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Ideologies of Black churches in New York City and the public health crisis of HIV among Black men who have sex with men

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Abstract

Black men who have sex with men (MSM) are disproportionately affected by the HIV and AIDS in New York City (NYC). Black churches in NYC have a history of engaging in community mobilisation; however, research suggests that churches play a role in promoting stigma against Black MSM, which impedes prevention efforts. The goal of this study was to explore church ideologies surrounding sexuality and health, and the relationship of these ideologies to church mobilisation in response to HIV/AIDS among Black MSM. We conducted interviews and focus groups with pastors and parishioners at Black churches in NYC. Three prominent themes were identified: (1) 'Love the sinner, hate the sin' – distinguishing behaviour and identity; (2) 'Don't ask, don't tell' – keeping same-sex behaviour private; and (3) 'Your body is a temple' – connecting physical and spiritual health. We discuss the implications of these ideologies for church mobilisation and HIV prevention efforts. In doing so, we pay close attention to how ideologies may both impede and facilitate church dialogue around sexuality and heightened responses to the HIV crisis affecting Black MSM.

Keywords

Blacks; men who have sex with men; HIV/AIDS; churches; religious ideology

Introduction

Black churches in the United States play an important role in the culture and social lives of many Black Americans (Lincoln and Mamiya 1990, Taylor *et al.* 1999). While Black communities and individuals vary in the extent to which they are directly involved with churches, Black churches remain a strong force in the lives of Black Americans. A recent Pew Forum (2008) survey of the U.S. religious landscape found that of all racial/ethnic groups in the U.S., Black Americans were the most likely to report being affiliated with a religious institution; among religiously affiliated Black Americans, 85% reported a Christian affiliation. Even among Black Americans who reported being religiously unaffiliated, three in four said that religion was either somewhat or very important in their lives (compared to just above one in three of the overall unaffiliated population).

Black churches and community mobilisation

Many Black churches have historically been involved in social and political movements, the most commonly cited example being the Civil Rights Movement of the 1950s and 1960s. Then and now, churches have helped to mobilise Black communities around pressing social and health issues, thereby facilitating positive change (Cone 1969). Scholars have theorised

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about and debated the mechanisms by which Black churches enable—or fail to enable—mobilisation around social and health issues (Pattillo-McCoy 1998, Harris 1999, Barnes 2005, McClerking and McDaniel 2005). While research has tended to focus on 'church culture' (i.e., common rituals and practices) rather than religious ideology, it has also considered the commonly held belief that God is active in worldly affairs (Pattillo-McCoy 1998). This work suggests that a unique relationship between culture and theology exists in many Black churches. Harris (1999) articulates this relationship, noting that Black church-based social movements have benefited from a 'sacred assurance', or the feeling that actions are validated by scripture and that God is on the side of the church. This sense of sacred assurance, Harris notes, has promoted feelings of personal and collective efficacy among Black Christians involved in church mobilisation efforts. Other researchers have pointed to a number of specific factors and activities that affect church mobilisation including: dialogue and information-sharing among parishioners (McKenzie 2004); prayer groups and gospel music (Barnes 2005); cost-underwriting and obligation-creating activities (McClerking and McDaniel 2005); and a 'tool kit' that includes prayer, call-and-response, verbal encouragement, Christian imagery, and a sense of 'collective ethos' (Pattillo-McCoy 1998). Recent Black church community mobilisation efforts have focused on a variety of public health issues including care for older adults (Madison and McGadney 2000), prison reintegration (O'Connor *et al.* 1998), and breast and cervical cancer (Shapiro *et al.* 2006), among others.

Black churches in New York City (NYC)—the setting of our research study—have played a particularly prominent role in community mobilisation efforts focused on social issues, historically and contemporarily (Bunche 1973). In the 1920s and 1930s, the social gospel movement flourished in Black communities, and social justice-oriented religious leaders such as Adam Clayton Powell, Sr., Reverdy Ransom, and Shelton Hale Bishop used churches as spaces for social service and action (Spencer 1996). Black churches in NYC have also made efforts to mobilise the community to prevent HIV/AIDS since the beginning of the epidemic. As reported by Quimby and Friedman (2003), Black churches in NYC began to mobilise against HIV/AIDS in late 1987, organising community forums and educational conferences held at various churches, including the historic Concord Baptist Church in Brooklyn. Contemporarily, Black churches in NYC are still involved in community responses to HIV/AIDS. For example, the current pastor of Abyssinian Baptist, Dr. Calvin O. Butts, III, sits on the Presidential Advisory Commission on HIV/AIDS (PACHA) and leads the National Black Leadership Commission on AIDS (United States Department of Health and Human Services (DHHS) 2010). Black churches in NYC have demonstrated leadership in promoting awareness and mobilisation around issues affecting the communities they serve.

