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The Influence of Religion and Spirituality on HIV Prevention Among Black and Latino Men Who Have Sex with Men, New York City

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Abstract The influence of religion and spirituality (R/S) on HIV prevention has been understudied, especially for Black and/or Latino men who have sex with men (BLMSM), who bear a disproportionate burden of HIV, and who are part of racial/ethnic communities with high engagement in R/S. The specific aim of this study was to explore perspectives about R/S among BLMSM to inform HIV prevention strategies and reduce HIV-related health disparities. Data from 105 qualitative interviews with BLMSM were analyzed; 58 (55%) stated that R/S had no personal influence on HIV prevention. For those reporting any R/S influence, main themes were: (1) R/S positively influenced decision-making and self-respect, (2) perceived judgment and stigma by religious communities, (3) belief in a higher power, and (4) altruism. These findings can inform faith-based HIV prevention interventions for BLMSM.

Keywords HIV prevention · Religion and spirituality · Black and Hispanic/Latino · Men who have sex with men

Disclaimer The findings and conclusions in this report are those of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

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Introduction

Although new HIV infections in the USA decreased 18% from 2008 to 2014, racial/ethnic disparities persist (CDC 2017). In 2015, Blacks/African Americans (hereafter referred to as Blacks) comprised 12% of the US population, yet represented 45% of HIV diagnoses. In that same year, Hispanic/Latinos (hereafter referred to as Latinos) comprised 18% of the US population, but represented 24% of HIV diagnoses (CDC 2016a). Men who have sex with men (MSM) of color are acutely affected by HIV, with Black and Latino MSM (BLMSM) comprising 66% of HIV diagnoses among MSM in 2015 (CDC 2016b). Eliminating these disparities in HIV infection is a key goal of the National HIV/AIDS Strategy (ONAP 2015).

Religion and spirituality can positively affect health outcomes, including aspects of mental health (Brown et al. 2013) and physical health (Koenig et al. 2001). Positive effects on HIV-related outcomes have also been observed among people living with HIV (PLWH), including increased CD4 count, decreased viral loads, and decreased mortality (Doolittle et al. 2016; Medved Kendrick 2017; Szaflarski 2013). Studies examining religion and spirituality and its effect on HIV-related outcomes among MSM are more varied, with one study citing that MSM who attend church are more likely to present with lower CD4 counts than those who do not attend church (Van Wagoner et al. 2014). Another study cited that religious behavior among gay men is associated with higher CD4 counts (Woods et al. 1999). Some research indicates that engagement in R/S activities among Black MSM is associated with greater odds of HIV testing (Carrico et al. 2017). However, certain HIV risk factors such as substance use and depression have been positively associated with religiosity among Black MSM (Watkins et al. 2016). MSM, and specifically MSM of color, represent a unique demographic who may be affected by R/S differently than their non-Hispanic white peers due to sexual and ethnic prejudices sometimes presented by organized religion (Doolittle et al. 2016). Alternatively, it is suggested that R/S could provide more favorable health outcomes for MSM of color than their white counterparts, as studies with MSM with a greater number of ethnic minority participants have shown more positive effects on health outcomes than less diverse samples (Lassiter and Parsons 2016).

Black and Latino communities exhibit a higher amount of religious engagement and place a greater amount of importance on religion than members of the white community; 75% of Blacks and 59% of Latinos say religion is very important to them in their lives, compared with 49% of whites (Pew Research Center 2015a). Similarly, 53% of Blacks reported that they participate in religious programs on a monthly basis or more, followed by 40% of Latinos, and 29% of whites (Pew Research Center 2015b). Data suggest that members of some lesbian, gay, and bisexual (LGB) communities may be less religious compared to the general US population, but LGB Black and Latino members may be more religious than whites (Barnes and Meyer 2012). Black MSM may have lower rates of religious attendance than Black heterosexuals, but maintain high rates of religious identity (Lassiter 2016).

The church exerts a powerful influence on the lives of some Black MSM (Quinn and Dickson-Gomez 2016), despite expressing stigmatizing views of homosexuality (Quinn et al. 2016). Religion has traditionally served as a source of support and refuge for people of color and as a means of escaping racism (Wilson et al. 2016), yet can also alienate MSM of color on the basis of sexuality (Arnold et al. 2014; Balaji et al. 2012; Miller 2007). Homophobia may increase sexual risk behavior among Black MSM (Jeffries et al. 2013). While studies have shown high levels of religiosity to be associated with low levels of HIV risk globally and among the general population (Shaw and El-Bassel 2014), results for

MSM of color in the USA are sparse and less encouraging. One qualitative study found that Black MSM who felt ashamed about their sexuality by their religion were more likely to have had condomless sex in the previous 12 months (Garcia et al. 2016), yet little research has been conducted concerning the role that R/S plays in HIV prevention among this population.

