decisions as to whether each idea supported a generalizable thought.

Results

We analyzed transcripts to obtain detailed information on the participants' (pastor, ministers, and churchgoers) opinions on the issues under study. We reviewed the following: participants' attitude toward HIV/AIDS, attitudes toward condom use, collaboration with health institutions for HIV/AIDS prevention, problems related to HIV/AIDS prevention programs at the church level, and the specific congregation's level of involvement in HIV/AIDS education. In the following paragraphs, we summarize the major results of the interviews (Table 1).

Description of the sampled Church Community	Activities Led by the Church's Community	Obstacles for Promoting HIV/AIDS Awareness Programs by the Churches
Minimum weekly attendants: 70	Seminars	Lack of people with knowledge on the issue
Minimum weekly attendants: 1700	Prayers	Lack of people with passion and compassion
Black/African American*	Holiday celebration	Lack of skilled and trained individuals
White	Volleyball	Stigma related to sex and HIV/AIDS
Hispanic	Boy Scout	
European	Abstinence Program	
Asian American		
Caribbean		
Haitian		
Jamaican		
*Denote dominant demography		

Table 1: Summary of results.

Description of the church community

During the interviews, we ask the participants to provide a general description of their congregation: Could you describe to us who the church members are? In average how many people attend this church every week? How many people work at this church?

The minimum number of the church attendants is seventy while the maximum is one thousand and seven hundred each week. This information shows that the church has the opportunity to inform a large number of people in the community. All of the participants reported that different ethnicities attend their church. All of the church leaders reported having White, African American and African members. Three churches have Hispanic members, two churches have European members, one has Asian American members, and in one church the participants reported other ethnicities such as Caribbean, Haitian and Jamaicans members. To report the diversity in their congregation, other participants used general themes such as "We are pretty cultural." In unanimity, participants reported that the congregation members include very rich people as well as very poor ones. "We have some of them who are really, really poor, indigenous, we have some who are middle class, we have some who are wealthy as well" one participant said. Although all of the participants have reported that the majority of their church members are African American, two said that Black Africans and Black Caribbean constitute the majority of their church members. After listing the origin of the church members as being "African American, Africans who are in America, Jamaicans, Haitians," a church leader added "I cannot say they are African Americans, but there are more blacks than there are whites." "The majority is probably Africans" another participant of the same church said.

Activities led by the church's community

We asked our participants not only to enumerate all known activities by the church, but also to present specific HIV/AIDS awareness programs they have organized within their church.

The interviewees reported that their church provided religious seminars, prayers, and holiday celebration. These activities include humanitarian (organizing soup kitchen to feed the homeless and clothes drive); hospital based (praying for sick people). "A lot of stuff is going on here," "I can't think about everything," the participants added. Despite the number of existing activities, it seems that the church community is open to develop other programs. The interviewees have confided: "We want to start a prison ministry," and that "there is always room for more." Most of them have reported that for their youth, they organize athletic activities such as such as basketball, boy scouts, and volleyball. One individual mentioned that they have after school tutoring sessions for students who need help. Our church "can make a significance impact on the community" an interviewee said.

Abstinence programs appear to be the only methods that fit the church ideology to fight against HIV/AIDS in their different congregations. They said for example: "We promote abstinence to get [our church members to] understand that [HIV/AIDS] is a real disease. The best illustration of this comes from an interviewee who said that "...this is the right way to go. This is what we should be doing [...] that's what the Bible tells us to do." Some of the participants said that they are unaware of any HIV/AIDS education programs at their church. Those kinds of responses varied from "I don't know," "I am not sure" to "not at this time."

Obstacles for promoting HIV/AIDS awareness programs by the churches

The respondents disclosed three main issues. These comprise: the lack of people with knowledge on the issue, lack of people with passion and compassion, lack of skilled and trained individuals. The following are some illustrations from respondents as obstacles: "the [lack of] competency or skill to be able to effectively serve people with HIV/AIDS in our community," "We don't also have the personnel that this might need. We don't have people that will be knowledgeable to facilitate a program like that." One person answered that "[HIV/AIDS] is a sexual stigma thing and people don't want to talk about sex at the church." Another said that her congregation members have a "stigma about the disease and [...] people don't talk about it..." None of the participants cited economic issues as an obstacle for not having specific HIV/AIDS education programs at their church or in the community. Explicitly, an interviewee answered "I don't think so" when we asked if finances could be an obstacle. Other individual answers include: "Right now they don't think that it's affecting them [...] For their eyes to be opened to see that it affects the church...[HIV/will affect a lot of people], unfortunately." One interviewee said that the inactivity of their church leaders regarding HIV/AIDS is due to the fact that they think it does not affect people in church, as reported by one participant, "Especially, when a lot of people still think that it is homosexual disease."