Stigma and responses to HIV/AIDS among Black churches

Stigma surrounding HIV, homosexuality, and behaviours associated with HIV transmission have historically impeded Black church mobilisation in response to HIV/AIDS (Fullilove and Fullilove 1999, Quimby and Friedman 2003). Research suggests that associations between HIV/AIDS and homosexuality have hindered Black churches' responses to the HIV/AIDS crisis affecting Black MSM. Black churches have often been sources of homophobia and heterosexism in the lives of Black MSM (Miller 2007, Harris 2009) and perceived associations between HIV/AIDS, homosexuality, and White communities may impede their responses to the epidemic (Nelson 2005).

In the past few years, however, researchers have documented efforts at HIV prevention, education, and stigma reduction in churches and faith communities. For example, a community-based participatory research project program aimed at increasing HIV/AIDS awareness and decreasing HIV stigma gained traction in a Black faith community in

Michigan (Griffith *et al.* 2010). Also, a recent qualitative study of 14 Northeast churches with HIV/AIDS programming found that lay health leaders were organising both educational activities and testing events and that these leaders recognised barriers to prevention work, such as stigma, within the context of their churches. Results from the study suggested that a 'fundamental change in how Black churches are approaching HIV/AIDS in the Black community' is underway and that 'churches appear to be fertile ground for prevention work' (Davis 2008)

The need for community-level responses from Black churches

The current study aimed to explore NYC-based churches' ideologies surrounding sexuality, health, and HIV/AIDS, as well as how these ideologies relate to church mobilisation in response to the HIV/AIDS epidemic among Black MSM. HIV/AIDS among Black MSM is a public health crisis that has not been adequately addressed in the U. S. (White House Office of National AIDS Policy 2010). Black MSM are disproportionately affected by HIV/AIDS in the U.S. and continue to experience a rapidly increasing HIV incidence. A recently conducted epidemiological study of 8,153 MSM in 21 U.S. cities found that 28% of Black MSM were infected with HIV, the highest prevalence among all ethnic/racial groups examined (Centers for Disease Control and Prevention (CDC) 2010). In NYC, MSM compose the largest proportion of new HIV/AIDS diagnoses; Black MSM have twice the number of new diagnoses than White MSM (New York City Department of Health and Mental Hygiene (NYCDOHMH) 2007). Taken together, these data suggest that, without a heightened community-level response aimed at reducing risk and vulnerability to HIV, the HIV epidemic will continue to rage among Black MSM. The need for community-level responses to prevent HIV/AIDS among Black MSM is noted in the *National HIV/AIDS Strategy* (White House 2010) and has been called for by researchers and policymakers (Bing *et al.* 2008, Kegeles *et al.* 1996, Wilson and Moore 2009)

Methods

We conducted interviews and focus groups at churches in predominantly Black (i.e., African-American, Afro-Caribbean, and/or African immigrant) neighbourhoods in NYC. Most of the churches included in the study engaged in HIV prevention or other HIV-related efforts on some level (e.g., sponsored information sessions on HIV, engaged in HIV testing efforts, participated in The Balm in Gilead's *National Week of Prayer for the Healing of AIDS*, etc.). Some of the churches had HIV/AIDS ministries, which actively sought to mobilise church members, parishioners, and community members in response to the HIV/AIDS epidemic.

Sample

A number of strategies were used to recruit participants. The first author collaborated with a local HIV/AIDS community-based organisation that was working with Black churches to develop HIV/AIDS ministries. Members of our research team also approached leaders at churches they were familiar with. Other participants were recruited through referrals. The resulting convenience sample consisted of eighty-one women and men representing six Baptist churches, three African Methodist Episcopal (AME) churches, two Catholic churches, three inter/non-denominational churches, and one Presbyterian church. The churches included in the study were located in neighbourhoods with large Black populations in four boroughs (i.e., the Bronx, Brooklyn, Manhattan, and Queens) of NYC. The participating churches were each concerned with mobilising in response to the local HIV/AIDS epidemic. A sample of this type enabled us to explore ideologies among churches with the potential to become active players in the fight against HIV among Black MSM. We conducted a total of ten focus groups with parishioners and ten interviews with pastors and

other church leaders. All but one of the church leaders interviewed were men. The majority of the participants were Black.

