Amen and Awareness: A Fort Worth Faith Community Exploratory Study on HIV Prevention

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Introduction & Research Questions

- Fort Worth is designated as a high-priority area for HIV prevention under the federal Ending the HIV Epidemic initiative (CDC, 2024).
- HIV-related stigma within faith communities remains one of the most significant barriers to testing, treatment-seeking, and open discussion of prevention strategies (Pichon et al., 2020).
- Religious beliefs, church attendance, and trust in faith leaders meaningfully shape individual HIV prevention behaviors which includes but not limited to condom use, HIV testing, and willingness to use PrEP (Ransome et al., 2020).
- Faith communities, particularly churches in the southern United States, play a powerful role in shaping community norms and can either reinforce silence around HIV or serve as trusted entities that promote awareness and education (Pichon et al., 2020).

Research Questions

- How do faith community members perceive HIV prevention strategies and stigma?
- What role can churches play in supporting HIV prevention and health partnerships?
- How does trust in faith institutions shape attitudes toward HIV prevention and care?

Methodology

- **Design**
  - Cross-sectional, mixed-methods pilot survey administered online via Qualtrics. Approved through TCU IRB. Participants completed a 15–20 minutes survey.
- **Participants**
  - Adults (18+) attending a Fort Worth faith community. Recruited via flyers and raffle incentive ($60). Of 13 respondents, 11 met completion criteria. Quantitative analyses were conducted on N = 10 after excluding one anomalous response; qualitative analyses used N = 11, with 8 participants providing open-ended responses.
- **Measures**
  - *HIV Knowledge:* HIV-KQ-18 (18-item True/False scale)
  - *HIV Stigma:* 11-item scale on perceived stigma
  - *Religious HIV Stigma:* 6-item scale assessing sin/punishment framing
  - *Religious Participation:* Frequency of service attendance, activities, and religious reading
  - *Open-ended:* 8 questions on church trust, HIV prevention, and clinic partnerships
- **Analysis**
  - Quantitative: Descriptive statistics analyzed in R using validated answer key from Carey & Schroder, 2002.
  - Qualitative: Preliminary thematic coding of open-ended responses and coded as barriers, facilitators, and emerging themes across 5 domains.

