

Leaders of Welcoming and Affirming Churches in North Carolina Discuss their Roles in HIV/AIDS Awareness and Prevention

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ABSTRACT

Some church leaders work to increase HIV testing and spread messages to reduce stigma. This study focuses on how leaders of North Carolina churches considered welcoming and affirming by the LGBTQ+ community discuss and disseminate information about HIV/AIDS to church members and communities. Semi-structured interviews were conducted with six leaders of different denominations between April and May 2023. A thematic analysis of the transcribed interviews found three main approaches: 1) HIV is not addressed directly, but we are here; 2) provide access to educational resources; and 3) fight stigma. Results confirm welcoming/affirming churches could play a significant role in, not only educating their communities about HIV, but also reducing the stigma associated with the disease.

Keywords: Faith-based, HIV, LGBTQ+

1 Introduction

In the United States, therapies for HIV/AIDS have advanced, and while robust educational efforts have reduced the number of diagnoses by 7 percent from 2017 to 2021, it remains over 35,000 (Centers for Disease Control and Prevention, 2023). Almost anyone can be at risk for the disease, but gay or bisexual men are at higher risk (HIV.gov., 2022). Socioeconomic and cultural factors also matter. In 2019, more than half of new HIV cases were in the South (Centers for Disease Control and Prevention, 2022), and in 2021, an estimated 40,085 people in North Carolina were living with HIV/AIDS, although slightly over 4,000 did not know they had contracted the disease. Among new cases, approximately half were men who reported having sex with a man (NCDHHS, 2022).

Research shows that churches can play an important role in promoting wellness (Campbell *et al.*, 2007; Gross *et al.*, 2018). They may provide programs to reduce the risk of obesity and to help those living with diabetes and high blood pressure (Berkley-Patton *et al.*, 2020; Brewer *et al.*, 2020; Sanusi *et al.*, 2023). Although Frenk and Trinitapoli (2013) found that only slightly more than 5% of US churches offer programs for people living with HIV, many provide support and resources for church and community members at greater risk for HIV. Some build awareness about the disease and offer social support (Chadibe, 2006). Past studies of church efforts to advance HIV/AIDS awareness, education, and prevention have focused on dissemination methods and strategies for addressing stigma (Berkley-Patton *et al.*, 2013; Coleman *et al.*, 2012; Derose *et al.*, 2014, 2023). Hill and McNeely (2013) stress the significance of engaging church leaders in conversations about men who have sex with men (MSM).

Lewis (2015) conducted a study with four pastors of Black churches described as “LGBT affirmative.” These pastors engaged in strategies to reduce HIV and stigma. White *et al.*, (2020) conducted research among self-identified “Black sexual minority men,” who described an “LGBT-affirming church” as welcoming and a space that promoted better health, but they still preferred a “traditional church.”

There is a body of literature that explains how church leaders can assist in promoting healthy habits and educating about different diseases including HIV. However, there is a lack of studies, based on the research conducted for this study, that explore welcoming and affirming church leaders' attitudes about their roles in educating about HIV/AIDS. Because HIV/AIDS affects thousands of North Carolinians, this study explores how leaders of the state's affirming/welcoming churches disseminate information about HIV/AIDS to their members and surrounding communities.

1.1 Conceptual framework

The study is guided by community engagement, defined by the Centers for Disease Control and Prevention (CDC) as "the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people" (CDC, 1997, p.9, cited in ATSDR/CDC, 2015, para. 1). Community engagement has provided a framework for other HIV research projects (Calder *et al.*, 2022; Zhang *et al.*, 2017). Scholars have studied its importance, not only for increasing awareness about various health issues, but also as a strategy for getting and staying healthy (Gilmore *et al.*, 2020; Rhodes *et al.*, 2021). Here, the researchers interviewed church leaders who might engage with a population affected by HIV and whom part of the LGBTQ community might trust. Trust and respect are the foundation of community engagement (Leslie Rubin *et al.*, 2017).

2 Methods

The study's goals include exploring how leaders of North Carolina churches that welcome/affirm LGBTQ communities disseminate information about HIV/AIDS. To do so, the researchers used a qualitative approach, phenomenology, which focuses on participants' experiences (Creswell, 2013). For this project, the researchers focused on the experiences of the church leaders of welcoming/affirming churches.