R/S research among Latino gay men is also lacking. Some Latino gay men described leaving Catholicism to consider other religious groups perceived as more welcoming (Garcia et al. 2008), but how this relates to HIV prevention has been understudied for Latino MSM. Our specific aims were to explore perspectives about R/S among BLMSM in NYC to inform HIV prevention strategies and reduce HIV-related health disparities.

Methods

Data Collection

BLMSM were enrolled from 2011 to 2012 in New York City (NYC) as part of a larger mixed methods study (Project BROTHA) (Nanin 2013), which examined interpersonal HIV prevention communication among BLMSM, and has been described previously (Aholou et al. 2017). Briefly, both Black and Latino men were recruited in NYC. Eligibility criteria included: 18–64 years of age, able to communicate in English, born male, self-identified as MSM, could identify two other MSM to participate in the study, and had not been tested for HIV in the previous 3 months. Informed consent was obtained from each participant. Participants completed an audio computer-assisted self-interview (ACASI), which consisted of demographic measures and an adapted version of the Religious Background and Behaviors Questionnaire (RBBQ) (Connors et al. 1996), which has been shown to be an effective means of assessing religious behaviors by both “God Consciousness” and “Formal Practices.” For this analysis, responses were tallied and categorized as “low,” “medium,” or “high” based on the quartiles of the overall score (score range = 0–58). Responses less than or equal to 18 were categorized as “low,” and were included in the first quartile; responses between 19 and 36 were categorized as “medium” and included the 2nd and 3rd quartiles; and responses greater than 36 were categorized as “high,” and included in the fourth quartile. Following ACASI completion, participants engaged in semi-structured one-on-one interviews lasting 45–75 min. Most interviews were conducted by a man who identified as MSM and Italian-American. Participants were compensated \$60 upon study completion. Local Institutional Review Board (IRB) approval was obtained by the Kingsborough Community College IRB; study protocol was also approved by the CDC project determination process.

Data Analysis

This report focuses on the qualitative interview data. Participant responses to “How has religion or spirituality influenced HIV prevention, if at all?” were transcribed and analyzed using applied thematic analysis (Guest et al. 2011) using NVivo 11 Pro software. An experienced qualitative researcher (KD) thoroughly read each transcript to ensure full immersion in the data. During the first round of coding, transcripts were analyzed for main themes and annotated with emergent thoughts by the researcher. Data were coded and re-

coded with the additional review, revision, and approval of a senior researcher (MYS) until the codebook was finalized. The final themes are outlined below.

Results

A total of 112 BLMSM were enrolled. Due to seven participants missing data, our final sample included 105 BLMSM. Participants were mostly Black (85.7%) and Latino (13.3%); mean age was 35.1 years, range 18–64 years; 63.8% self-identified as homosexual, gay, or queer; 35.2% identified as bisexual; and 66.7% had some college or higher education. Almost half (46.7%) of participants were unemployed, and 18.1% met criteria for poverty.¹ About a quarter (25.7%) of participants scored low on the RBBQ (Connors et al. 1996); 50.5% scored medium; and 23.8% scored high. Fifty (47.6%) participants provided examples of how R/S influenced HIV prevention methods; 58 (55.2%) gave examples of R/S not influencing their personal HIV prevention. Participant characteristics are further outlined in Table 1.

Of those who indicated that R/S did influence HIV prevention, main themes were: (1) R/S positively influenced decision-making and self-respect, (2) perceived judgement and stigma by religious communities, (3) belief in a higher power, and (4) altruism. Participants who stated that R/S did not influence their HIV prevention methods indicated so either because they (1) saw R/S and HIV prevention as separate entities, or (2) were not personally religious or regular church members.

