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Exploring the role of LGBT-affirming churches in health promotion for Black sexual minority men

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Abstract

In the USA, Black sexual minority men (BSMM) remain disproportionately impacted upon by HIV and other sexual health issues. Individuals who attend church have lower rates of morbidity and mortality than those that do not; however, church attendance presents a paradox of being protective for some health outcomes and a risk for others among this population. Lesbian, gay, bisexual, and transgender (LGBT) affirming churches may offer support, but little is known about the role of LGBT-affirming churches in the lives of BSMM and how they may impact HIV and other health outcomes. This study explored the role of LGBT-affirming churches in the lives of BSMM. Nine focus groups (N=52) were conducted in Baltimore City, Maryland between December 2017 to April 2018. Thematic analysis evaluated domains related to how men perceived, experienced, and engaged with LGBT-affirming churches. Three primary themes identified: (1) preferring traditional church environments over LGBT-affirming churches; (2) experiencing the LGBT-affirming church as a space of acceptance, emotional healing, and modelling loving same-sex relationships; and (3) perceiving LGBT-affirming churches as opportunities to engage community members to promote the well-being of BSMM. A secondary theme identified involvement in the house and ballroom community as an LGBT-affirming religious experience.

Keywords

Black men who have sex with men; church; health promotion; HIV; USA

Introduction

In US-based studies individuals who attend church services have lower rates of morbidity and mortality than those who do not (Chida, Steptoe and Powell 2009; Zimmer et al. 2016). However, homonegative and stigmatising churches are a continual source of stress for BSMM (Balaji et al. 2012) and for whom HIV and other sexual health disparities persist in the USA (Grey et al. 2017; Millett et al. 2012). Church-based homonegativity reduces self-acceptance, increases sexual risk-taking, and negatively impacts HIV and sexual health disparities for BSMM (Klein and Lomonaco 2016; Quinn, Dickson-Gomez and Young

2016; Dangerfield II et al. 2019). Among those living with HIV, church-based homonegativity also affects treatment adherence and viral suppression (Balaji et al. 2012; Van Wagoner et al. 2016). While churches have traditionally stigmatised and rejected sexual minority men (Peiss 2002), many continue to attend religious services despite conflict with their homosexuality (Lassiter 2016). Church attendance is an integral part of many BSMM's lives, as its importance is often emphasised by their families and communities (Ward 2005). For many African Americans (Black persons in the USA who are native born and descendants of enslaved Black persons), (Agyemang, Bhopal, and Raj 2005), 'The Black Church' has historical significance of being a key space for spiritual and religious participation, emotional healing, cultural pride and political activism (Pollard and Duncan 2016; McDaniel, Dwidar and Calderon 2018; Jordan and Wilson 2017; Krause and Hayward 2012), and has provided a sense of community and support against racism (Ellison, DeAngelis and Güven 2017). However, BSMM experience a conflict between their sexual orientation and their religious upbringing, since they draw value from the church as African Americans but struggle as same-sex attracted men (Balaji et al. 2012; Quinn and Dickson-Gomez 2016; Hill and McNeely 2013; Watkins et al. 2016). The negative effects of homonegativity and stigma from churches may cause some to withdraw from otherwise potentially positive networks and undermine overall health and well-being (Quinn et al. 2015; Cook et al. 2018).

Religious and spiritual communities that explicitly affirm sexual minority individuals, such as LGBT-affirming churches, could reduce internalised homonegativity and subsequently improve sexual health outcomes among BSMM (Lewis 2015; Stewart 2014). The first gay affirming congregation in the USA, the Metropolitan Community Church, was established in 1968 and has over 200 congregations (Ridinger 2019). Some have Black gay and lesbian religious leadership and large Black congregations (Paris and Anderson 2001). Other gay-affirming congregations also operate throughout the country and are working to challenge the homophobia of conservative Christian theologies (Lewis 2015; Lewin 2018). Black LGBT-affirming church attendees experience them as welcoming, but also often prescribe to heteronormative gender norms (McQueeney 2009; Sumerau, Padavic and Schrock 2015). Research targeting the experiences and impact of LGBT-affirming churches on Black sexual minorities is limited (Lewis 2015), since many studies discussing the impact on these churches include majority White samples (Sumerau and Cragan, 2014). Intersectional identities and multiple minority status (i.e., being Black, gay/bisexual, and possibly HIV-positive) may influence how BSMM engage in and experience LGBT-affirming churches (Shangani et al. 2019; Watkins et al. 2016).