Despite the fact that some people responded that HIV/AIDS is not a major issue in their congregation, they however, think that there is a need for a prevention and education activities in the church community. When we asked if there is a need for HIV/AIDS education and awareness activities in their congregations, some of the responses are the following: "I think we have to," "We should," "[It] needs to be discussed over the pulpit," "Most definitively yes," "Yes," "I think it will be really helpful especially in the community that we are in." Nevertheless one individual responded: "Not too important [...] because you can cover so much more just in HIV/AIDS with an abstinence program."

The Church leaders' opinion about condom use

When participants were asked about their opinion about condom use as a preventive method, they provided diverse answers. Some said that condom use is "against the principle of abstinence before marriage" and that a "condom incites to sex." Others said that condom use is a touchy subject and they do not promote it. Though, all of the participants said that condom is taboo before marriage but acceptable with a spouse. Some of the interviewees' responses about the topic include: "prior to marriage, no, never condom," "I will say yes [for the married people]." Although some people said they would never promote condom use, they said that it is ok [if someone uses it]. The best illustration of this came from a pastor who said he might advise on condom use, but with a lot of reserve. When we asked a participant if he would welcome someone who wants to talk to his church members about the use of condoms in addition to abstinence he said:

"The reality of our world is that there is a necessity. No one is perfect. Wow! He will make me nervous but at the same time, I mean, the reality of our situation is that people cannot control... people have problem controlling their sexuality and so [...] that is a form of defense against HIV/AIDS. I will be marginally in support of that."

This opinion supports a churchgoer who said that "If you are going to do it anyway, [or] if you are going to be high, please put on the

condom." Another pastor responded that condoms can be advised to a married couple as a mean for birth control. He said: "We are people and we need to reproduce ... [but] there is need sometimes, when you need to control the number of children."

Findings

This study shows that our community is not different from those described in previous studies that assessed the African American religious community in HIV/AIDS awareness and prevention. However, the interviews conducted with African American religious leaders of our community revealed a unique finding that appears to be specific to our participants.

Church for social empowerment

This study supports Lincoln and Taylors' books that portray the church as a place for the community members to find economic, health and education opportunities. The church not only has a very important number of attendances, but it also provides a lot of activities that can help each member. In our study this is shown by the amount of activities organized in one church. In a specific church we recorded 25 different activities including health programs, financial programs, education opportunities, athletic activities etc. In addition to these activities, the church's membership is made up individuals of diverse professions whose knowledge can be used to facilitate activities in the congregation. When we were exploring the reasons that might prevent the church to diversify HIV/AIDS activities, we primary hypothesized that a lack of HIV/AIDS education was a result of a lack of qualified personnel within the church. We later rejected this assumption after finding that the church community does have knowledgeable people to tackle the issue of HIV/AIDS. Many of the participants have provided justification for this. For instance, specifically a church member told us the following: "There are nurses, doctors, [...] people who] are involved in community service working. So we have the knowledge; the resources and the sources are in the church."

We believe that doctors and nurses are trained and have enough information about HIV/AIDS to assist in HIV/AIDS education. These health professional certainly know how the disease is transmitted and how it is prevented. They are completely capable of facilitate a HIV/AIDS education program. If the church leaders give the opportunity to these members to initiate HIV/AIDS awareness and education programs, they can make a significance impact on the community.

Prevention obstacle: stigma or lack of knowledge?

Although our study was to explore specifically the level of involvement of African American religious leaders' in our community, it also examined potential obstacles that prevent churches from having HIV/AIDS awareness and educational programs. Data analysis revealed our community is not different from those described in previous studies that assessed the African American religious community in HIV/AIDS awareness and prevention. The stigma related to the disease was the main obstacle according to most of the participants. As one of the interviewees confided "It is a sexual stigma [...] people don't want to talk about sex at the church." It is obvious that HIV/AIDS education and awareness programs cannot be diversified at the church because its discussion necessitates a discussion of sex, homosexuality, and condom use.