Welcoming/affirming churches in North Carolina were identified from websites. The participants requirements include must be at least age 18, identified by the church as a leader for example pastor, associate pastor, or minister. Once identified on a website of welcoming/affirming churches located in North Carolina, a researcher called the church to inquire about an interview with a church leader. The researcher conducting the interviews checked with the participants to make sure the church identified as welcoming/affirming before starting the interview. Participants were also recruited through snowball sampling, which is appropriate for potentially reluctant populations (Etikan *et al.*, 2016). In fact, making contact was challenging. In many cases, telephone calls were not answered or returned. However, even though the sample size is small for an exploratory study, the six leaders elucidated important issues surrounding HIV, and according to Polkinghorne (1989), five participants could be sufficient for a qualitative research project.

The researchers adapted questionnaires used in two other studies, one asking leaders of predominantly Black churches how they share information about HIV/AIDS (Moore *et al.*, 2012) and another asking church members and the surrounding communities about COVID-19 (Moore *et al.*, 2022). The questionnaires were validated through their use in previous studies. The researchers discussed and revised any questions that might be unclear or misleading before submitting the survey and study details to the Institutional Review Board for approval. Participants were offered a \$50 gift card as compensation for their time.

2.1 Data Collection

The researchers used telephone interviews because they can accommodate both researcher and participant schedules, while easing discussion of sensitive topics (Drabble *et al.*, 2016). Once participants agreed to take part in the study, the consent form was emailed to them for their signatures. Consent was also confirmed while on the telephone, before the interviews. The interviews were conducted during spring of 2023.

The interviews were semi-structured. This approach allows the interviewer to improvise questions based on the participant's specific responses to a questionnaire that has been carefully developed and reviewed (Luo & Wildemuth, 2017). The average interview took about 20 minutes. They were both recorded and transcribed using Otter.ai software (Mountain View, CA). Conversations were checked for accuracy, long pauses, and grammar.

2.2 Data analysis

Once the data were transcribed and cleaned for understanding, the researchers took an inductive approach, using thematic analysis to identify any patterns in the data. A thematic analysis allows researchers to review data of participants' comments and develop themes (Kiger & Varpio, 2020). The type of themes explored is semantic: "the themes are identified within the explicit or surface meanings of the data, and the analyst is not looking for anything beyond what a participant has said or what has been written" (Braun & Clarke, 2006, p.84). Patterns in each participant's comments were analyzed based on their responses to each question. The researcher who analyzed the data reviewed for common themes. After analyzing the data based on responses, they identified three themes, which is part of a thematic analysis process.

3 Results

The six participants, two women and four men, represent several religious affiliations (United Methodist, Metropolitan Community Church, United Church of Christ, Evangelical Lutheran Church of America, Baptist-Progressive Wing, and Presbyterian), across the state. Five self-described as White, and one self-described as Black (see Table 1 for details). Most of the churches serve a congregation of between 100-1,000 members, most of them White, but some with a racial/ethnic diversity as high as 20%.

Table 1: Study Participants

Participant Number	Title	Gender	Race/Ethnicity
One	Pastor	Female	White
Two	Reverend/Pastor	Male	White
Three	Minister	Male	White
Four	Senior Pastor	Male	White
Five	Senior Minister	Male	White
Six	Associate Pastor	Female	Black

3.1 Theme 1: HIV is not addressed directly, but we are here

The first theme was identified based on comments to the effect that even if the churches were not directly conducting many activities to educate and provide resources on HIV for their members, members understood their leaders would speak with them if they expressed their concerns.

Church leader 4: "I can't say that we have addressed it directly. Somehow it hasn't kind of come up quite because, I mean, 10 years ago, that was the big topic, and everybody was talking about it. And that's just no longer the case. We kind of live with it now. So, we have not had any direct workshops or - or even announcements that I remember." (Senior Pastor, May 2023)

Church leader 1: "So I can't like say specifically that we have done that, again, in my limited time here. But we're actually talking about trying to do something in May related to HIV." (Pastor, April 2023)

Church leader 3: "Well, we—if people are not already connected with LGBT community centers or sources of information within the community—we connect them to them, but honestly, in our situation, people that identify as LGBTQ speak openly enough with each other that they share information, and we have not, as a community, taken on that on as a project." (Minister, May 2023)

Even though some of the church leaders interviewed did not directly address HIV on a regular basis, some addressed it through community partnerships and community events.