A more in-depth understanding of the experience of BSMM in LGBT-affirming churches can inform future efforts to improve the health and well-being of BSMM in church settings. Since the 1920s, Black churches have been involved in outreach activities to address community health issues and are vital partners in efforts to reduce health disparities (Eng, Hatch and Callan 1985; Isaac, Rowland and Blackwell 2007). Church-based health programmes can reduce risks for health issues such as cancer (Bowie et al. 2008; Drake et al. 2010), depression (Hankerson et al. 2015) and HIV (Bluthenthal et al. 2012). Despite this potential, the churches have given little attention to HIV among sexual minorities (Jeffries IV, Sutton and Eke 2017; Miller Jr 2007). Responsive and effective programmes are

critically needed to address HIV and sexual health disparities for BSMM. Given the role of religion and spirituality in the lives of BSMM and the success of health programming within churches, LGBT-affirming churches could be essential partners to promote effective HIV prevention and treatment efforts for BSMM. Therefore, this study explores the role of LGBT-affirming churches in the lives of BSMM and the potential viability of these settings to engage BSMM in HIV prevention and treatment efforts. Obtaining an in-depth narrative will increase our capacity to develop culturally tailored HIV prevention and treatment interventions for BSMM in church settings (Wilson et al. 2016; Dangerfield II et al. 2019).

Methods

Study design

Data for this study were derived from nine focus groups (n=52) among BSMM in Baltimore City, Maryland, conducted between December 2017 and April 2018 as part of The B'more Men's Study to Explore Religion, Spirituality, and HIV Prevention and Treatment. The primary goal of the parent study was to explore the role of religion and spirituality among BSMM and identify how these concepts could inform local HIV prevention and treatment interventions. Focus groups were stratified by self-reported HIV status and age cohort to capture generational differences in attitudes and preferences for interventions for HIV-negative and BSMM living with HIV. The groups were as follows: three groups of HIV negative men ages 18–29 (n = 8, 6, and 5), two HIV-negative groups ages 30–45 (n = 6 and 4), two HIV-positive groups of men ages 18–29 (n = 7 and 5), and two groups of HIV-positive men ages 30–45 (n = 6 and 5). Men were recruited from a combination of active and passive recruitment strategies and were compensated \$40 for participating in the focus group (White, Dangerfield II and Grieb 2019).

Two Black male qualitative investigators (the first two authors), conducted the focus groups (White, Dangerfield II and Grieb 2019). One team member facilitated the groups while the other recorded fieldnotes. The research team also consisted of a white female anthropologist (White, Dangerfield II and Grieb 2019); two faith-based community consultants assisted in the development of the interview guide. Focus group domains of the parent study explored the role of religion and spirituality in daily life, engagement in religious practices (e.g., church attendance), and opportunities for working with churches generally for health promotion among BSMM. Discussion about LGBT-affirming churches emerged organically when participants were asked questions related to church attendance as sexual minority men. Subsequently, focus groups were probed on the perceptions of and experiences in LGBT-affirming churches and the potential for HIV prevention and treatment interventions occurring within these spaces. An example question included: “What role does/could an LGBT-affirming church play in your life?” and “What are your perceptions of LGBT-affirming churches compared to traditional churches?” Focus group facilitators then probed the domains related to perceptions of LGBT-affirming churches and the utility of these spaces for HIV prevention and health promotion for BSMM. In consideration of the ways in which the researchers may shape the data collected, including the role of prior assumptions and experience, the focus group facilitator and notetaker engaged in a reflexive debriefing after each focus group session to discuss any possible unintended influences on the group

discussion (White, Dangerfield II and Grieb 2019). Additionally, the facilitator and notetaker regularly met with the other team members to discuss the focus groups to ensure that the research design and data collection process incorporated a range of perspectives (Dingwall 1992).