As a result of several participants' comments, we thought that the lack of knowledge was a primary obstacle. A further analysis showed a

controversial opinion among the participants of one church. For example we found that participants have different explanation regarding this issue. As one interviewee said "we don't have people that will be knowledgeable to facilitate a program like that." Others provided the same reason, lack of personnel (that may be interpreted as knowledgeable people), to indicate people who are knowledgeable but don't want to talk about it. The best illustration of this comes from a pastor who said they need a "human resource. Someone who will take the initiative and say I want to be involved in this ministry and I want to be sure it will be carried to the congregation." Another church member clearly stated that, [...] the church is well equipped as far as financial and human resources concern. It will take the same amount of resource to have a ministry that will deal with HIV/AIDS that it will take to have a men ministry or a women ministry or a youth ministry. And we have a lot of people in the church who are involved in the medical system. They are nurses, doctors [...]. Our study clearly finds that the stigmas associated with this disease have created a church environment which does not motivate those who are able (knowledgeable individuals) to talk about AIDS. For this reason, the church leaders limited their involvement to the promotion of abstinence.

If you don't touch it, you don't get in the mess

As we learned from one of our participants: "if you don't touch it, you don't get in the mess." But this requires that community members be loyal and faithful to the theology or to the practice of abstinence. However, church leaders themselves know that an abstinence program will not do it all, because it is not realistic to think that all several thousand members of the congregation will abstain; especially young people.

During our research, a pastor said that "[...] young people are at the experimental point in their lives". Another minister said "Kids have sex. [...] I see young girls pregnant in the middle school. But I preach abstinence." The previous opinions provide evidence that church leaders know the reality but do not want to face it because they are controlled by the church's theology. With the assumption that the church has a social responsibility, the pastors and the ministers are not to neglect or underestimate the AIDS as a social issue.

We understand the church's practice is derived from its theology, but the prevalence of the disease in the community lets one argue that the practice can be softened by using other preventive methods in addition to the abstinence. Simply put, church leaders should review their social responsibility. During our interview with a pastor, he raised this point. Although he prefers abstinence other methods of prevention, he said he would be forced to advise condom use because in reality, it is not easy for people to abstain. He also added that condom could be another way to prevent the HIV/AIDS infection. The same opinion is revealed by another interviewee when she said: "people in general, but the church in particular, we [...] have a tunnel vision to just see everything through the bible and what the words say...but we are not seeing the whole world for people who need the teaching." All these provide an illustration for Osborn's report on the Archbishop of Brussels who encourages the use of condom use as additional method to efficiently prevent the spread of the HIV virus.

Condom is not taboo in marriage

One of the most surprising findings of this study is the position of the participants toward condoms. Previous literatures have raised the

issue that condom use is taboo and against Christian theology. In this study, we found that most of the participants agree that condom use is taboo only if it used before marriage or outside marriage. Fifteen out of seventeen interviewees reported that they prefer abstinence only for unmarried people because: “if you don’t touch it, you don’t get in the mess.” But if a person cannot abstain, then it is necessary to advise her/him to use a condom. During our research, a pastor said that “[...] young people are at the experimental point in their lives”. Another minister said “Kids have sex. [...] I see young girls pregnant in the middle school. But I preach abstinence.” Another participant reported that they don’t think that condom is taboo if intimately, a marriage couple decides to use it for other reasons. But as, preachers of the theology, endorsing it publicly will promoting sexual debauchery within their community.

Churchgoers vs. pastors/ministers

The analysis of the interview transcript revealed that churchgoers gave more objective and specific answers to the questions than the pastors/ministers did. The leaders’ answers are more tactful as summarized in Table 1.

The responses to the first question let’s believe that pastors and ministers are willing to accept other HIV/AIDS awareness and

prevention programs as long as those programs promote abstinence. To remain abstinent is the morally accepted method to prevent HIV infection in the church. The religious leaders portray their community as being equipped enough. We may also interpret that pastors and ministers do not want outsiders to believe that they do not do enough for their community. By answering “there is more room” or “we will be open to more...” assumed that, as gatekeepers of the bible, they have enough programs. On the other hand, the churchgoers believe that the church does not do as much as the ministers think they do. The best illustration of this is when we asked the question 3 (Table 1). At the same church, the pastor answered “I will say we have some prevention services but there are always rooms for more.” And the churchgoer responded “I don’t think so.” It seems that abstinence programs are not enough as prevention or awareness method according to the churchgoers. One of the participants mentioned that the issue of HIV is not discussed enough at their church. HIV/AIDS awareness and prevention is not limited to the promotion of abstinence or the promotion of condoms. People need to be aware about the disease before prevention can be efficient. Even while promoting abstinence, the church leaders can initiate more programs to inform the congregation members about the issue of HIV/AIDS (Table 2).