Interview and focus group protocols

Semi-structured interviews and focus groups were primarily conducted in churches. Interviews and focus groups lasted 1–2 hours and were audio recorded with the written consent of the participants. Interview and focus group topics focused on churches' worship traditions' values related to sexuality (condom use, unprotected sex, and homosexuality in particular); health and illness; stigma; and HIV/AIDS (including church responses to HIV/AIDS). Probes were used to explore issues and salient points raised. Interviews with pastors provided us information on churches' official stances and decision-making processes, as well as insight into pastors' internal conflicts. The individual interviews also allowed us to have more intimate and detailed conversations with church leaders than would have been afforded in a group environment. Focus groups consisted of approximately 5–7 church parishioners. Focus groups provided parishioners with opportunities to delve deeply into issues and to discuss and debate their church's values with their peers. The use of focus groups enabled us to gain a better understanding of dynamics within the churches, as well as of which topics were least and most controversial.

Analytic approach

All interviews and focus groups were transcribed by a professional transcription company. We employed a multistage, iterative process in analysing transcripts. The analysis was guided by the principles of Grounded Theory (Strauss and Corbin 1990), in which key themes and codes used to organise themes emerge out of the data and are not determined *a priori*. The process included several steps. The first step involved reviewing transcripts and memoing. Memos were then compared and discussed, and a working codebook was developed; codes were added and their definitions refined over a series of meetings. We then engaged in a process of systematically coding each interview and focus group transcript. In this article, we focus on the following codes: 'Acceptance', 'Church Response', 'Community Mobilisation', 'Discrimination', 'HIV/AIDS', 'Homosexuality', 'Homophobia', 'Religious Ideology', 'Sin', and 'Stigma'. These codes were used to identify and compare themes. Themes were integrated into a finding matrix, which was used as a framework for condensing findings and fulfilling the research goals.

Findings

We sought to explore the relationship between church ideologies—of sexuality, bodies, and HIV/AIDS—and church mobilisation, or lack thereof, in response to the HIV crisis affecting Black MSM. In general, church responses to HIV focused on support of and prayer for those who are sick, HIV/AIDS and sex education (e.g., health fairs, workshops, and pastoral counselling), and referrals to prevention and treatment services in the community. A few churches engaged in condom distribution while others considered it to be outside the realm of church-sanctioned activities; however, many recognized the importance of condoms as an effective way to maintain sexual health. For example, a male member of a non-denominational church in Brooklyn noted, 'While abstinence is the ideal we are very realistic about who our membership is and who the people in the community we serve are so we don't provide condoms but we will connect them with resources where they can take care of themselves'. None of the churches reported specifically responding to the crisis among Black MSM, nor did any address the reality that men are having sex with men within the context of HIV mobilisation activities. Our analysis of interview and focus group data revealed the following prominent themes, which can help explain the lack of MSM-focused mobilisation efforts:

- (1) 'Love the sinner, hate the sin' – The belief that homosexual behaviour can be distinguished and separated from homosexual identity
- (2) 'Don't ask, don't tell' – The belief that homosexual identities and behaviours should be kept private
- (3) 'Your body is a temple' – The belief that spiritual and physical health are interconnected.

We discuss these findings in terms of their implications for church mobilisation in response to HIV among Black MSM.

'Love the sinner, hate the sin': behaviour vs. identity

When parishioners and pastors were asked about homosexuality, a common response across denominations was that Christians should 'love the sinner' but 'hate the sin'. As one female member of an HIV Ministry at an AME church stated:

But the thing is we might not condone [homosexuality], but everybody is a child of God. So God doesn't say, 'I'm not gonna love you because you are a certain way'. But God says that [homosexual] behaviour is an abomination. So know it for what it is. And then govern yourself from that. So you know we have these discussions all the time cause I have plenty of gay friends.

The specific phrase 'love the sinner, hate the sin' (LSHS) was referred to by many of our focus group and interview participants. For example:

You know, I have a number of people who I interact with and, you know, and they are homosexual and I love them. One of the things that I know is that God loves people, but he might not love the sin, and the reason that God, I believe, is opposed to it is because it doesn't reproduce, okay? So two men can't reproduce and two women can't reproduce and that was the reason that God created them.