Qualitative data analysis

The audio recordings for each focus group were transcribed verbatim by a professional transcriptionist, de-identified, and reviewed for accuracy. A grounded theory approach informed the analysis. Two study team members read all the transcripts and independently generated as many concepts as possible. Text was coded using Atlas.ti 7.1 (2016), and inter-rater agreement was measured based on two transcripts coded independently by the two team members to ensure consistency between transcript coding (Kappa = 0.78). Inconsistencies were reviewed and showed minor differences in the lengths of quoted text but not the overall quality of text. The coders then independently coded the remaining transcripts. The concepts were then consolidated into themes and subthemes. Themes were identified as patterns in responses that were associated with specific questions across focus groups, or responses that provided examples of concepts discussed within focus groups (Boeije 2002; Ryan and Bernard 2003); variability was considered based on HIV status and age group. All study procedures were approved by the Johns Hopkins School of Medicine Institutional Review Board.

Results

The mean age of participants was 29.9 years, and most (71.2%) identified as homosexual, gay, or same gender-loving. (Although recruitment was not targeted by religious affiliation, all participants reporting a religious affiliation identified their affiliation as a Christian denomination. About half (48.1%) reported attending religious activities such as church services or prayer meetings once a month or more; only 40.4% believed they could be open about their sexuality within their primary faith community (Table 1).

Themes

Overall, three primary themes were identified regarding the role of LGBT-affirming churches in the lives of BSMM: (1) preferring traditional church environments over LGBT-affirming churches, (2) experiencing the LGBT affirming church as a space for acceptance, emotional healing, and modelling loving same-sex relationships; and (3) perceiving LGBT-affirming churches as opportunities to engage community members to promote the well-being of BSMM. A secondary theme also identified involvement in the house and ballroom community as an LGBT-affirming religious experience. These themes are explored further below. Participants are identified using pseudonyms to protect their confidentiality (Table 2).

Preferring traditional church environments to LGBT-oriented churches

Across focus groups, participants spoke candidly about preferring the traditional Christian churches in which they were raised over churches that catered to LGBT congregations or that overtly supported LGBT members.

“And you stuck with it [the traditional church]... This is the way I was raised and I’m stuck on it.” (Kendrick, Older, HIV-Negative Group).

Some participants felt that congregating in an LGBT-affirming church was problematic because of the belief that homosexuality is a sin:

It’s like you’re raised your whole life to believe it’s [homosexuality] a sin, but yet I’m going to a church that promotes it.... So, I just prefer-- I just want to stay with what I know, my regular old church, as long as he’s not at the pulpit telling me I’m going to go to hell. I don’t want-- I think some people may feel like it’s kind of like playing around with religion in some aspects. (Jet, Younger, HIV Positive Group).

Another participant shared that he would not want to attend an LGBT-affirming church because he did not want to attend a church that he perceived was based on issues of sexuality. Furthermore, participants discussed the perceived commonalities of traditional churches and LGBT-affirming churches as a rationale for their preference for traditional church environments.

Kendrick No. I mean, I wouldn’t. I would stick with mine. Whoever, but you know. Baptist is Baptist. They do what they want. And, like he said, there’s a lot of church people that are doing their thing but it’s not talked about. But this ain’t nothing new. I mean, ain’t none of this is new.

Huey Right.

Ezell Yeah, there’s always been gay people.

Kendrick It’s just it’s I call it politics... It would take going to churches that are receptive to listening. I know a lot of people in the churches who are doing things. They do what they do behind closed doors. (Older, HIV Negative Group).

