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Religious Socialization: Its Impact on the Sexual Behavioral Development of Black Men
who have Sex with Men in Emerging Adulthood

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An abstract of
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Abstract

Religious Socialization: Its Impact on the Sexual Behavioral Development of Black Men
who Have Sex with Men in Emerging Adulthood

By Raphael Coleman

Aspects of religious socialization and potential corresponding influences on the sexual

behavioral development of Black men who have sex with men (MSM) in emerging

adulthood are explored in this study. Individual in-depth interviews were conducted with

13 Black MSM ages 18-25 in Atlanta, Georgia. Findings included (1) heterosexual focus

of messages received from faith leaders, (2) sexually "acting out" in response to

homophobic religious messages and teachings, (3) attitudes about sexuality and

perceptions of religious messages about sex serving as strong influencers of sexual

behavior. (4) current faith practices discourage sexual concurrency, and (5) focusing on

spirituality as opposed to religious tradition improves feelings of self-worth. Implications

for future research and HIV prevention efforts targeting Black MSM are discussed.

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Contents

Chapter One: Introduction

Introduction and Rationale

According to the CDC, there were an estimated 49,273 new diagnoses of HIV infection in 40 states and 5 U.S. dependent areas in 2011 (Centers for Disease Control and Prevention, 2012). Of these diagnoses, 38,826 were among adults and adolescent males (CDC, 2012). Young adults (Ages 20-24) accounted for 8,054 of those diagnosed with HIV infection in 2011, which was higher than any other age group (CDC, 2012). Blacks continue to carry a disproportionate burden in terms of diagnoses of HIV infections, having an estimated incidence rate that was 7.9 times as high as whites in 2010 (CDC, 2012). Furthermore, men who have sex with men (MSM) represented an estimated 51% of all new HIV infections in 2010 among Blacks (CDC, 2012). Finally, among young MSM the estimated number of new infections substantially increased from 2006-2009, which can largely be attributed to the fact that young Black MSM aged 13-29 saw a 48% increase in HIV infections during that time period (Hall H & et al., 2008). These data suggest that being a young Black MSM puts you at great risk for being diagnosed with HIV.

Many studies have examined how individual factors such as knowledge, awareness and behavior contribute to this disparity in HIV infection rates. (Millett & Peterson, 2007; Mimiaga et al., 2009) Furthermore, researchers have attempted to gain understanding of how socio-contextual factors such as social and cultural norms influence individual sexual health behaviors. For instance, there is a relationship between religious behavior, often defined as frequency of church attendance, and sexual health

behaviors, such as age of sexual debut, number of sexual partners, and consistency of condom use. (Landor, Simons, Simons, Brody, & Gibbons, 2011) An earlier age of coital debut, more sexual partners, and inconsistent condom use are behavioral factors that place an individual at higher risk for HIV infection. A higher level of religiosity is associated with delayed coital debut, fewer sexual partners and consistent condom use (J. Manlove, Logan, Moore, & Ikramullah, 2008). However, studies that investigate the link between religiosity and risky sexual behavior fail to examine how religiosity impacts the development of sexual health behaviors among sexual minorities, often defined as lesbian and gay, bisexual, and/or mostly heterosexual individuals (Dermody et al., 2013).

Sexual debut has a profound impact on the adoption of subsequent sexual health behaviors and the likelihood of HIV diagnosis among MSM (Lyons et al., 2012). Though Black MSM tend to have an earlier age of MSM sexual debut than other racial groups, religiosity seems to play a larger role in delaying coital debut among Black adolescents than other racial groups. However, there is a dearth of literature that fully investigates the mechanisms through which the religious experiences of young Black MSM influences their age of coital debut.