—Female pastor, non-denominational, Brooklyn

Other participants alluded to the LSHS ideology by distinguishing between 'lifestyle' and 'the individual'.

In our practice, we believe in the way that Jesus taught, which was that everyone deserves love. Everyone needs love. Everyone needs service and ministry. And so, we do our best not to judge, but just to love all. I mean that, you know, the church is open to all of God's children. And anyone who is seeking God is a child of God. However, you know, our church does not believe in male-to-male marriage or female-to-female marriage. We don't try to dive into peoples' bedrooms. But on our exterior, you know, we – the fundamentals of our theology will not allow us to promote the lifestyle, even though we love the individual.

—Male Elder, AME, Bronx

A male pastor of a different AME church in Queens stated:

I am decidedly and intentionally heterosexual. I make no bones about that. I have no issues with that. And I think God's intention for humanity was that men and women would be together. I think that was God's intention. Now, having said that, we realize that that's not what's happening in our society. I am obligated to love you even if I don't like what you do... So, I have taken the approach of I preach family and I preach that God's intention and design for family was a man and a woman. I teach that. But I have a number of homosexual men and lesbian women are members of our church. Because I tell them upfront, 'Look, I love you. I'm not judging you. But here is where I am with this'. Now, having said that, if you can sit

under my teaching and my preaching, I will never bash you, never make you feel uncomfortable, never make fun of you, never do any of that. But if you can get with that, then we're all right.

The same pastor later reiterated his understanding that homosexuality is a lifestyle that he does not support but that this has not stopped him from nominating gay and lesbian people to leadership positions:

We've hosted here conferences and workshops, LGBT conferences and things. We've hosted them. Not that I'm supportive of the lifestyle. But one of the reasons that I host it is because the church needs to be educated...it's all about exposure and education, and knowing – being confident in who you are as a person and what you believe. And to the point where I have even nominated person who I knew were gay or homosexual – gay or lesbian – to leadership positions in our church.

A male pastor of a Baptist church in the Harlem/Washington Heights area made a similar distinction between the 'lifestyle' and 'the person', describing how he has stood up for homosexuals:

And for a lot of people, and for a lot of homosexuals that I've counselled and befriended, and are friends to this day, and I mentor some, and gladly. And have learned how to stand up for them and use faith to defend them to a degree. Not their lifestyle, but to defend the person and their choice.

Like the AME pastor, this Baptist pastor referred to individual homosexuals who he has displayed his acceptance of, in this case through counselling, friendship, and mentorship. In contrast, a male pastor of a Baptist church in Brooklyn suggested that because homosexual behaviour and identity are distinct, the latter can be maintained while the former is abandoned:

Now, having said that, the question becomes, ultimately, for me, a matter of whether you're straight or gay, do we allow our sexuality to dominate our choices? ...So, in our community, you can be gay and still be saved as it were. The issue is not orientation. The issue is action.

Don't ask, don't tell: private vs. public knowledge

Some participants did not focus on homosexuality or same-sex sexuality as sinful, per se. They more or less accepted that homosexual behaviour occurs, but suggested same-sex sexuality was a private matter that individuals should not disclose and that the church is not prepared to discuss. Tied into this understanding was the belief that sexuality—specifically homosexuality—was a superficial or insignificant characteristic of the person; homosexuality was contrasted with more important, substantial characteristics that, according to participants' theology, make the person who he or she is. For example, a female parishioner at a Baptist church in Harlem/Washington Heights stated:

Pastor said what we've done with homosexuality is we've minimised that person to what they do in the bedroom and that's exactly what we've done. They're still working men, they're still working women. They're still – you know – they are in the community, they do everything we do and then we make them so small as to what they do behind a closed door and if they knew what we did behind closed doors then it would be one of those things.

Parishioners and pastors discussed the importance of maintaining a separation between the public selves and private lives of members and placed same-sex behaviour within the latter sphere. This ideology is best described as 'don't ask, don't tell' (DADT), as participants explicitly described it. A male parishioner from a Presbyterian church in Brooklyn stated, 'I

think it's pretty much like now where it's [homosexuality is] not discussed...it's don't ask, don't tell... everyone can be just together, but it's not really like discussed 'cause I guess we're not really faced or confronted with the issue of homosexuality'. Members of a Presbyterian church in Brooklyn noted that they welcome homosexual persons into the congregation, as long as they worship as a 'regular' (parishioner's quotes) parishioner:

Female: I mean for a person who has an open gay lifestyle, it's not open basically in the congregation. For the most part, they come in. If they do wanna worship, they worship as regular folks, quote, unquote, for the most part but there's no kind of outward hostility...It's like everyone can be just together, but it's not really like discussed 'cause I guess we're not really faced or confronted with the issue of homosexuality.