R/S Has Influenced HIV Prevention

R/S Positively Influenced Decision-Making and Self-Respect

Thirty-four participants indicated that R/S influenced HIV prevention activities by enabling them to make better decisions, such as using condoms for oral and anal sexual encounters, decreasing their amount of sexual partners, and getting tested for HIV, as well as increasing their self-esteem, oftentimes leading to safer sexual decisions. Participants indicated that R/S offers a framework on which to base their lives and deal with important life decisions that pertain to HIV prevention. One participant cited that R/S offers him “a blueprint to living better” (Black, gay, 45). Others demonstrated that they were appreciative of the moral foundation that R/S provides them. Men cited that R/S gives them the personal strength to make better decisions in regards to sexual behaviors:

It helped me to believe and it helped me to make some changes to my behaviors. Spirituality plays a big part in your behavior and your decision making. And if you got somethin’ that makes you believe so strongly...it helps you to make choices like, “nah I can’t, I can’t do that man. I put myself at risk, man.” (Black, gay, 30)

R/S also afforded a level of self-worth and self-discipline to which men could feel less tempted by things such as sex and drugs:

It’s gotten me out of promiscuity. Um, and it’s encouraged self-worth...I feel less compulsion, you know, to go and be sexual. I feel less compulsion to do drugs, which

¹ As defined by the 2011 U.S. Department of Health and Human Services Poverty Guidelines (HHS, 2011). Accessed at <https://aspe.hhs.gov/2011-hhs-poverty-guidelines>.

Table 1 Demographics, HIV testing history, and religious background and behaviors of Black and Latino men who have sex with men in NYC, Project BROTHA, 2011–2012 ($n = 105$)

	<i>N</i> (%)
<i>Demographics</i>	
Age (years) (average 35.1; range 18–64 ^a)	
18–24	27 (25.7)
25–32	24 (22.9)
33–44	24 (22.9)
45–64	25 (23.8)
Missing	5 (4.8)
Race/ethnicity	
Black	90 (85.7)
Hispanic	14 (13.3)
Missing	1 (1.0)
Sexual orientation	
Homosexual, gay, or queer	67 (63.8)
Bisexual and everything else	37 (35.2)
Missing	1 (1.0)
Highest level of education completed	
< Grade 12	13 (12.4)
Grade 12 or GED	21 (20.0)
Some college, associate's degree, or technical degree	42 (40.0)
Bachelor's degree	17 (16.2)
Any post graduate studies	11 (10.5)
Missing	1 (1.0)
Current employment status	
Employed full-time	17 (16.2)
Employed part-time	38 (36.2)
Unemployed	49 (46.7)
Missing	1 (1.0)
Poverty ^b	
Yes	19 (18.1)
No	86 (81.9)
Health insurance coverage	
Yes	76 (72.4)
No	28 (26.7)
Missing	1 (1.0)
<i>HIV testing history</i>	
Ever tested for HIV	
Yes	96 (91.4)
No	8 (7.6)
Missing	1 (1.0)
Result of most recent HIV test	
Negative	93 (88.6)
Did not get results/indeterminate	3 (2.9)
Missing	9 (8.6)
Religious background and behaviors	
Low	27 (25.7)
Medium	53 (50.5)
High	25 (23.8)

^aBased on 100 individuals with valid ages

^bAs defined by the 2011 US Department of Health and Human Services Poverty Guidelines (HHS 2011). Accessed at: <https://aspe.hhs.gov/2011-hhs-poverty-guidelines>

makes it a lot easier to do whatever else you wanna do...I've learned how to like, sit and, and not need to always, you know, give into what I crave. (Black, gay, 39)

Others demonstrated that increased self-esteem can make them more cognizant of potential consequences to their actions:

It just helps me to be more aware, and...helps me as a person. And to have a better feeling about myself...So I, I guess if a person has a- a more well-being about themselves, or about himself or herself then they're more in- they're more likely to think about their decisions and stuff, but if they're not, and if they're depressed or, under the influence, or you know then you probably wouldn't, really, y- or you don't think about consequences too much. (Black and other ethnicity, bisexual, 27)

R/S encouraged HIV testing by offering optimism for the future through increasing self-worth, as one participant stated, "...breaking through a lot of my um, self-worth issues through my spirituality...it's forced me to know my status so that I can plan for the future. So for me it was more about...building my future" (Latino, gay, 39).

Several men said that sex sometimes serves as a tool to make them feel worthy and deserving of love, R/S to some men, seemed to fill this void, making it easier to avoid risky sexual behavior:

I feel like it, it impacted in way where, now I have more, I have more self-worth for myself than I did before. I think that a lot of times I didn't know, you know, how much I was worth. I didn't know who I was...And that's what I think spirituality has done for me...it makes you not get into those risky behaviors that you would when you were feeling lonely, or when you were feeling a little depressed, or, you know, putting, trying to get that validation from another person instead of knowing that it's already there, so. That's how it's helped me. (Black and other ethnicity, other sexual orientation, 34)

Another participant expressed similar sentiments on how R/S impacts self-esteem and risk behaviors:

I don't have to look for things in others. I don't have to run off and look for love and th- through sex...And it's very unfortunate when guys do have to do that...they feel so lonely, so abandoned, that they engage in drugs just to feel part of something. Or they engage in, in sex with strangers just to feel affection. I feel like I never had to do that. I've always had a m- because of my spirituality and because of the love that surrounds me through my family and my friends, and my- it has a great deal with my own personal well-being, my mental health, as well as my physical health, and I feel like because of the status of my mental health and my mentality I am able to avoid deviant behavior or risky behavior that would put me at a higher risk of getting HIV. (Black and Latino, gay, 21)

Higher Power

Twenty-seven participants indicated that a higher power plays a role in their HIV prevention; giving participants a feeling of purpose in life and also providing comfort. Participants often saw God playing an active role in HIV prevention and themselves as passive participants. However, some viewed their R/S as encouraging active participation in HIV prevention, sometimes in an effort to please God.

“It just helps me a lot,” alluding to feeling loved from a higher being as one participant stated, “It’s just the care. That’s what it is, nurture” (Black, gay, 22). Another participant expressed the comfort he felt knowing that God would be there to support him as well as giving purpose, “I know he’ll be there for me... I know I’m breathin’ for a reason. This planet’s for a reason. Everything’s happening for a reason” (Black, bisexual, 38).

Many participants indicated that they increased their amount of prayer following sexual encounters or when getting tested for HIV, as expressed by one participant, “It had me praying more. For real, ’cause it was like one time...I wasn’t even practicing safe sex. At all...I started praying more not, not knowing my status” (Black, bisexual, 38). Another participant said that he would pray to God for the condom not to break while having sex. Similar appeals were expressed by participants when awaiting HIV test results, “...like afterwards, it’s like “oh please,” begging for another chance and waiting for the results” (Black, gay, 28).

Participants discussed the role that God played in their HIV prevention, giving credit to God for helping them through life’s struggles, as one participant expressed, “It helps me stay strong, positive...like I believe in a higher power and, and he really pullin’ me through some of the rough times in my life” (Black and Native American, bisexual, 53). Another participant expressed strong feelings of faith in God, especially as it pertains to personal health: “Don’t worry about tomorrow and it will be alright and um, cuz there is a God, that I know is stronger than me...He can heal all sickness if you believe in him” (Black, gay, age unknown). Some participants expressed that God played an active role in their HIV prevention, while the participants played a more passive role:

...my friends and my family laugh, but they tell me like, you have the blood of Jesus (laughs) protecting me...because I have had unprotected sex with people that were positive, you know. And, it’s been more than one time and they have cum in me and everything and I never came out positive...God is like protecting me and using me for a greater advantage. (Black and Latino, gay, 26)

Similar stories of “close encounters” in regards to HIV were shared by participants, as one man stated, “I think God was lookin’ out for me...I got a friend, and I know he has slept with the same person. He got the virus and I don’t...and I was like, that had to be God” (Black, bisexual, 51).

Not all participants viewed HIV prevention as something that was ultimately in God’s hands. Others saw God as a motivational force for their own personal prevention methods, seeing God as an entity they would like to honor by practicing appropriate behaviors, oftentimes directly translating through practiced HIV prevention behaviors:

God blessed me with a time. He blessed me with a life...I don’t want to ruin my life, this precious thing that God gave me, ruin it by having unprotected sex when it could have been avoided. It could have been easily avoided as using protection or getting, finding out somebody’s status. (Black and other ethnicity, gay, 26)

Perceived Judgement or Stigma from Religious Communities

Twenty-three participants provided examples of how they felt stigmatized or judged by members of religious institutions, especially as it pertained to HIV and their sexuality. To some members of the religious community, HIV was thought of something that was specific to homosexual men, as one participant expressed, “I was raised in a pretty conservative, fundamentalist, Christian home. So, there’s a whole stigma of like...there was a

stigma of like HIV being specifically something that gay men had” (Latino, gay, 25). An emotional account of stigmatization of HIV in the church was expressed in this comment:

I remember when my mother was sick and the people in the church will just look at me because I’m gay, and one of them told my mother and everything because I got sick a little bit from taking care of her and my brother. And they told my mother you need to tell him to eat off a plastic plate or whatever and that literally hurted me because they didn’t know anything about me nor did I know anything. So she started making me eat off the plastic plates...but her health had declined, and I had to take care of her, and that’s what took the church to say something nice to me...But, and I hope I don’t say this the wrong way, her illness kind of made me feel a little good because I was able to eat on regular plates and cook food for all of us and everything. And I wasn’t judged but before her illness I was judged...and people in church actually embraced me by the way I took care of her and all that. I haven’t even told anybody else that. (Black and Native American, gay, 44)