Though the messages delivered by faith leaders of churches that serve predominately Black congregations strongly discourage sexual activity and have a substantial influence in the Black community, there is still an alarmingly high rate of HIV diagnoses among young Black MSM, suggesting that there are other factors that could impact their adoption of sexual health behaviors. Individuals in emerging adulthood (aged 18-25) seem to exhibit an extended developmental process that delays the onset of full-fledged adulthood which is characterized by further identity development, including

sexual and romantic exploration and the solidification and/or exploration of personal religious beliefs (Lefkowitz, Gillen, Shearer, & Boone, 2004). Given this prolonged period of identity development, individuals could be grappling with an internalized conflict between the principles prescribed by the religious group in which they were socialized and the novelty of religious and sexual exploration, which could in turn impact their adoption of sexual health behaviors. Therefore, understanding the impact the Black church has on the sexual behavioral development of young Black MSM is imperative, especially when it has been shown to influence the adoption of sexual health behaviors among heterosexuals. Furthermore, gaining an understanding of how the religious socialization experiences of young Black MSM interacts with their continued identity development could shed light on the processes that impact their decision to initiate sex and subsequent condom use behavior. An exploration of the mechanisms that influence the age of MSM sexual debut is essential, because an early age of MSM sexual debut could lead to sexual adventurism and sensation seeking, initiating risky sexual behaviors that persist in future years (Lyons et al., 2012).

Purpose of Study

The purpose of this study is to gain understanding of how religious upbringing impacts the sexual behavioral development and adaptation of sexual health behaviors of Black MSM in emerging adulthood. Furthermore, the study seeks to explore how religious socialization influences the age of sexual debut among Black MSM. Using qualitative methodology, the study seeks to examine the messages delivered by faith leaders, gain insight into how these messages are perceived by Black MSM, and

understand how the messages may influence their sexual behaviors from their

perspective.

Theoretical Foundation

      This study is informed by two models: the *Theory of Reasoned Action* (TRA)

(Glanz, Rimer, & Viswanath, 2008) and a conceptual framework proposed by Lefkowitz

(Lefkowitz et al., 2004) to describe the process of religious socialization and its relation

to sexual behavior. Both theoretical models informed the development of the interview

guide and questionnaire used for this study. The TRA posits that the proximal factor that

contributes to the likelihood of an individual adopting or performing a health behavior is

behavioral intention. For example, if an individual has decided that s/he is going to start

having sex, regardless of the distal factors that may have formulated this intention to do

so, s/he is going to initiate sexual behavior. Moving to a more distal level, intention

consists of personal attitudes and subjective norms about a particular behavior. For

instance, if an individual has negative beliefs about initiating sexual behavior and has

concluded that the risks of sexual behavior outweigh the benefits after evaluating the

behavior, then s/he may have negative attitudes about coital debut, decreasing their

likelihood to initiate sexual behavior. However, in this decision making process,

individuals will reference the opinions of others who are close to them and influential,

such as peers, family members or religious leaders regarding sexual behavior. After

evaluating how much the opinions of referent others align with their own beliefs, it will

determine their motivation to comply with those ideas, which feeds into the concept of

subjective norms. Figure 1 gives a visual representation of how the constructs of TRA are

combined in predicting the likelihood of coital debut (Glanz et al., 2008).