Church leader 6: “I would say more indirectly—in terms of we march; we walk through the AIDS Walk ... But, like, we don't have, for example, I would say, we don't have any gatherings where we talk specifically about it, or there's no, like, posters up in the church—like, call this person if you need information.” (Associate Pastor, May 2023)

Church leader 5: “But in our partnership with RAIN, we're continually and constantly elevating them as an organization to our members into the community and sharing relevant information from them with our members and the community. So anybody engaging in risky behavior, you know, they're going to hear us talking about RAIN on a regular basis—at least, probably, four or five times throughout the year—and having a significant focus on it. Encouraging our members to come out and, you know, go to a place where they can get tested and get free information that addresses risky behavior.” (Senior Minister, May 2023)

Church leader 2: “So the epidemic absolutely shifted the way responsive community churches formed and how we responded. And I think one of the biggest things that we still do and are responsible for [is] making sure folks are informed and have access to care.” (Pastor, May 2023)

3.2 Theme 2: Provide access to educational resources

Some churches offer their members HIV services, such as testing, or assist them in finding such services. Others address HIV by supporting HIV walks or hosting guest speakers. The interviews show a range of church activities to raise HIV awareness.

Church leader 2: “And then we have HIV or AIDS care teams that care for people, who work with several partners that care for folks who are living with HIV ... So we share information out that way for social media platforms through our newsletters, just to get the information out before people. And then during World AIDS Day, [we] just try and even help with the stigmas around it. I'll get tested and let folks see that and encourage others to get tested.” (Pastor, May 2023)

Church leader 1: “We did recently have a guest preacher who is the executive director of an AIDS service organization locally. And so she did talk a little bit about her work. And we've talked about how we can support them for going forward.” (Pastor, April 2023)

Church leader 6: “We do make it—like, say, when there's a walk coming up, we will talk about that; we will make announcements about it. People in the church who are creating a ... team will talk about it and have flyers and handout” (Associate Pastor, May 2023)

Church leader 5: “We just finished marching with them in the AIDS Walk. We have a group of members every year. It starts with raising money for them.” (Senior Minister, May 2023)

Even if their churches were not actively engaged in any specific HIV education or outreach at the time of the interview, the leaders indicated they were open to future participation.

Church leader 4: “Well, I guess my answer would be to say that we haven't done that, but we are certainly open to do that.” (Senior Pastor, May 2023)

Church leader 3: “But it's not about HIV specifically—we've done some events and some weekend or weekday workshops, etc., on different issues around LGBTQ but not HIV/AIDS.” (Minister, May 2023)

3.3 Theme 3: Fight stigma

The third and final major theme that developed from the analysis is fighting stigma. During the interviews, some church leaders expressed the need to address the stigma associated with HIV. A few said they thought stigma is still one of the most significant barriers to HIV prevention.

Church leader 2: “But the biggest thing we see is folks that feel like God is punishing them, and so to try and walk through that journey with folks—realize that this isn't something that God did to you because of who you are, any choices you made or somebody else made for you. So one just helping reduce that stigma and that religious trauma that had been inflicted on people and then, again, just finding ways to reduce the stigma around the virus.” (Pastor, May 2023)

Church leader 5: “We were constantly calling upon our people to reduce stigma around this. That's been a long conversation for us as a congregation and also in the community. So we would directly counter any beliefs that would form somehow claim[ing] that HIV is God's punishment or something ridiculous like that.” (Senior Minister, May 2023)

Church leader 6: “We definitely would say, like, we as part of who we are as a welcoming community, we don't—we would never allow for or authorize any negative talk about anyone who has HIV or AIDS, for sure.” (Associate Pastor, May 2023)

All church members agreed that stigma must be addressed. Many said that in discussions, educational materials, or workshops about the disease, nothing and no one should reinforce stigma. When educating about HIV, the information should be grounded in facts.

Church leader 1: “... the LGBTQ community absolutely needs this kind of education, but how do we provide that without reinforcing, like, the old stigma of HIV being a gay disease? That feels like something to be aware of as leaders working on this.” (Pastor, April 2023)

Church leader 4: “Well, I think we can help to disseminate information. We can do educational things to help eliminate the stigma.” (Senior Pastor, May 2023)

Church leader 3: “Again, we have not specifically addressed HIV/AIDS, but we certainly work more broadly with trying to address stigma about LGBTQ issues in general or persons in general.” (Minister, May 2023)

4 Discussion

The goal of this exploratory study is to understand how North Carolina churches that welcome/affirm the LGBTQ+ community address HIV/AIDS with their congregation and local communities. It found three major themes: *HIV is not addressed directly, but we are here; provide access to educational resources, and fight stigma*. See Table 2.