Moderator: But it sounds like there's still an open policy—and tell me, please, if I'm wrong—that if a person is gay or lesbian or bisexual that they can come to this church. Is that correct?

Female: Absolutely.

Female: And they do.

Male: Yeah, I think that it's basically don't ask, don't tell.

Male: Same as the military, right?

Female: Right.

Male: I don't know what would happen if someone walked in openly gay with a gay partner...as far as membership is, I'm not sure what would happen.

Parishioners from a Catholic church in the Bronx expressed similar sentiments. However, these parishioners critiqued their church's silence around homosexuality, citing the presence of homosexual people in the congregation and the need to be open about discussing same-sex behaviours:

Male: People that you don't expect that, you know they do, whatever they [are] doing in their life. And like I said, I'm not here to judge you. Let's talk about prevention. That's the most important part. But again, we have to talk like, push it under the table. Not wide open in church. And different people, they have different kind of – how would I put it? Life.

Male: Lifestyle.

Male: Lifestyle. You know. So we should be talking about it.

Female: And it's been going on for [a long time] –

Male: In the church we do not talk about it. At all. It's not even mentioned. You might know of someone or whatever, you know but it's not mentioned at the pulpit. It's not mentioned nowhere. And people know this. People in our church of that lifestyle. But it's not even mentioned. And it's a taboo... They will not speak on homosexuality.

Ignoring homosexuality and same-sex sexual behaviour or deeming it unimportant—and requesting that homosexual persons do not disclose their sexual orientation and/or behaviour—was viewed as an improvement over hatred or condemnation. For example, parishioners at a Baptist church in Harlem described their attitude toward homosexuality as follows:

Male: When you live a life that's consumed by love you don't think about these other surface things, like, it just doesn't mean anything because I'm so concerned about loving you I don't care about how you identify yourself.

Female: What you do behind closed doors...

Female: Because ultimately that's what it is.

Male: Well I'm more concerned and I think God's more concerned about hearts than our genitalia.

Male: I think that's one – I've heard that from a preacher in a pulpit and, like, that just makes so much sense, like, we focus so much on outward things and don't focus on one another's hearts.

However, a female pastor at a non-denominational church in Brooklyn took a more aggressive stance:

What you do in your bed in the privacy of your home is your business. But why are you now putting it out in my face? Okay. Why do I even have to know what you're doing? ...I can love you. I'm looking beyond the fault and I see the need. You need God. Cause you just don't get it. God is love. But look, God loves the homosexual, but he doesn't love the behaviour. God loves the thief, but he doesn't love the stealing. God loves the murderer, but he doesn't love the killing.

This pastor's position, which connects the DADT and LSHS ideologies, reflects the ideas of other participants we interviewed. Her way of responding to same-sex behaviour hinders open dialogue around homosexuality and more specifically, HIV/AIDS among Black MSM. Moreover, while the pastor makes it clear that she does not condemn homosexual men and women, she does request that they keep their identities and behaviours private, which makes community mobilisation around the HIV among Black MSM a nonstarter.

`Your body is a temple': physical health and spiritual health

Participants described the body as a temple and emphasised the importance of taking care of one's body, as an act of honouring God, and maintaining consistency between body and soul. The 'your body is a temple' (YBIT) phrase is taken directly from the Bibleⁱ, and many participants spoke about 'honouring your temple, which is your body', and noted that 'the Bible encourages us to live a healthy lifestyle'. For example, one female parishioner at a Baptist church in Harlem/Washington Heights stated: 'Your body is your temple. So, you're supposed to be striving to do good things for your body because that's the way you show faith, and that's the way you're able to show respect and gratitude for your blessings, by being the best you can be'.