Figure 1. Diagram of the Theory of Reasoned Action
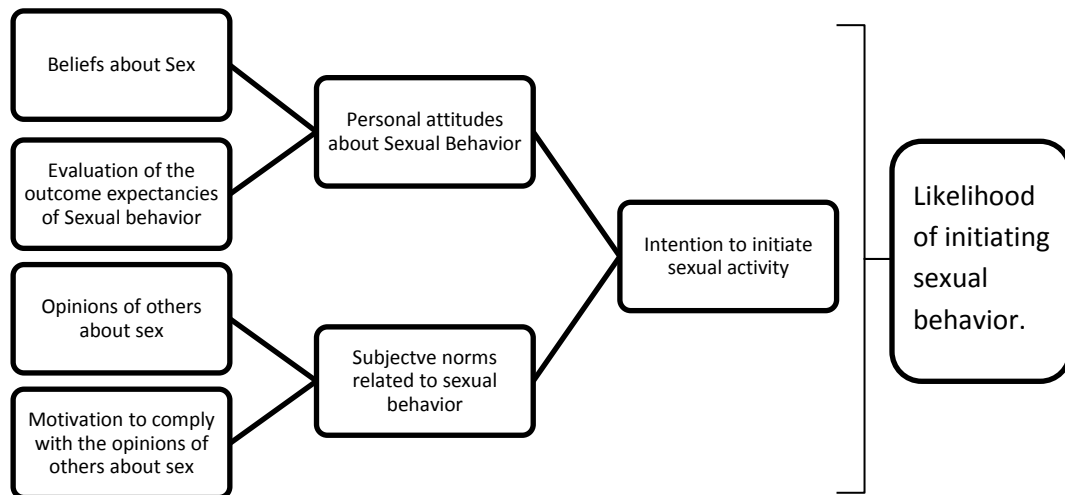
Source: Adapted from Fishbein-Ajzen (1980).

Since the purpose of this study is to gather information about the participants'
experiences with religion and sexual decision making when they were growing up,
focusing on the decision processes girding their likelihood to initiate sexual activity, the
TRA is an important framework to guide the investigation. Of particular importance is
the framework's ability to address the participants' individual beliefs and attitudes about
sexual behavior in conjunction with their evaluation of the messages that they receive
from an influential institution, predominately black religious institutions. Combining this
framework with the religious socialization model (Lefkowitz et al., 2004), will provide
insight into the complexity of this decision making process when religious upbringing is

examined as a major factor contextualizing an individual's likelihood to initiate sexual behavior.

Lefkowitz's model (2004) explaining the process of religious socialization brings in an additional framework to explain how this process explicitly relates to the belief systems created during religious upbringing about sex and an individual's evaluation of those beliefs and admonitions. His model posits, like TRA, that group affiliation, behavior, attitudes, perceptions and levels of adherence to sanctions prescribed by religious institutions about sexual behavior combined contribute to the process of religious socialization. Group affiliation refers to the denomination or specific church or religious setting. This takes into account all of the beliefs and doctrines that a particular group or institution may have about a behavior such as sex. For instance, most Christian denominations are typically considered "sex negative" having predominately critical views of sexual behavior especially out of the traditional concept of marriage (Jakobsen, 2004). Furthermore, it is a common societal assumption that churches that serve predominately Black congregants are even more stringent with the sanctions they prescribe for sexual behavior. Behavior refers to an individual's religious practices, which are usually mediated by familial religious leaders. The frequency of an individual's exposure to their religious institutions doctrines and/or practices can contribute to the level of influence that they may have on their behavior. Like TRA, attitudes relate to an individual's evaluation his/her personal beliefs about a behavior. Perceptions the belief system or his/her religious institution could impact his/her levels of adherence to the sanctions that his/her religious institution may have about sexual behavior, which mirrors the process of evaluation of subjective norms that contributes to

an individual's motivation to comply posited by TRA. Figure 2 below outlines the

process of religious socialization and how it factors into the age of MSM sexual debut.

Additionally, it draws another connection to explain the impact of the situational factors

around an initial sexual experience on current sexual behavior. Finally, the model

acknowledges the impact of current beliefs, spiritual and/or religious, on current sexual

behavior as well (Lefkowitz et al., 2004).