Participants explained their preference for traditional Christian churches over LGBT-affirming churches because they felt that all churches, including LGBT-affirming churches, are driven by the social and political agenda of the church membership and leadership. Participants discussed how they negotiate anti-gay stigma in their traditional church settings.

The LGBT-affirming church as a space of acceptance, emotional healing and modelling loving same-sex relationships

Men who had attended an LGBT-affirming church or churches that catered to LGBT members shared empowering narratives about how the clergy and congregations enhanced their emotional and spiritual growth by encouraging personal reflection, acceptance, and love. Attending an LGBT-affirming church can offer strategies to address stigma and promote spiritual and physical well-being:

[LGBT-affirming church name removed], [name removed] is the pastor. She opened my eyes to a world of leaders that will talk about anything in the pulpit. Anything and everything. To self-care, to claiming who you are as a person, to loving your spouse and being open and being married and whatever you want to talk about, if

something is help--dealing with the community--she speaks about it with no shame. That's when I realised that it was something of a spiritual higher power of her, but she was also putting it out to the community to let the community know that you can also have that same power in yourself. That doesn't--she always says, "I'm not the church. This building is not the church. The church is inside of you." This is who she is. She's always saying that. And I didn't realise that--and I've been there for about a year now and in the last year I've grown spiritually because I know that church is--my spirituality is not four walls, it's not in a person. It's actually inside of me. And, so, for me that was my experience. I want from something negative where I didn't want to build my health, I didn't want to deal with people in church, I didn't want to deal with leaders. I was just like, 'Okay, forget ya'll.' Even my dad is a pastor and I didn't even--I'm just talking to him this year. But I had to get to a place to somebody that had a totally different outlook on spirituality. Not religion, but spirituality. And beginning there and to being around her and [name removed], who is her wife, seeing that basically made me be more free and be more open to stuff. (Tron, Older, HIV Positive Group).

Other participants agreed that these types of churches supported BSMM by affirming their identities as gay men and fostering their overall emotional well-being. LGBT church leaders and congregation members also provided them with positive examples of LGBT lifestyles and healthy relationships. Participating in a church led by gay men affirmed the possibility of having a loving same-sex romantic relationship:

I've been to a few [LGBT affirming churches]. And my experience--they've really grasped the concept or at least appear to embrace the concept of love. And I'm sticking on that, because I think that it's the problem. The lack of love is definitely what's keeping us, one, in our state of ignorance, or in our state of rejection. Because, like Rallo said, it's not so much just ignorance. Some people aren't ignorant, they just reject. And, like you said, reject because of what will be lost if I accept. And, so, I've been to a few churches where the leader of the church is gay and he's married. And the level of love that is demonstrated amazes me. It amazes me. Because you don't get the same rejection and demonising and all the other--I ain't going to cuss--all that other crap! (Xavier, Older, HIV Positive Group).

This narrative positions LGBT-affirming churches as spaces where love of, and for, BSMM is demonstrated. It is a space where BSMM are not denigrated due to their sexuality and feel welcomed.

Shawndale Well, mines [LGBT affirming church] is in D.C., you know.

Huey Because I go down in Florida often. I stay down there for a few weeks and so I attend one [LGBT affirming church] there. But it's a lesbian pastor, like, white. I mean, half of the congregation's black. And I mean, it's really a good church. I mean, I enjoy it. (Older, HIV Negative Group).

Regardless of HIV status, older participants were more prone to have had experiences in an LGBT-affirming church or to describe positive experiences in one.