Many parishioners and pastors emphasised that they did not believe HIV/AIDS was a punishment for sin or that anyone deserved to be infected. However, they did make connections between the body and spirit and took a holistic focus in the way they understood physical and spiritual health. The YBIT ideology was helpful in that it facilitated church mobilisation around health issues and risk reduction. However, it was also problematic in that it allowed for conflating physical risk (i.e., for poor health outcomes such as HIV) with spiritual risk and sin. Participants spoke in vague terms when describing body-spirit connections in relation to HIV risk and prevention – in line with the DADT ideology, they did not specifically speak of homosexual behaviours or unprotected sex; rather they spoke of taking care of oneself and behaving in accordance with Christian expectations. As a male priest at a Catholic church in the Bronx noted, 'Illness is part of life. Probably if you live

ⁱThe 'body is a temple' phrase comes from 1 Corinthians 6:19-20 (New International Version): 'Do you not know that *your body is a temple* of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your body.'

long enough something is gonna happen to you. But am I doing the proper thing? Am I taking care of my body? So is my body a temple of the Holy Spirit?'

Some participants failed to make distinctions between risky behaviours (such as unprotected sex and needle sharing) and sinful/immoral behaviours (such as non-marital sex and drug use) – or differences in the consequences of these behaviours. These pastors and parishioners suggested that if a behaviour is sinful then it is also bad for your physical health. The negative views of same-sex behaviour that some participants held were buttressed by the fact that MSM experienced higher risk for HIV. For example, a pastor at a Baptist church in Brooklyn suggested that harming oneself and sinning are inextricably tied:

It's a missing of His mark completely. What He originally planned. Just total disregard...Do this. Don't do that. Cut and dry. Clear. But you do that when you're told not to do that...that's going to create things. Because if you do what you're supposed to do, other things won't happen. [If you don't] illness happens. You create [illness]...you'll affect the body. If you did what you were supposed to do, it shouldn't affect this, which would not cause illness.

The understanding of the strong link between body and soul helps to explain the connections that were drawn (and the distinctions that were overlooked) between sinful and physically risky behaviours. Although HIV was not presented as a direct punishment for sin, some participants suggested that those who had contracted HIV as a result of sinful behaviour were more deserving of the virus than those who had contracted it by other means. One leader of an AME church in the Bronx, in discussing causes of HIV, described his understanding of the difference between 'mercy' and 'justice', which he believed to apply differently to people who have contracted HIV in different ways:

Our Christian faith teaches us that we are all sinners, who have been given the right to forgiveness, because of the grace and kindness of our benevolent God. Innocent people don't need mercy. Guilty people need mercy...we're all guilty of something...However, there are some people who deserve justice, because they are innocent to a certain extent in their particular circumstance. And they should not have to suffer as it pertains to their particular circumstance that they had no way of changing. For example, people who are starving and hungry in a world where we have plenty of food. Why should – that is unjust...Or someone who may have been in prison for a crime they did not commit. For a person, you know, a child who was born with HIV and AIDS, who had – whose behaviour had nothing to do with the reason why they're infected. You know, they do [sic] need justice. Someone who used drugs for years and years, who was a prostitute for years and they contracted HIV, they don't need justice, they need mercy...The person who was born with it and had no – they don't need mercy, they need justice.

An HIV-positive man who was in the HIV Ministry at an AME church in Queens echoed this sentiment:

Thank God I was raised the right way. I didn't do anything wrong. It's something that happened. I don't know why. I might have been living immorally meaning I might have had more than one girlfriend. But I wasn't a homosexual man. I didn't use IV drugs. So when you take those two immoral things out the way...

The YBIT ideology may represent a missed opportunity for HIV prevention and mobilisation for several of the churches in the study. The pervasive focus on body-spirit connection facilitated the understanding that a healthy soul/spirit breeds a healthy body and vice versa. This focus also reinforced the idea that an unhealthy soul/spirit breeds an unhealthy body and vice versa. The body-spirit connection was often used by pastors and parishioners as a way to promote (or discourage) certain lifestyles, as opposed to a way to

reduce HIV risk and promote prevention. A few churches promoted the ideology in such a way that protecting one's body meant to stay safe and healthy when engaging in behaviours that may be labelled sinful. At an AME church in Harlem/Washington Heights—perhaps the most actively engaged in HIV prevention activities among all of the churches we explored—parishioners spoke of using the body-spirit connection in the context of risk reduction:

Female: We have to protect ourselves. The only way we protect ourselves is through a [condom]. We do not condone the kids to have – you know, there's a free will of choice. Your body is the temple of God and if you go take – step out, cover yourself.

Male: You have to protect yourself because you love you and our pastor talks about loving and if a person loves you enough they'll go and get tested, but in the meantime, if you won't wanna do all that because we are flesh and we want to enjoy sex, here are some condoms. We have a variety of condoms for whatever needs you might have.