Figure 2. Diagram of Religious Socialization and Development of Sexual Behavior
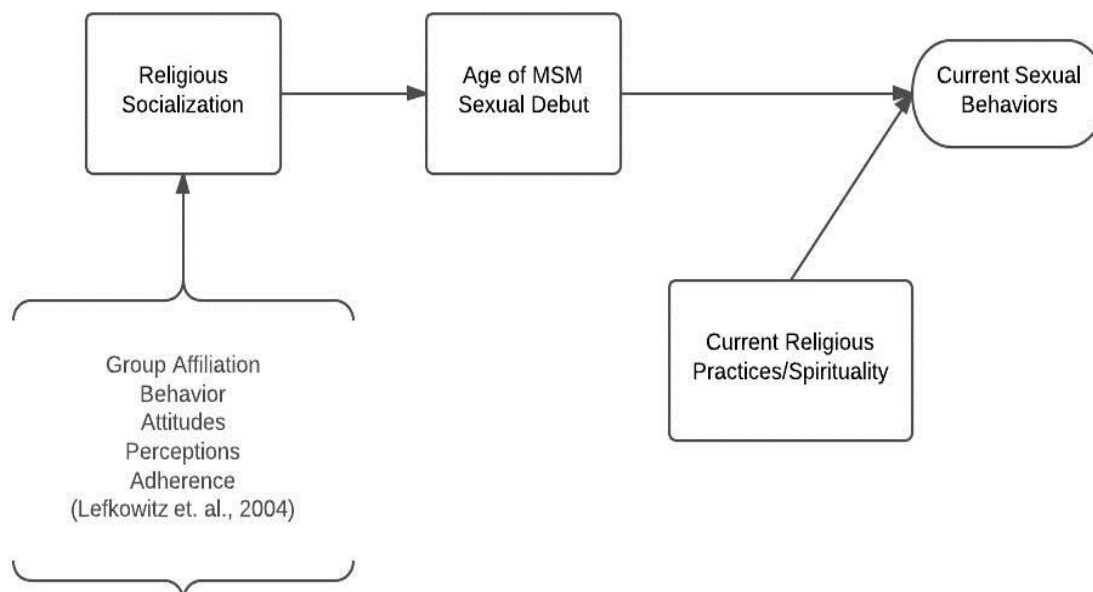
Research Questions

This study seeks to answer the following research questions:

1. To what extent does religious upbringing influence the age of sexual debut among

   Black MSM in emerging adulthood?

2. Through what mechanisms could religious socialization impact the age of sexual

   debut among Black MSM in emerging adulthood?

3. How does current religious experience relate to sexual behavior?

Assumptions

This study makes the following assumptions:

1. There is a diverse understanding of how religious institutions impact the behaviors of individuals.

2. Participants of the study are able to accurately recall the components of their religious upbringing and their past sexual behavior.

3. Participants are able to verbally articulate their attitudes and beliefs about the belief systems constructed by their religious institutions.

4. Participants understand the questions asked during the interview.

As it relates to the first assumption, the interview guide includes probes that allow for the men to describe their religious experience in detail. They are able to talk about their behavior and who in their family served as the leaders when it came to religious matters. However, it is not completely possible to get a comprehensive view of their religious experience as it relates to beliefs about sexual behavior from the questions included on the interview guide.

Chapter Two: Literature Review

The following chapter is a review of the literature that addresses the important role of Black religious institutions in Black culture, the relationship between religiosity and sexual behavior, and limitations in current scholarship that attempt to address the association between religious socialization and sexual behavioral development.

Importance of the Black Church as a Sphere of Influence in the Black Community

Investigating the components of religiosity specifically attributed to denominations whose congregants are primarily Black is important, because literature suggests that the Black church has a major influence on the Black community (Giger, Appel, Davidhizar, & Davis, 2008). In addition to the fact the Black individuals are more likely to report a formal religious or faith affiliation than non-Hispanic Whites, their faith leaders and their institutions have been identified as trusted information resources for their congregants and communities (Sutton & Parks, 2011). A previous study suggested that "African American clergy see themselves as health promoters," (Lumpkins, Greiner, Daley, Mabachi, & Neuhaus, 2011) which makes it important to examine the messages that faith leaders are delivering to their congregants and community. It is also important to examine how affected populations perceive and evaluate the messages they receive from their faith leaders, because their analysis of the messages they receive have strong implications about their level of adherence to any rules or sanctions that their religious institution may have about behavior.