Opportunities to engage community members to promote the well-being of BSMM

Regardless of attendance, BSMM said that LGBT-affirming churches could be teaching and learning spaces for LGBT and non-LGBT church members. Specifically, men agreed that LGBT affirming churches could engage Black parents and congregation members on the social context and inequities that BSMM face. Men agreed teaching heterosexual Black parents who attend LGBT-affirming churches will:

Like, that'll also help educate as far as the younger. Because to be honest, I see as far as what does the gay community--I see, like, kids are young at the age group, younger and younger becoming gay. And like, they're, I'm sure they're not aware, the parents are not educating them. Like as he said, it starts at home, so I believe if they're not being educated at home, like as far as us older ones who's already been in this lifestyle or already had experience, you know, things that hit in this lifestyle, we should like take on, you know, big brother, big sister. You know, become a big brother to another, you know, to a homosexual who's younger, you know, younger than us. That way we could educate them so that they won't be in the situation we are in today. (Miles, Younger, HIV-Positive Group).

Miles noted the persistently high HIV rates among BSMM and the possibility of mitigating other negative health or social outcomes by offering peer support and mentorship to younger men. Participants also discussed the viability of peer education and social support from older BSMM for adolescent and young adult BSMM in LGBT-affirming church settings:

I think that it provides an environment for individuals that are religious. And because they have that other factor of it being predominantly gay, I feel as though it would allow a lot more realistic ideas catered to the gay individual, period. So, for the gay community, and this is just a generalisation, it's probably wrong, but for the gay community, we are more aware of HIV than the heterosexual community, so who better to teach the gay man about HIV than the gay man. (Dash, Younger, HIV-Negative Group)

Participants believed that LGBT-affirming churches could be settings for HIV prevention and health promotion efforts for BSMM who identify as religious or spiritual. Across groups, men agreed that LGBT-affirming churches may be better suited to address issues of HIV and LGBT health due to the lack of cultural competency in traditional churches, regardless of their preference for attending traditional churches.

Involvement in the house and ballroom community as an LGBT-affirming religious experience

The house and ballroom community is a Black LGBT subculture in which individuals form groups known as "houses" as alternative families and convene to participate in social activities including voguing, dance and performance art competitions (Bailey 2009). The house and ball community provides BSMM with social support and socialise with other community members (Kubicek, McNeeley, et al. 2013; Wong, Benjamin and Arnold 2019). In one of the younger, HIV-positive groups, Brock compared participating in the house and ballroom community to regular church attendance. He suggested that this community

provided social and spiritual support in the absence of traditional church attendance and related the “ball” to a religious service:

The ballroom scene is a religion. Voguing is a religion. For a lot of young people when they get on the floor and they hear that beep and they get in-- when they get in, their effect is the same way a man or a woman feels when they get it in on Sundays or when she put on her Sunday dress. Like, for a lot of young people the ballroom scene and voguing is a religion. It is like going to church. Every ball is like the Word. It's like, “Go to the ball and get the Word.” This is how they speak into that higher energy. And a lot of people don't even relate it to God or can't see how it has anything to do with God and they might not even realise that that's what they're doing. That God is working through you by making you the best...

Remy And admission is the offering (to the ball).

Members of an older focus group of HIV-negative BSMM shared that the participation in the house and ballroom scene was a mechanism for coping in the absence of LGBT church attendance or mental health services for BSMM. Specifically, balls could be a space where BSMM “receive their own hood therapy. Within the LGBTQ community or the same gender loving community, that hood therapy would be the ballroom scene.” (Quintrell, Older, HIV-Negative Group). Here, participants suggested that the house and ballroom community provide support and caring networks that have cultural meaning and unique spiritual value.

Discussion

This study explored the role of the LGBT-affirming churches in the lives of BSMM and opportunities for HIV prevention and treatment programming within this space. Overall, men did not support the idea of LGBT-affirming churches. We found that BSMM preferred traditional Christian church environments over LGBT-affirming churches but experienced the LGBT-affirming church as a space of acceptance, emotional healing and modelling of loving same-sex relationships, and viewed LGBT-affirming churches as a platform to engage community members on the well-being of BSMM. This study also found that some BSMM described participation in the house and ballroom community as an LGBT-affirming religious experience similar to church attendance. While findings suggest that LGBT-affirming churches have a limited role in the lives of BSMM, opportunities may exist to support BSMM beyond traditional Christian church contexts.