Similar stigmatization was seen in participants’ comments that HIV was regarded as a homosexual “plague,” suggesting that homosexual behaviors are condemned by God:

I come from a very religious family...it’s hard to say it but homosexuality is viewed as wrong where I come from and in my family. And the way the mother puts it is, “The plague. This is a plague and this is part of that homosexual thing.” (Black, gay, 32)

Others felt similarly that HIV should be regarded as any other disease, and HIV is not a punishment from God:

And I don’t believe this disease is designed to punish anyone. And that’s kinda twisted for anybody to think that...because it’s a disease that, the same as malaria or you know, tuberculosis, or you go as far as leprosy and whatnot. No one deserves to get it, you know. (Black, bisexual, 36)

Men expressed issues with attending religious services, citing that, “it’s hard, when it comes to my sexuality, it’s hard” (Black, bisexual, 30). Many participants shared that they refrained from participating in organized religion due to perceived stigma about their sexuality, as one participant shared, “I kind of distanced myself from all that because every time I went to church it just, you know, it felt like...I was being condemned for being who I was” (man, race, sexual orientation, and age unknown). Others pointed to the internal conflict that religion placed on their acceptance of their own sexuality: “I’m conflicted with the whole religion and sexuality, so I avoid the religion part of it and just go with the sexuality part and live my life” (Latino, gay, 36). Another man theorized that his personal acceptance of his own sexuality may have stemmed from his involvement with the church at a young age and the stigmatization he felt:

...but I have problems with most religions, well, especially because of the way I was brought up there was such a stigma placed on sexuality...I’m still trying to come to terms with being having been traumatized by it...most of my problems with religion have always been about the- the attitude most religions have about sexuality...I think it’s why I have so many problems now dealing with being more open about my own sexuality, you know what I mean, because of what I went through as kid. (Black, bisexual, 64)

Some men voiced their opinions that some churches continued to stigmatize homosexuality and can negatively influence HIV prevention efforts when they have the power to make a positive influence, due to their authority in communities of color:

The churches do, all they do...not all of them, but majority of them as far as I see do nothing. They just add more fuel to the fire by condemning homosexuals, by condemning, you know, these men...You know, the church, because the church still has a lot of influence in the Black community. (Black, gay, 24)

One participant stated that he felt judged by church members on the basis of his sexuality, so he began attending a sexuality-affirming church, which he felt was more helpful in terms of HIV prevention. Another man indicated that the judgment he felt by his religion caused him to decide to not become a religious leader and actually made him want to become more sexually active:

In fact, uh, one of the reasons why I sort of became very active in my life, sexually speaking, was and, and therefore at risk...was religion, it was religion. I just saw the oppression of, really of sexuality being a very...bad thing (chuckles). So I kind of went against it. I was gonna be a priest (laughs). (Latino, bisexual, 47)

Other participants voiced strong feeling toward the church, stating that it can sometimes be hypocritical, saying that it serves to “brainwash” and “manipulate” and can be a “system of control.” A few men offered that religion was at times divisive, citing concerns with the different interpretations of various religious groups, despite the common thread of a unifying God, as one man stated:

I'm so against organized religion...I think it further divides people more than it brings people together...there (are) so many different sects of Christianity it's ridiculous. This one says, “Get baptized when you're a baby.” That one says, “Get baptized when you're an adult. Don't baptize until you're thirteen.” And they have problems with each other because of who should be put in some water for 30 s. To say that you know, I have a commitment to God...and then you take outside of just Christianity compare to like say, Islam and Judaism... all that aside about who's Messiah, who's the prophet...don't y'all all believe in the same God? (Latino, gay, age unknown)

Men mostly expressed issues with the way sexuality was addressed in the church, mentioning the church preaching against homosexuality even though religious leaders and congregant members seemed to be involved in homosexual behaviors themselves, as one participant stated, “...the reverend...he was bisexual too...I know he was bisexual...he got clean. He said, maybe if it worked for me, spiritually, it could work for you” (Black and Latino, straight, 41). Similarly, another man voiced his feelings of not feeling accepted by his previous religious institution due to his sexuality, even though he suspected other members were participating in homosexual behaviors as well:

...the religion that I used to belong to it's not very friendly...so I feel that it's hypocritical to go there knowing that because I'm a practicing homosexual, I'm not really welcome. And I'm not entitled to some other sacraments because of that reason. And you gotta know that people who are practicing homosexuals within the church they are participants, fully participating. It's all hypocritical. (Latino, gay, 54)