A pastor of an AME church in the Bronx highlighted the doctrine of his and other churches, distinguishing theology and liberal practice, and spiritual and physical health:

Interviewer: What does the church say about condoms?

Interviewee: Our church does not have a specific theology around condoms. We do teach that sex was created for the confines of marriage. Sex outside of marriage is not God ordained. That is our fundamental doctrine. Our liberal practice says, don't catch HIV. If you find yourself in the situation where you are not going to be able to abstain, have enough good sense to put on a condom.

Interviewer: And would that ever come out of the mouth of the pastor?

Interviewee: Yes. It's come out the mouths of many pastors that I know...we preach, first, don't have sex, then you won't have to worry about catching any disease. You won't have to worry about getting pregnant, when you don't want your baby and none of that. However, we understand our human desire is very – our sexual desire is one of the most powerful desires that we have, if not the most powerful desire, and can move us to do some stupid things. And, you know, one of them is to have sex in an irresponsible way. So, you know, make sure that you're, at the very least, responsible.

Though this pastor suggests that his views and practices are shared by others church leaders, our findings suggest that many Black churches may struggle with this approach. Moreover, no church used the YBIT ideology as a way to promote condom use among specifically MSM; when employed as a prevention strategy, it was most often in the context of premarital sex.

The LSHS and DADT ideologies facilitated distinctions between homosexual identities and behaviours, while the YBIT belief facilitated the conflation of health risks and spiritual risks. Both impeded mobilisation focused on the reducing HIV among Black MSM. However, as the previous two quotes suggest, it is feasible for many churches to struggle with the morality of certain sexual behaviours while still supporting and promoting health among congregants and community members who engage in those behaviours.

Conclusion

We uncovered three interrelated ideologies tied to sexuality and health in exploring responses to HIV among BMSM among Black churches in NYC. As expected, parishioners' and pastors' opinions surrounding HIV/AIDS, sexuality in general, and homosexuality in

particular, were progressive in contrast to more fundamentalist churches' views (Jeffries *et al.* 2008, Miller 2007, Pitt 2010). These opinions allowed for acceptance of MSM while condemning homosexual behaviours. However, because of the dualities and conflicts—between behaviours and identities, public knowledge and private actions, and health risks and sexual ones—embedded in these ideologies, effective HIV prevention efforts (i.e., involving condom use and harm reduction approaches) targeting Black MSM are difficult to mount.

The LSHS ideology, which repeatedly came up in focus groups and interviews, is not unique to Black churches in NYC; indeed it is promoted throughout Christian religious ideology (Cheng 2010, Jakobsen and Pellegrini 2004) and has been observed in other studies focusing on the church and homosexuality (Barnes 2009, Miller 2007). This ideology shuns sinful behaviour while focusing on loving and supporting the person who engages in it. A similar but distinct ideology—referred to as 'don't ask, don't tell'—was uncovered through our analysis. When respondents expressed their commitment to loving all people in spite of their 'external' flaws, mistakes, and sins, they also suggested that homosexuality should be kept private (i.e., that people should not disclose their non-heterosexual orientation or behaviour). However, ignoring sexual orientation and/or deeming it unimportant poses a significant barrier to frank discussion about same-sex sexual behaviour. Research on the Black church has emphasised sexual silence as a key barrier to HIV prevention and sexual health promotion efforts (Barnes 2009, Douglas 1999, Hicks *et al.* 2005, Quimby and Friedman 2003, West 1993). Indeed, the barriers that many Black churches in our study faced in mounting MSM-focused prevention efforts did not stem from hatred of homosexuals or inability to accept and support MSM; rather these barriers came from an inability to accept and talk about the sexual behaviours that occur between men and that are tied to HIV risk.

Dialogue around homosexuality and same-sex behaviours is necessary to reduce HIV risk among BMSM and stimulate mobilisation around HIV. McKenzie (2004) explored the relationship between dialogue and mobilisation within the context of Black churches' political activities. He suggested that dialogue and informal discussion produces 'action contexts', which he describes as 'situations that change the salience of collective action efforts by making them immediately and personally relevant to individuals p. 623'. Dialogue and information sharing among parishioners—from giving testimony during service to chatting with other members in Sunday school—stimulates consciousness-raising and social action (McKenzie 2004, Hicks *et al.* 2005). The churches examined in this study have the potential to create action contexts through promoting dialogue around homosexuality. However, church endorsement of the LSHS and DADT ideologies must be critically examined as a probable barrier to effective community mobilisation.