Messages about Sex

The doctrines of most religious institutions that serve predominately Black congregations are conservative and "sex negative," (Jakobsen, 2004) which could play a part in the delay of sexual debut. A recent study suggested that Black adolescents perceive the church as a source of sexual health information. In fact they identify their pastor's sermons as the main source of information related to acceptable sexual behavior and practices (Williams, Dodd, Campbell, Pichon, & Griffith, 2012). The overarching message that adolescents reported hearing from their faith leaders is the imperative to wait until marriage before having sex. In addition to the directive to abstain from premarital sex, they reported being told that pregnancy outside of marriage and homosexuality was wrong. Furthermore, the messages focused on distinguishing between love and sex and emphasized the importance of marriage and family (Williams et al., 2012). Though non-Black religious institutions have share similar views about sex and sexuality, research suggests that Black people are more religious than Whites (Donahue & Benson, 1995). This higher level of religiousness could potentially contribute to the greater level of influence that religious institutions that serve predominately Black congregations have on their congregants and in their communities. Despite the negative sanctions prescribed for sexual activity by the religious institutions that serve predominately Black congregants, there is still an alarmingly high rate of HIV diagnoses amongst young Black MSM.

Messages about Homophobia

Churches that serve predominately Black congregants and communities play a major role in promoting stigma against Black MSM, which could pose a challenge in the

population using the church as a resource for social support and information related to their sexual health and development (Barnes, 2005). A recent study examined specific church ideologies that contributed to the promotion of homophobia. The researchers found that faith leaders preached messages that focused on loving the sinner but not the sin, keeping same-sex behavior private, and emphasized the connection between the body and spiritual health, which perpetuated negative perceptions about same-sex behavior and non-heterosexual sexual identities (Wilson, Wittlin, Muñoz-Laboy, & Parker, 2011). Given that these are the prominent messages that are delivered in churches that serve predominately Black congregants, there could be some internal conflict experienced by young Black MSM in response to these messages challenging the effectiveness of the "sex negative" directives that could lead to the development of protective sexual behaviors.

Another study suggests that theologically-driven homophobia, which largely proposes an exaggerated sense of masculinity, leads to both psychological and social tolls shaping the lives of Black gay/bisexual men and heterosexual men and women (Ward, 2005). These deleterious effects could include low self-esteem and being denied certain rights or privileges afforded to their heterosexual counterparts. This early environment could potentially play a large role in the social and, of particular interest to the health world, the sexual behavioral development of Black MSM. Because of this homophobic environment that promotes hegemonic masculinity; sexual exploration could potentially be delayed until emerging adulthood, well after the damaging effects of these early influences have been substantiated, which could have some implications for the

mechanisms through which Black MSM adopt potentially risky sexual behaviors during this developmental phase.

Religiosity and Sexual Behavior

There is an abundance of literature that suggests a relationship between religious affiliation and health behaviors. The health behaviors that have been most studied in association with religious affiliation are alcohol and other substance use, and risky sexual behavior (Steinman & Zimmerman, 2004). Many studies document the adoption of protective sexual behaviors as a result of religious affiliation (Giger et al., 2008). Protective or safer sexual practices are defined as a delay of coital debut, minimizing the number of sexual partners and consistent condom use (Landor et al., 2011). There is a direct and negative relationship between religious affiliation and age at first sexual intercourse and number of sexual partners (J. Manlove et al., 2008). However, one study suggests that for men, a higher level of religiosity is associated with more inconsistent condom use (Landor et al., 2011).