Others simply indicated that religious leaders sometimes didn't "practice what they preach," causing a lack of trust for their religious institution, and ultimately turning to a more personal one-on-one relationship with God:

...but when you go to a church and then you found out after a while that's, your priest, um, turns out doing everything against what he's been preaching, oohh that shuts on your faith so that's why I stay away from church, and keep it to myself, and pray my own prayers. I have my prayers to God and I know he is listening so I don't lose faith. (Black, gay, 24)

Altruism

Ten participants stated that R/S had helped them act better toward others in general, as well as help others and be more communicative in regards to HIV prevention. Some participants felt that R/S inspired them to be more accepting and less judgmental toward others, as illustrated by one participant, "God is love. So if God is love then you have to be a person full of love, without judgin' and pointin' fingers" (Black, gay, 37). Others stated that it helped them boost self-esteem in others: "I would tell my friends...to know that you are worth waiting for...not to let people take advantage of you because, you know, just know that you are worth it, you're worth being pursued" (Black, gay, 32). Men felt that R/S instilled a sense of altruism in them, which translated into HIV prevention communication such as serostatus disclosure:

And I take this as a responsibility and a golden rule, do unto others have them do unto you. So, if I'm you know, want people to be truthful with me about their, you know, status, have to be truthful with them about who I am. And, you know, the kinda life I lead and such, hopefully, lead by example. (Black, bisexual, 36)

Another man similarly indicated that R/S enabled him to be more communicative with others as well-being a positive influence on others:

...it's helped me open up to people, the way I see things and the way I wanna talk about things and the way I wanna have sex, and connect...my spirituality has grounded me, made me more of a person...I wanna be happy and outgoing, and positive, and encouraging to others. I wanna try and inspire others to do a better job...And that's what I think my spirituality is, is trying to be a vessel of positivity. (Latino, gay, age unknown)

One participant gave a specific example of how he was able to help a friend come to terms with his HIV-positive test results through his strong sense of spirituality:

I had a good friend that found out just recently that he was HIV-positive, you know, and he just completely thought his life was over, if it wasn't for my spirituality...if it wasn't for my faith I don't think I could be able to comfort my friend the way I did...my spirituality helped me know what to say to him, know how soothe his heart, and know how to just break all of that bitterness down, and just let go...it was my spirituality that turned this nightmare, you know, into more of a settled situation. (Black, gay, 31)

R/S Has Not Influenced HIV Prevention

Over half (58/105) participants indicated that R/S had not influenced HIV prevention in their lives. Twenty-four participants said that R/S didn't play a role in HIV prevention, without further explanation as to why. Others indicated that R/S didn't influence HIV prevention because they saw R/S and HIV prevention as separate, distinct entities or they simply weren't religious.

R/S and HIV Prevention are Separate Entities

Twenty-five participants stated that R/S did not influence personal HIV prevention behaviors because they compartmentalized and kept them separate. Examples included specific reasons, such as HIV prevention is the responsibility of the person, not religion; the church doesn't address HIV prevention; they learned HIV prevention from a different outlet; or the Bible is outdated and not well equipped to deal with HIV prevention in modern day society.

Some participants indicated that R/S didn't play a role in their HIV prevention behavior because they are, "two separate entities. I don't think one influences the other at all. I don't think religion influences my decision to get tested or anything to do with my sexual life at all" (Black, bisexual, 25). Others indicated that there is "no correlation between the two [R/S and HIV prevention]" (Black, gay, 44) and that R/S and HIV prevention were "a totally separate issue from the other" (Latino, bisexual, 44). Oftentimes men felt the need to keep them in distinct categories and even expressed a level of discomfort in combining the two, stating that, "I just keep God completely away from sex. It's like talking to my grandmother about sex (laughs)" (Black, gay, 21), or "I don't mix the bible stuff with my life (laughs)." (Black and Latino, gay, 28).

One reason participants gave for R/S and HIV prevention having no role in influencing the other is that HIV prevention was a personal responsibility, and not the responsibility of religion or the church. Men saw that getting tested for HIV was a behavior that they had to address by themselves, without any influence from R/S, as one participant indicated, "...it hasn't had any influence in my desire to get tested or not, it's more of a personal thing" (Latino, gay, 54). Another participant stated that his R/S didn't play a role in HIV prevention, and his decision to ask about his partners' HIV status is a personal decision:

I mean really, religion, don't really have nothing to do with it, with me. I mean, religion is religion. Believe in God no matter what the case may be. It's just more, for me like...me to know that who I'm dealin' with is safe. (Black and Latino, bisexual, age unknown)