The men participating in our focus group discussions preferred attending a mainline Christian church rather than an LGBT-affirming church. Research has similarly demonstrated that many BSMM maintain mainline Christian church attendance but repurpose religious messaging to justify their sexualities and negotiate religious teachings (Winder 2015; Barnes and Hollingsworth 2018). Continued exposure to traditionally homonegative church environments could perpetuate internalised homonegativity and HIV stigma and exacerbate sexual health disparities. Internalised homonegativity from churches plays a critical role in the lack of uptake in HIV prevention and health behaviours that have been targeted to gay men (Jeffries IV et al. 2017; Bogart et al. 2017). High rates of internalised homonegativity have been associated with compulsive sexual behaviour

(Dangerfield II, Harawa, et al. 2018), openness as MSM and depression among BSMM (Berg, Munthe-Kaas and Ross 2016; Berg, Lemke and Ross 2017). Remaining in a homonegative church environment could result in poor behavioural and mental health for BSMM as a consequence of their marginalised social position in these settings (Dangerfield II, Harawa, et al. 2018).

BSMM who attended LGBT-affirming churches, however, described them as spaces that facilitated emotional healing and spiritual growth, and presented examples of loving same-sex relationships. This finding has critical implications for the health and well-being of BSMM. Research has found that some older BSMM do not participate in long-term monogamous partnerships due to social stigma regarding same-sex relationships and have limited exposure to same-sex relationships, which can lead to increased numbers of partners and sexual health risks (Dangerfield II, Smith, et al. 2018). Having a romantic partner is also associated with positive health outcomes such as HIV treatment adherence and healthcare engagement among BSMM (Mitzel et al. 2018; Tan et al. 2018). LGBT-affirming churches could mitigate homonegativity by sharing examples of loving same-sex relationships. We also found that opportunities exist for churches to engage church members in the health and well-being of BSMM. LGBT-affirming churches may have a role in supporting BSMM within the HIV care continuum. Supportive networks can reduce negative outcomes across the HIV care continuum (Bouris et al. 2017; Kelly, Hartman, et al. 2014). Additionally, Black parishioners have traditionally used pastors and clergy members as forms of alternative mental health services (Taylor et al. 2000).

Of note, we also found that participation in the house and ballroom community constitutes a form of ‘church’ attendance that may increase health outcomes for some BSMM. Other studies have found that house and ball communities are viable venues to engage BSMM in holistic discussions about their health and well-being (Arnold et al. 2018; Young et al. 2017) and can improve health outcomes (Levitt et al. 2017). Previous research has demonstrated the influence of the house and ball community to support and increase HIV prevention efforts such as promoting pre-exposure prophylaxis uptake (PrEP) (Young et al. 2017) and HIV testing at balls where BSMM who are in houses socialise (Hosek et al. 2015; Kubicek, Beyer, et al. 2013). Since churches can deliver HIV testing (Berkley-Patton et al. 2019; DeRose et al. 2016) and health promotion programmes (Saunders et al. 2015; Bluthenthal et al. 2012), it is possible that members of house and ball communities could engage in implementing these activities as well. BSMM rely on this community for social support, health information, and health behaviours; future sexual health promotion activities should explore the feasibility of using members of the house and ball community to conduct HIV testing and to deliver PrEP for HIV prevention. The house and ballroom community could provide a supportive context to implement biomedical HIV prevention and health promotion activities among BSMM. The house and ballroom community is primarily an African American LGBT communal space and, similar to other Black communal spaces, offers protection from anti-Black racism. This is important given the prior research that suggests LGBT communities can be unsupportive of people of colour (Balsam et al. 2011; Wong et al. 2014).

