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Buddhism and Coping With HIV in China

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To the Editor,

A new diagnosis of HIV may prompt patients to seek religion and related coping strategies that provide hope and an interpretive framework for their infection (Koenig, King, & Carson, 2012).

In January 2017, we conducted a nationwide online survey of men who have sex with men (MSM) in China to assess potential associations between self-reported HIV status and religious affiliation ($n = 945$). One in four men living with HIV identified as Buddhist (Table 1), and HIV-diagnosed men had twice the odds of Buddhist affiliation, compared to men never diagnosed with HIV (adjusted odds ratio 1.96; 95% confidence interval 1.13 to 3.39). This suggests that MSM living with HIV in China may be more likely to identify as Buddhist than MSM who have not been diagnosed with HIV.

A trend toward MSM living with HIV and identifying as Buddhist may have implications for HIV management. In 2010, China had 244 million Buddhists, representing 18% of the total population (Pew Research Center, 2012), but little is known about how Buddhism may influence individual decisions governing antiretroviral therapy (ART) uptake and adherence, which remains unacceptably low (Levi et al., 2016). In 2014, only 15% of China's half-million HIV-diagnosed individuals were virally suppressed, well below the 81% target of the Joint United Nations Programme on HIV/AIDS (Levi et al., 2016). Most current research involving religion and ART management has focused on Christians, and may have less relevance for Buddhists. Buddhism is a noncongregational religion without a sentient higher being to worship and therefore has relatively weaker mechanisms for social support and enforcement of social norms, two factors believed to influence HIV treatment uptake and

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adherence (Kendrick, 2016). Yet, Buddhist principles such as reincarnation, karma, and meditation may still have profound implications for individual ART uptake and adherence. Belief in reincarnation and karma have enabled Buddhists living with HIV to accept the illness and live more positively in hopes of improving the circumstances of their next lives (Ross, Sawatphanit, & Suwansujarid, 2007). Evidence also suggests that meditative practices can reduce HIV-related stress and improve immune status (Koenig et al., 2012). Conversely, strong beliefs in divine intervention can potentially lead to religious fatalism that undermines both self-efficacy and treatment uptake and adherence (Kendrick, 2016).

Despite the growth of religion in China (Pew Research Center, 2012), much remains unknown about how Chinese Buddhists cope with HIV. As home to half the world's Buddhist population (Pew Research Center, 2012), China is well positioned to play a prominent role in HIV and religious coping research. Empirical studies on the health benefits and risks of Buddhist religious coping will have important implications for Buddhist-affiliated individuals throughout China and beyond.

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Table 1.Religious Affiliation and HIV-Status in Men Who Have Sex With Men in China ($n = 945$)

	<i>n</i> (%)
Diagnosed with HIV by health professional ($n = 104$)	
No religious affiliation	74 (71)
Buddhist affiliation	26 (25)
Muslim affiliation	0 (0)
Christian affiliation	4 (4)
Never diagnosed with HIV by health professional ($n = 841$)	
No religious affiliation	690 (82)
Buddhist affiliation	113 (13)
Muslim affiliation	7 (1)
Christian affiliation	31 (4)