Some participants indicated that R/S did not play a role in their HIV prevention methods because HIV prevention wasn't a topic often covered in church. "They don't really talk about that [HIV prevention] in church," (Black and Latino, gay, 26) one participant noted. In addition to a lack of HIV prevention education, information surrounding general sexual health and drug use were also absent from religious teachings, as one participant stated: "...not too many churches talk outside about HIV, talk about umh, drugs and STDs and all that other stuff, that was something that we learned growing up" (Black, gay, 31). Men often found HIV prevention information from different outlets such as school or through their own personal research:

I mean AIDS, HIV prevention and stuff like that has always been educational, a school wise...I don't think it ever came at me from that direction, HIV prevention...it played zero role in my, I learned everything from school and my own personal research, umh, spirituality. (Black, not sure/questioning, 33)

Another participant mentioned how seeing the direct effects of HIV was the only thing that influenced his HIV prevention (i.e., observing the deaths of loved ones).

A general lack of discussion about sex in the Bible was also a reason for the separation of R/S and HIV prevention. Some men expressed sentiments that the Bible is ill-equipped for matters of HIV prevention and can sometimes be outdated, as one participant expressed:

...there's really not much about sex in the bible, per se. Everything that's there is "well you just have sex to reproduce" but as you- as you come more into this time now...it's a completely different story and it's just- they weren't as knowledgeable about everything as we are now. So, I can't really say that religion plays a impact on my prevention status. It- yeah it really doesn't. There's no way that it does. (Black and other ethnicity, gay, 23)

Others similarly noted that the church's more traditional take on marriage and celibacy also makes it a difficult for HIV prevention, citing that "the church is not in tune with the real world" (Black, gay, 24) and that expectations of chastity before marriage were not realistic in modern times.

R/S Doesn't Play a Role in HIV Prevention Because I'm Not Religious or Don't Often Go to Church

Fifteen participants stated that R/S did not influence HIV prevention techniques because they simply weren't religious (i.e., "I'm not really a religious person at all" (Black, gay, 30)) or didn't often go to church (i.e., "I believe in God, but I'm not a Sunday morning person who gets up and go to church" (Black, bisexual, 53)). Some participants indicated that they used to be religious but no longer were, or were never religious due to the stigma and judgment sometimes received by the church, often citing their issues with organized religion. Several participants mentioned they were spiritual but not religious; sometimes indicating that they had a personal relationship with God, but didn't participate in organized religion, often in an effort to avoid stigmatizing views from the community.

Discussion

Our participants had mixed responses regarding the influence of R/S on their HIV prevention activities. Some participants indicated that R/S helped them make better decisions for HIV prevention and provided a moral foundation for them to base how to conduct their lives. While some research exists on decision-making processes of people living with HIV (i.e., decision to take antiretroviral therapy) and its role in R/S (Kremer et al. 2006), few studies have investigated how R/S might influence MSM to make more informed decisions regarding their sexual health and HIV prevention methods, with some studies demonstrating how Black MSM may draw inner strength from R/S (Buttram 2015; Foster et al. 2011). Our participants offered specific examples of how R/S influences their HIV prevention decision-making through the use of condoms, getting tested for HIV, and

decreasing numbers of sexual partners. Future studies involved in the clinical implications of R/S and its effect on HIV prevention would be beneficial and could offer insight into these decision-making behaviors.

Men also cited that having R/S increased their self-esteem, which sometimes aided in sexual decision-making such as using condoms and resisting urges like unsafe sex in an effort to feel loved or using drugs. Very few studies cite the relationship between R/S and its effect on self-esteem, with one study conducted with a sample of college freshman indicating a positive correlation between R/S and self-esteem (Hayman et al. 2007). MSM of color who have low self-worth may be more inclined to participate in condomless sex (Garcia et al. 2016). Further research involving the relationship between R/S, self-esteem, and its impact on personal HIV prevention efforts for MSM is warranted.

While some men viewed R/S as giving them a framework for making more positive sexual health decisions, others saw religious institutions as a source of judgement and stigma in regards to HIV as well as their sexuality. The Black Church has historically served as a defense against racism for people of color, yet when intersected with the common condemnation of homosexuality in the church, it may leave BLMSM feeling rejected from their own religious institutions that served to support them (Arnold et al. 2014; Wilson et al. 2016). Religious institutions can serve as a source of homophobia and HIV stigma (Miller 2007; Quinn et al. 2016). Some studies show a correlation between homophobia and increased risk of HIV acquisition and transmission among Black MSM (Jeffries et al. 2013). Participation in religious organizations which do not accept homosexuality has also been associated with internalized homophobia among gay, lesbian, and bisexual Black and Latino/a individuals (Barnes and Meyer 2012). Some research suggests that R/S is a mediator for internalized homophobia, possibly affecting condom use (Smallwood et al. 2015) and MSM of color who feel rejected by religious institutions according to their sexuality may be more inclined to participate in condomless sex (Garcia et al. 2016). However, a recent study shows promise, with less HIV-related stigma among churches in some communities of color (Coleman et al. 2016).