Questions	Answers	
	Churchgoers	Ministers/Pastors
Do you think that there is a need for HIV-related prevention services in your congregation?	Definitely Yes Yes Yes certainly Yes there is a need Most definitely Sure I do	There is always room” I won't say yes...we just complete an [abstinence] program here We will be open to more prevention services I don't think there is a need, ... the church has a healthy living [program]
Is your church currently collaborating with any organization (s) to provide HIV/AIDS awareness and education programs?	We haven't collaborated No, I don't think so. No ABC's Abstinence Program (laugh), I don't know what else.	Currently no. ABC's Abstinence program I do reach out talk to [...] people, doctors.
Do you think that the church is involved enough in HIV/AIDS education?	Not at all, not at all. I don't think so	We can do better I will say we have some prevention services but there are always rooms for more.

Table 2: Answers to specific questions by type of participants.

Strengths and Limitations

This study had several advantages. The first strength came from the strategy we followed to collect the data. By attending different activities initiated by the churches, it was not only easier to recruit participants but we gained their trust and consequently their willingness to discuss resistive material of this kind. The second strength is that we were able to recruit participants from different congregations and those who detent the power of decision in our community of religious. This opportunity offered diverse opinions on the issue under study. However, readers should consider several limitations of this study. These limitations include the sample size. This study involved ministers and pastors who are more likely to make decision on behalf of the African American religious community in our town. These individuals

are trusted and are the gatekeepers of the social and religious norms. However, we have planned to involve more churchgoers through focus group discussions and more pastors and ministers of smaller congregations. Because of time limitations we could not interview more pastors/ministers and churchgoers. As a result, we only considered the opinions of the leaders as those of the entire African American religious entity in our community. A further study might consider these limitations to improve this study. It could be done through a mixed method of data collection. It might be beneficial to survey more people for more information. In addition, future researchers should expand their investigation to more churches in the African American communities. Also comparative research, which

would investigate religious communities other than African Americans', could be pertinent.

Conclusion

In this study, we were able to assess, in our community, the involvement of African American religious leaders in HIV/AIDS awareness and education. The study revealed two main findings. First, the community's involvement in HIV/AIDS education is limited to the promotion of abstinence. Church leaders are satisfied with their abstinence programs and did not clearly express their willing to be involved in other HIV prevention programs. Second, contrary to other authors who have found that condom use is taboo for the church community, we found that condom use is acceptably used by married couples.

We expect that the results of this study could be considered for HIV/AIDS education in the African American religious communities similar to ours. Breaking the barriers of talking about HIV/AIDS in churches by church leaders in our community is needed to prevent the sickness from expanding and consequently prevent losing people. Sex is significant part of the human experience, therefore, talking about protected sex should not be a sin.

References

1. Verville J (2013) The Most Dangerous Complications of HIV/AIDS. HealthLine.
2. Center for Disease Control and Prevention (2014) HIV among African Americans. CDC Media Fast facts.
3. Center for Disease Control and Prevention (2012) HIV/AIDS surveillance by race/ethnicity.
4. Lincoln EC, Mamiya L (1990) *The black church in the African American experience*. NC: Duke University Press, Durham.
5. Brown DR, Gary LE (1991) Religious socialization and educational attainment among African Americans: Empirical assessment. *J Negro Educ* 60: 411-426.
6. Martin PP, Young S, Simth A (2003) Searching for a balm in Gilead: The HIV/AIDS epidemic and the African American church. *Perspectives*.
7. Aja GN (2012) Qualitative inquiry into church-based assets for HIV/AIDS prevention and control: A forum focus group discussion approach. *The Qualitative Report* 17: 1-15.
8. Speicher S, Wilson J (2007) Exploring solutions: How to talk about HIV prevention in the church. *Ecumenical Advocacy Alliance*.
9. Kress M (2003) Religion in the age of aids. *Religion and Ethics Newsweekly: Viewer's Guide*.
10. Muchina P (2009) Sex and the church: Gender discrimination and violence, HIV/AIDS. *General Board and Society*.
11. LeCompte MD, Preissle J (1993) *Ethnography and Qualitative Design in Educational Research*. Academic Press, Sandiego, CA.
12. Hatch A (2002) *Doing qualitative research in education settings*. State University of New York, Albany.