Limitations

This study is not without its limitations since it is a secondary analysis of primary focus group data in which the focus was not on the role of LGBT-affirming churches in the lives of BSMM. The study also contains a purposive sample of BSMM selected in a single urban city who were primarily of Christian denominations. Purposively sampling different denominations may have yielded more diverse or nuanced responses. Additionally, information about the race/ethnicity of the church congregations attended by participants was not systematically captured; since this may have an important impact on a participant's experience within the church. However, the results offer a critical reflection on the role that LGBT-affirming churches have among BSMM. They also shed light on novel strategies that may be effective in shifting health trajectories of BSMM who identify as religious or spiritual.

Conclusion

Findings from this study support the results from other studies that call attention to the need for more culturally congruent peer-based interventions for BSMM (Dangerfield II, Harawa, et al. 2018; Barnes and Collins 2019). Future research should also explore how LGBT-affirming churches could better support BSMM. Longitudinal studies could assess the relative impact of exposure to LGBT-affirming churches on coping, internalised homonegativity, internalised stigma and sexual risk behaviours. Qualitative research could also be conducted to explore the content and contexts of religious messages and LGBT-related messages in affirming church contexts. Additional research should also explore the context of churches led by gay men and/or leaders who target LGBT congregation members and ways to circumvent stigma against these churches. Church attendance has important implications for the well-being of many BSMM and future research is warranted to reduce health disparities and promote resilience among this population.

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Table 1.

Demographics and characteristics of HIV-negative and HIV-positive Black sexual minority men (n=52)

	Total
Age (mean, sd)	29.9 (7.7)
Religious Affiliation	
Catholic	1 (1.9)
Evangelical or Protestant	3 (5.8)
Baptist	17 (32.7)
Christian - other	18 (34.6)
Other	13 (24.9)
Sexual Identity	
Homosexual, gay, or same gender loving	37 (71.2)
Bisexual	13 (25.0)
Queer	1 (1.9)
Other	1 (1.9)
Education	
Less than high school degree	1 (1.9)
High school degree/GED	16 (30.8)
Some college or Associates degree	20 (38.5)
Technical degree	3 (5.8)
Bachelor's degree	8 (15.4)
Some post graduate studies	1 (1.9)
Graduate degree	3 (5.8)
Employment Status	
Working full-time	31 (59.6)
Working part-time	8 (15.4)
Other types of work/ways of getting money	6 (12.0)
Currently unemployed	3 (5.8)
On disability	4 (7.7)
Living with HIV	23 (44.2)

Table 2.

Participant pseudonyms, age and HIV status

Pseudonym	Age	HIV Status
Ferris	40	Negative
Huey	41	Negative
Quintrell	34	Negative
Ezell	43	Negative
Clark	46	Negative
Shawndale	36	Negative
Kendrick	38	Negative
Wade	29	Negative
Chance	44	Negative
Titus	33	Negative
Day	28	Positive
Ash	23	Positive
Theseus	41	Positive
Tron	35	Positive
Duke	31	Positive
Robin	29	Positive
Linden	52	Positive
Rallo	34	Positive
Booker	41	Positive
Woodson	37	Positive
Xavier	33	Positive
Sebastian	20	Negative
Shane	25	Negative
Kadir	28	Negative
Thor	26	Negative
Odell	25	Negative
Dash	25	Negative
Kordell	27	Negative
Ramses	22	Negative
Ellis	29	Negative
Sonic	32	Negative
Northstar	24	Negative
Cable	24	Negative
Xander	26	Negative
Severus	32	Negative

Pseudonym	Age	HIV Status
Donald	23	Negative
Mario	25	Negative
Zale	27	Negative
Ryu	20	Negative
Argus	22	Negative
Brock	19	Positive
Honor	28	Positive
Remy	24	Positive
Spyke	24	Positive
Valor	29	Positive
Orpheus	28	Positive
Rocky	25	Positive
Wyatt	28	Positive
Falcon	19	Positive
Justice	32	Positive
Jet	19	Positive
Miles	27	Positive