



National HIV Prevention Conference

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[TITLE:] DIVINE INTERVENTION: RETHINKING THE COLLABORATIVE ROLE OF THE INNER-CITY BLACK CHURCH IN HIV PREVENTION FOR HIGH-RISK WOMEN

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BACKGROUND AND OBJECTIVES: Despite increased attention on faith-based organizations as a way to reach and reduce risk among high-risk women, there remains a lack of evidence-based programs specifically balancing the constraints of the church with those of the high-risk women. This study explores possible roles and activities for churches located in inner-city communities where high-risk women live and engage in high-risk behavior. Ethnographic data from an Atlanta-based HIV risk reduction project targeting African American female drug users indicate that these women have present and historical ties to churches and seek assistance from faith based institutions that complement traditional HIV risk reduction strategies.

METHODS: The study is based on 45 ethnographic interviews collected between 2000 and 2002, which explored high-risk women's behavioral change after their completion of an HIV risk reduction study. All interviews were conducted at a field station in a high-risk environment located in Atlanta, Georgia where the HIV risk reduction study took place. The interviews were coded using the constant comparative method as common in grounded theory analysis. The coding process resulted in 84 open codes that were further analyzed in terms of their own properties and dimensions, as well as for their relationship to other codes. This presentation focuses on two codes: church and behavior change. The behavioral research question that guided the analytic process for discovering relationships between high risk women's ties to a church and behavior change is: Is there a difference in HIV risk reduction between participants who have past and or present ties to church in comparison to those who do not?

RESULTS: The social typology that emerged from the constant comparison method was dimensions of "churched" and "unchurched" women. There were 17 women coded as

churched women, and are defined as those who are currently attending a church in the high-risk community. Four themes emerged among high-risk women affiliated with churches in the high-risk 'environment including: (1) church as positive past memory; (2) attend but not integrated; (3) pastoral counseling; and (4) motivation to maintain. There were 28 women who stated they currently do not attend church and were coded as "un-churched women" for this analysis. There were three themes that emerged among un-church women: (1) depression; (2) loneliness; and (3) not ready to change. The qualitative behavioral outcomes indicate that all high risk church women made some attempts to change in both non-traditional and traditional risk reduction strategies, albeit with varying degrees of success. Women with ties to the church were more likely to attempt multiple strategies and combine some traditional and non-traditional techniques. The un-churched women were more likely to attempt traditional risk reduction strategies. In addition, 10 women who reported "no attempt to lower risk at all" were all classified as un-churched.

CONCLUSIONS: The findings suggest that faith-based organizations in inner cities may be untapped resources in delivering complementary services for traditional HIV prevention.



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