While the LSHS and DADT ideologies represent barriers to community-level prevention, the YBIT ideology represents a missed opportunity for church-based efforts to prevent HIV among Black MSM. The common understanding that spiritual and physical health are interconnected has promoted attention to health issues among church parishioners and leaders. The link between spiritual and physical health (i.e., the message of YBIT) can be used for HIV prevention/condom promotion, but can also serve to universally condemn same-sex behaviour. This ideology could be leveraged to promote self-care as an act of Christian devotion. However, linking of physical risk and sin (spiritual risk) may serve as a barrier to HIV prevention and mobilisation activities (Malebranche 2003). By conflating risky behaviour and sinful behaviour, parishioners and leaders limit opportunities for harm reduction approaches to HIV prevention. A few churches held the viewpoint that morally questionable behaviours do not necessarily have to be physically unhealthy behaviours; this enabled them to employ a harm reduction focus to HIV prevention (e.g., condom

distribution). However, several congregations failed to distinguish behaviours that negatively impact one's health from those that negatively impact one's spirit.

The pastors and parishioners that participated in this study shared the idea that taking care of health is a way of showing commitment to God. Using condoms and engaging in other risk reduction practices—though health-preserving actions—were not emphasised as ways of being committed to one's Christian faith. The 'body as temple' ideology could serve as a quintessential message of protection and harm reduction; however, for many of the churches in this study, it was an ideology used to reinforce views that denigrate homosexuality and same-sex behaviour, thereby undermining effective prevention.

There are three key limitations to this research that affect the interpretation of our findings and that should be highlighted. First, the findings reported here are not generalisable to all Black churches in the U.S. or in NYC. The size and nature of this sample, along with our analytic approach, prohibit us from drawing general conclusions about ideologies that facilitate or hinder effective responses to HIV in Black MSM among all NYC-based Black churches. Our sample enabled us to explore ideologies among churches with the potential to become active players in the fight against HIV among Black MSM. Thus, we were able to explore both potential barriers to and potential facilitators of mobilisation in response to HIV among Black MSM. Second, we did not attempt to collect data from gay, bisexual or other MSM parishioners or pastors. While these men were undoubtedly a part of the congregations we studied and the focus groups we conducted, our aim was not to focus on the individual perspectives of Black MSM in the church, but to describe institutional perspectives of the church on Black MSM and the HIV crisis affecting them. There is a growing body of research that has focused on the former (e.g., Jeffries *et al.* 2008, Miller 2007, Pitt 2010, Woodyard *et al.* 2000) though very little work on the latter. Nonetheless, more work is needed to obtain views from Black MSM on the ways that Black churches can mobilise against HIV and engage in a dialogue around homosexuality. Finally, we did not explore differences in ideologies of churches of different denominations nor did we examine church responses to HIV by denomination. Our goal was to explore ideologies and church responses across denominations of Black churches. However, it is reasonable to assume that certain denominations could have more or less strict/lenient ideological stances, which could have differential impacts on mobilisation. These denominational differences should be explored in future studies.

In spite of the limitations of the research, this study makes valuable contributions to our understanding of the ideologies of Black churches and their impacts on HIV/AIDS mobilisation. More specifically, the study provides insight into the messages and doctrines of the church that may hinder open dialogue and church mobilisation against HIV among Black MSM (i.e., LSHS and DADT), as well as those that can be used to facilitate mobilisation (i.e., YBIT). Black churches in NYC have a long history of rallying against problems affecting the community and can draw upon this history in mobilising to fight HIV among Black MSM. Ideologies that thwart conversation around homosexuality should be scrutinised and used to foster dialogue. Our findings specifically point to the YBIT ideology, as well as the LSHS and DADT ideologies (though perhaps not as directly), as a potential springboards for open dialogue about harm reduction in sexual encounters. Such dialogue might address questions including: How does LSHS work in practice? If DADT doesn't work for the U.S. military, how well can it work for the church, and for individuals engaging in same-sex sexual relationships? And, if my body is a temple, shouldn't I protect it all costs to celebrate God? The dialogues that come about from open discussion of these questions within congregations can have consciousness-raising effects that can lead to church-based action (McKenzie 2004). Indeed, Black churches have a particularly rich history of applying Christian ideology to the specific, present-day struggles of African Americans. This is a

moment in time for Black churches to consider the LSHS, DADT, and YBIT ideologies in the context of the crisis of HIV among BMSM.

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