Some participants saw God or a “higher power” as an active participant in HIV prevention while they played more passive roles. This may have a negative effect on HIV prevention efforts by permitting men to see themselves as passive participants in their own HIV prevention. However, this “higher power” belief by some could allow some faith-based organizations to promote HIV prevention, risk, and transmission education within their communities, (ONAP 2015) as part of reducing HIV-related health disparities (Woods-Jaeger et al. 2015), yet there is still more to be done to combat the epidemic (Sutton and Parks 2013). Associations between religious and spiritual belief, religious attendance, and spiritual practice, and their effects on HIV prevention within this population, should be further explored.

Men in our study felt that their R/S made them more altruistic. Research has shown certain coalitional aspects of religion to have limited effect on prosocial behaviors (i.e., lower aggression, giving to charity) (Saroglou 2013). However, spirituality, a concept intimately connected with yet distinct from religion, has been associated with altruistic and compassionate behaviors (Saroglou 2013; Saslow et al. 2013). Compassionate, prosocial individuals are likely to exhibit better health and well-being (Post 2005, 2007), yet how R/S may influence people to exhibit altruistic behaviors in regards to HIV prevention has been understudied. Altruism and R/S may also be contributing elements of resilience among Black MSM and other members of the lesbian, gay, and bisexual community (Buttram 2015; Walker and Longmire-Avital 2013); this resiliency may be useful as an additional HIV prevention tool for BLMSM (Herrick et al. 2014).

Some men viewed R/S and HIV prevention as being two distinct and separate entities, without one having an influence on the other. Some research indicates that Black MSM may seek to reframe messages delivered by religious institutions to align with their sexualities (Fields et al. 2016; Garcia et al. 2014; Pitt 2010; Winder 2015). This compartmentalization of R/S and sexuality by some MSM may have an effect on HIV prevention methods and warrants investigation. Some research has found high religiosity is correlated with high homonegativity and low gay affirmation, while high spirituality has been associated with higher gay affirmation (Smallwood et al. 2015). Thus, due to the distinctive nature of religion and spirituality, especially as viewed by sexual minority community members, future studies involving BLMSM, HIV prevention, and R/S may benefit from distinguishing spirituality from religion in the data collection process.

Limitations and Strengths

Our study has some limitations. First, these data were collected by purposive sampling in one northeastern city; our findings are not representative of all BLMSM in NYC or in other cities. Second, one coder conducted primary data analysis; the results are somewhat subject to coder bias. However, review and interpretation of these data included a second senior scientist who reviewed codes to ensure aligned content and accuracy. Third, religion and spirituality were considered together; several participants indicated they were spiritual, but not religious, suggesting that future studies should separate these two for more granular interpretation and understanding of the separate influences of each. Fourth, we did not inquire about participants' specific religious affiliation, which could have improved interpretation of our findings as participant responses may have varied according to religious affiliation. This study is strengthened through the use of qualitative analyses to explore the sometimes nuanced and complex themes that accompany religion and spirituality, which can be difficult to uncover using quantitative analyses. This qualitative analysis was strengthened by its large sample size ($N = 105$), which contributed to an added level of confidence of the analysis and derived main themes.

Conclusions and Future Directions

This research reports to the scarce body of literature regarding R/S and HIV prevention for BLMSM. Our results afford some areas for future exploration and investigation. First, there is a lack of literature, particularly surrounding Latino gay and bisexual men; much of the research in R/S among MSM has been conducted among Black MSM. It may be particularly important to focus on Latino MSM populations, as there was a 20% increase in annual HIV infections from 2008 to 2014 in this group (CDC 2017). Additional, more robust prevention and care strategies are warranted. Second, passive HIV prevention behaviors in regards to R/S (i.e., praying to God for condom efficacy and negative HIV status) may have an effect on HIV behaviors and outcomes and could benefit from further investigation. Overall, our findings are particularly salient for faith-based institutions and spiritual leaders who can inform faith-based HIV prevention interventions to decrease HIV-related disparities, consistent with national HIV prevention goals (ONAP 2015).

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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