Early Influences and Coital Debut

Of particular interest is the age of coital debut. From a public health standpoint, the delay of sexual debut reduces the risk of unintended teenage pregnancies, mental health issues attributable to negative early sexual experiences, and the risk of HIV derived from basing future sexual experiences on unsafe practices established during initial sexual experiences. One study in particular found that there was a negative association between religious activity and sexual intercourse among Black adolescents (Steinman & Zimmerman, 2004). In other words, higher religious activity was associated with lower rates of concurrent sexual intercourse amongst Black adolescents coinciding

with a delay in sexual initiation. Parental religious affiliation contributes to the delay of sexual debut among young adults (Landor et al., 2011). Some mechanisms proposed to moderate this inhibition of coital initiation among adolescents and young adults have included authoritative parenting, peer norms, and individual religiosity, as defined by the attendance of religious services (J. S. Manlove, Terry-Humen, Ikramullah, & Moore, 2006). This delay has been documented to reduce the risks associated with sexual behavior, and the negative sanctions that several religious institutions prescribe for sexual behavior could clearly contribute to the restriction in sexual behavior amongst young people. Though there are several studies that stratify the influence of religiosity on sexual debut across race there is a dearth of scholarship that fully investigates the mechanisms through which messages received by congregants of predominately Black religious institutions are associated with the delay of sexual initiation.

Early Influences and Subsequent Sexual Behavior

Some US studies have reported links between age at sexual debut and some higher risk sexual behaviors among ethnic minority men (Outlaw et al., 2011). Recent scholarship has investigated the association between age of MSM sexual debut including age at first anal intercourse and the likelihood of risky sexual behavior and HIV diagnosis (Lyons et al., 2012). These studies posit that early MSM sexual debut could initiate risky behaviors that persist in future years such as not using a condom. Furthermore, an early age at first anal intercourse (AFAI) could lead to sexual adventurism which, along with sensation seeking, contributes to having multiple sex partners, another risky sexual behavior (Lyons et al., 2012). The study conducted by Lyons et al. suggested that having an AFAI before the age of 16 is associated with the exhibition of riskier sexual behaviors

in adulthood. Therefore early influences including those attributable to sexual experiences and religious messages play a major role in the development of subsequent sexual behaviors.

Current Religious Experience and Current Sexual Behavior

In addition to early sexual and religious experiences, current levels of religiosity and understandings of religion and spirituality could also have profound impacts on current sexual behavior. The researchers found that the respondents reported engaging in risky sexual behavior over their life course including inconsistent condom use and having multiple sexual partners over their lifetime (Hawes & Berkley-Patton, 2012). This phenomenon could be attributed to the secularization hypothesis, which posits that this rise in the prevalence of risky sexual behavior can be attributed to the transformation of Western society from religious values and institutions to irreligious values and secular institutions (Farmer, Trapnell, & Meston, 2009). The same study also suggested that the hypothesis was not supported when examining participants who reported membership in more fundamentalist religious institutions, in which case they reported more protective behaviors such as fewer sexual partners (Farmer et al., 2009). The majority of the participants that reported affiliation with fundamental religious institutions identified as Black in the study (Farmer et al., 2009). This provides support for the major influence that churches that serve predominately black congregants have on their parishioners' sexual behavior. However, there still needs to be a more in depth investigation of how their messages impact sexual minorities.

Importance of Emerging Adulthood

Targeting Black MSM in emerging adulthood is of particular interest, because this phase in the developmental process is classified by further identity development including sexual and romantic exploration and the solidification and/or exploration of personal religious beliefs (Lefkowitz et al., 2004). It is during emerging adulthood that MSM typically approach HIV service providers, possibly because of the potential harm with revealing sexual identity earlier (Kubicek, Beyer, Weiss, Iverson, & Kipke, 2010). This puts young MSM, especially young Black MSM in a unique position, and it introduces a potential deleterious effect of the protective factors associated with the negative sanctions towards sexual behavior by Black church doctrines.

Limitations of Current Literature and Future Directions

Future studies need to further examine the processes that influence sexual debut to inform future sexual health promotion efforts that target young Black MSM. Religion is a social system that could play a large role in the early social and cultural development of Black MSM; therefore it is an institution of interest to understand its potential role in influencing the age of sexual initiation.