Table 2: Main Themes

Main Themes	
Theme One:	<i>HIV is not addressed directly, but we are here</i>
Theme Two:	<i>Provide access to educational resources</i>
Theme Three:	<i>Fight stigma</i>

The interviewed church leaders understand that they have or might have parishioners who are or have been directly affected by HIV. Therefore, they continue to offer resources for church members and, in some cases, the local community but may not stress HIV as one of the main health concerns in church. Over the past three years, a few have been involved in making sure their church community was aware of health updates and practices related to the COVID-19 pandemic. Many churches across the country have worked to promote awareness about COVID-19, especially testing and vaccinations (Brown *et al.*, 2022; Moore *et al.*, 2022). However, even church leaders who do not address HIV often feel open to addressing

LGBTQ+ community health concerns and bringing in more resources. This willingness is important, as research shows the LGBTQ+ community is still at high risk for contracting the disease (HIV.gov., 2022).

Most participants discussed providing some form of *access to educational resources* that would increase HIV/AIDS awareness and prevention. They include participating in yearly walks, encouraging testing, disseminating informative materials in the church, and holding workshops. For years, churches in the South have deployed different methods to help their members and the wider community learn about, and reduce their risk for contracting, the disease (Abara *et al.*, 2015; Bradley *et al.*, 2018; Lanzi *et al.*, 2019). One church leader described being tested for the disease in front of his congregation. Churches often model healthy behaviors to stress their importance; here, the importance of knowing one's HIV status (Stewart & Thompson, 2016).

Stigma has been a barrier to reducing the spread of HIV since the disease first emerged over 40 years, and it persists, in part, due to incorrect information and lack of HIV education and awareness (Centers for Disease Control and Prevention, 2021). Studies show stigma around HIV is still prevalent (Darlington & Hutson, 2017; Geter *et al.*, 2018; Stringer *et al.*, 2016). Most of the church leaders interviewed in this study felt misinformation about, and stereotypes of, people who contract or are at high risk for contracting the disease persist. They felt the need to be careful not to facilitate stigma in discussing HIV. The community must continue to understand and eliminate stigma.

The current study supports partnerships between church leaders and the medical community to increase public awareness of, and knowledge about, HIV and to provide support to those at high risk for contracting it. Other studies show that community partnerships with faith-based organizations benefit HIV awareness, education and prevention (Abara *et al.*, 2015; Griffith *et al.*, 2010; Nunn *et al.*, 2013). The level of involvement varied across welcoming/affirming church leaders interviewed; however, all agreed they would continue to assist in reducing stigma. Stigma causes negative outcomes for HIV patients, ranging from prevention to treatment (Babel *et al.*, 2021; Rosengren *et al.*, 2021; Rueda *et al.*, 2016).

5 Conclusions

This study supports the need for the medical community to continue to work with church leaders, who may have more access to communities considered at high risk for HIV. It also supports involving more church leaders in, not only HIV walks, and workshops, but also promoting testing; as discussed earlier in this study, there is still a percentage of people, in North Carolina, who are HIV positive and are unaware of their status. Church leaders can also act as a conduit in discussions that could help to reduce stigma associated with the disease. Reducing stigma associated with HIV could help people seek more resources, assistance, and help with overall outcomes associated with the disease.

6 Declarations

6.1 Limitations

This exploratory study provides insight into the strategies leaders of welcoming/affirming churches in North Carolina use to increase awareness of HIV and reduce stigma. Even though the six leaders interviewed are diverse in terms of their religious affiliations and gender, the sample is too small to support general extrapolations.

6.2 Acknowledgements

We would like to thank all participants who took their time to give interviews for this study.

6.3 Funding

The research is supported by Interfaith America.

6.4 Informed Consent

Each participant agreed to participate in the study by giving the approved informed consent.

6.5 Competing Interests

There is no competing interest with the current study.

6.6 Publisher's Note

AIJR remains neutral with regard to jurisdictional claims in institutional affiliations.

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