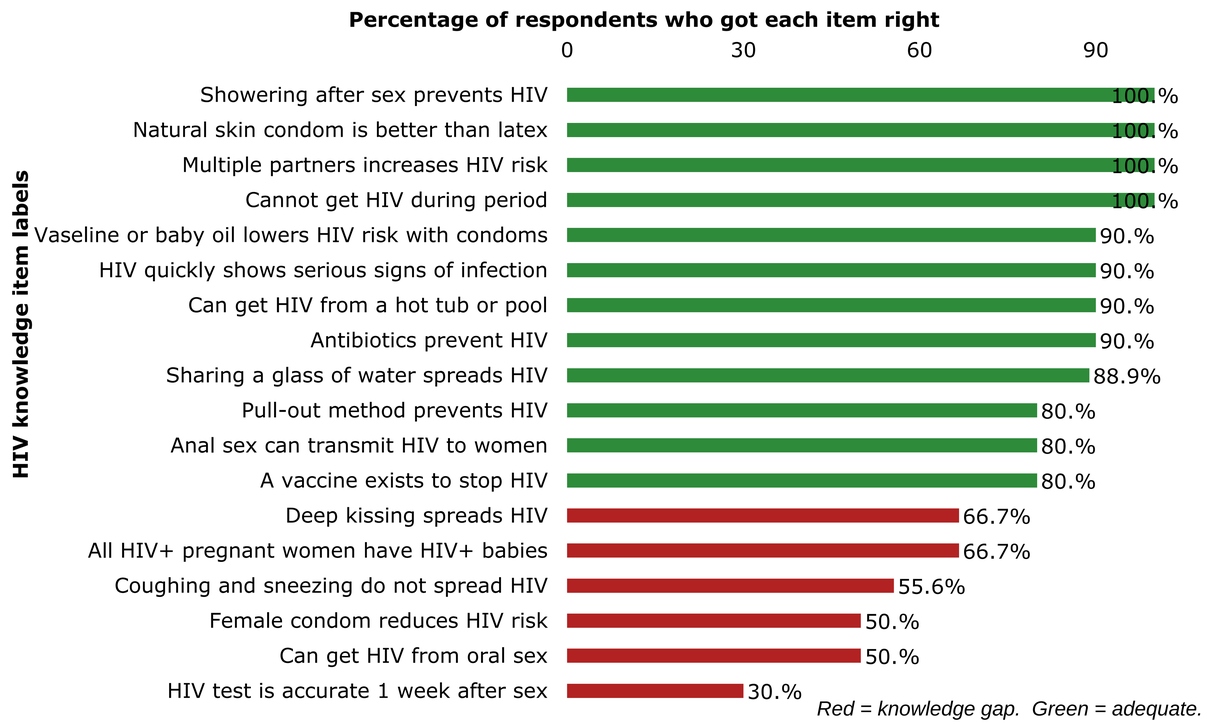
Quantitative Results

- Participants demonstrated moderate HIV knowledge consistent with normative data, yet specific gaps remained particularly around prevention tools and transmission routes.
- **Measure:** HIV-KQ-18 (Carey & Schroder, 2002)
  - Scoring: Correct = 1, Incorrect or Don't Know = 0
  - Range: 0–18
- **Descriptive Statistics**
  - N = 10
  - Mean = 13.7/18 (76.1%)
  - SD = 2.98
  - Range: 7–16
  - Normative range (Carey & Schroder, 2002): 69–73%
- **Knowledge Gaps (< 70% correct)**
  - HIV test accurate 1 week after sex: 30%
  - Female condom reduces HIV risk: 50%
  - Can get HIV from oral sex: 50%
  - Coughing/sneezing do not spread HIV: 55.6%
  - All HIV+ pregnant women have HIV+ babies: 66.7%
  - Deep kissing spreads HIV: 66.7%
- *Note: One respondent excluded due to anomalous response pattern (score = 0/18). All analyses based on N = 10.*

Qualitative Results

- Faith community members expressed conditional openness to church involvement in HIV prevention, with shame identified as the central barrier across all responses.
- **Sample:**
  - N = 11
  - 8 open-ended responses
  - Preliminary thematic analysis
- **Dominant Themes**
  - **Shame and Stigma:** shame was the primary barrier across all 7 questions
  - **Conditional Trust:** most expressed openness to church involvement with conditions around non-judgment and confidentiality
  - **Partnership Readiness:** most supported church-clinic partnerships; trust transfer identified as the key mechanism
- **Key Quotes**
  - *"My parents have discouraged me from testing ever as most ways I could contract it would imply I sinned."*
  - *"I trust my church for moral support...but I would rely on healthcare providers for detailed medical information."*
  - *"Many people trust their churches…therefore, the community would also trust the clinic and resources provided."*
- *Note: Full analytic sample N = 11 with no exclusions applied to qualitative analysis.*

HIV Knowledge



Results

Quantitative

- Faith community members demonstrated moderate HIV knowledge (M = 13.7/18, 76.1%), consistent with normative data (Carey & Schroder, 2002), yet critical gaps remained in prevention-relevant areas.
- Only 3 of 10 participants (30%) correctly identified that a one-week HIV test is not accurate, a misconception that could directly delay diagnosis and care-seeking.
- Half of participants lacked accurate knowledge about female condom effectiveness (50%) and oral sex transmission (50%), suggesting these topics remain under addressed in Fort Worth faith settings.

Qualitative

- Participants expressed conditional openness to church involvement in HIV prevention, indicating willingness only when shame-free, confidential, and non-judgmental framing was guaranteed.
- Shame emerged as a community-level barrier rather than an individual attitude, arising spontaneously and consistently across all seven open-ended questions without prompting.
- Trust transfer was identified as the key mechanism for church-clinic partnership success when churches endorse health resources, community members extend that trust to the clinic and its services.

Discussion

- Knowledge gaps in testing accuracy, female condom use, and oral sex transmission highlight specific topics that faith-based HIV education in Fort Worth should prioritize.
- Shame operates as a structural community-level barrier that requires intervention beyond individual education alone.
- Churches are viable but conditional partners. Non-judgmental framing, confidentiality, and role clarity are necessary conditions for community trust and engagement.
- When churches endorse health resources, community members extend that trust to clinics and prevention services, making faith communities a powerful entry point for public health outreach.
- Future studies should recruit more participants for full inferential analysis, conduct interviews with church leaders, and pilot a church-based HIV education intervention with pre-post knowledge assessment.

References

https://pdflink.to/e049ee97/