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[TITLE:] HIV KNOWLEDGE AND ATTITUDES IN ASIAN IMMIGRANT RELIGIOUS INSTITUTIONS IN NEW YORK CITY

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BACKGROUND/OBJECTIVES: Religious institutions in Asian immigrant communities are in a unique position to confront the challenges of the HIV epidemic for the populations they serve. However, there has been little research on whether these institutions are willing or able to take a role in HIV prevention. This article reports on findings on HIV knowledge and attitudes in four Asian immigrant religious institutions in New York City (a Buddhist temple, a Christian church, a Hindu temple, an Islamic center/mosque) that are part of a larger study of Asian immigrant community institutions and their response to the HIV epidemic.

METHODS: Using a stratified random sampling approach, one religious institution of each type was randomly selected from a comprehensive database of Asian immigrant institutions in New York City developed by the researchers. Semi-structured qualitative interviews were conducted with at least 5 leaders or members within each institution. Interviews lasted an average of 90 minutes and were followed by a short HIV knowledge and attitudes questionnaire.

RESULTS: HIV knowledge and attitudes varied widely among the respondents, with some respondents having serious misconceptions about HIV transmission and ways of preventing transmission. Low levels of knowledge about HIV appeared to reflect some respondents limited English language skills (and consequent lack of exposure to English media and educational materials), as well as isolation from worldly matters (for respondents who were living monastically). Low levels of knowledge about HIV were also related to fear of HIV infection through casual contact and reluctance to help or interact with persons living with HIV. Within and across institutions, there was wide variation in the perceived need for HIV prevention education. Overall, most respondents believed that HIV prevalence was relatively low or non-existent in their respective

communities. Many also believed that religious teachings that encouraged and prohibited certain practices (e.g., abstinence and homosexual activities, respectively) were sufficient to protect individuals from HIV infection. Among some respondents, a somewhat fatalistic religious philosophy about disease in general appeared to shape views on the need for HIV prevention education. Many respondents were also concerned about being stigmatized for getting involved in HIV-related educational activities.

CONCLUSIONS: Asian immigrants need HIV education to prevent transmission in their communities and to assist community members who are already infected. Working with immigrant institutions is an important part of this work, and of all immigrant institutions, religious institutions may be particularly important. To work with these institutions effectively, we need to understand their attitudes about HIV involvement and their perception of the risk HIV poses for the communities they serve. Our study findings suggest that Asian immigrant religious institution leaders and members require more information about HIV transmission and its impact on Asian immigrant communities, plus reassurances about or protection from HIV-related stigma in order to become involved in HIV prevention education.



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