There are several gaps in the literature examining the role religiosity plays in delaying coital debut. Firstly, most of the literature examines only the religious behavior component religiosity which is defined by religious attendance (Lefkowitz et al., 2004). Future studies need to incorporate other components such as group affiliation, attitudes, perceptions of negative sanctions towards sexual behavior and adherence to those sanctions as posited by Lefkowitz et al in a previous study. Group affiliation is of particular interest because many studies combine all Protestant denominations, not

considering the various levels of conservatism that is actually present within

Protestantism (Lefkowitz et al., 2004). For instance, there is a lack of literature

investigating the traditionally Black denominations such as Pentecostalism, Apostolic,

Evangelical, and COGIC traditions. Therefore, multiple dimensions of religiosity and

sexuality in other cultural and religious groups and subgroups require further examination

(Lefkowitz et al., 2004).

Most of the studies that examine the relationship between religious affiliation and

sexual initiation utilize quantitative methods, present results for heterosexual males and

females, and treat Protestantism, without delineating between denominations, as a single

religious institution to which a participant could subscribe. For instance, the fact that

Black homophobia has been cited as an obstacle to Black lesbian and gay men in coming

to terms with their sexuality could have a major influence on how young Black MSM feel

about their sexual identity impacting the decisions they make about their sexual health

(Lewis, 2003). Furthermore, participation in African American churches encourages

sexual secrecy, which could have profound implications for how young Black MSM

develop sexually and seek information related to sexual health (Woodyard, Peterson, &

Stokes, 2000). This suggests a need for an in-depth qualitative analysis of how religious

affiliation and sexual behavior are associated, particularly amongst Black sexual

minorities. It also suggests a need for an examination of how denominational belief

systems could impact the type of messaging related to sexual behavior that parishioners

receive.

Additionally, the literature does not sample enough sexual minorities for adequate

comparison (Lefkowitz et al., 2004). Though studies suggest that higher levels of

religiosity delay sexual debut, and that the Black community typically exhibits higher levels of religiosity, there are several things that should be considered when examining this relationship in the context of Black MSM. For instance, though delaying sexual debut is perceived to have protective effects by public health professionals, because it reduces the risk of HIV infection, the fact that sexual education that is widely available is largely irrelevant to young MSM should be considered (Kubicek et al., 2010). Therefore, young MSM may receive their messages about sexuality related to their sexual identity through other avenues with varying levels of veracity such as pornography, internet and early sexual experiences (Kubicek et al., 2010). They typically do not disclose their sexuality to parents until adolescents or young adulthood, which minimizes the possibility of receiving information from their parents in a timely fashion (Kubicek et al., 2010). Even if they are open to their parents, they have some embarrassment with sharing information about their sexuality with them (Kubicek et al., 2010). With this in mind, one would begin to question the efficacy of delaying sexual debut amongst young Black MSM in reducing the risk of HIV infection as compared to their peers who have other avenues for exposure. Since the Black church has a major influence on the lives of members of the Black community it would be an important social system to understand and target for to inform future intervention efforts. Also, since sexual minorities are not largely represented in the literature on religiosity and sexual debut, it would be interesting to see the extent to which religiosity contributes to delayed sexual initiation.

In light of the recent research, the following qualitative study explored how religious upbringing factors into the sexual behavioral development of Black MSM in emerging adulthood. This exploratory study provides insight into the norms of

traditionally Black religious institutions as a social system to inform the development of a potential intervention that contributes to the delay of sexual debut of young Black MSM in an efficacious way to reduce their risk of HIV infection. The following study investigates the factors of religiosity comprehensively to examine the extent to which religious upbringing may delay coital debut amongst Black MSM in emerging adulthood. Furthermore, aims to address each component of religiosity including group affiliation, religious behavior, attitudes, perceptions of negative sanctions about sexual behavior, and adherence to those sanctions, examining if any and/or all of these dimensions have any influence on age of sexual debut amongst Black MSM in emerging adulthood as shown in Figure 1 below (Lefkowitz et al., 2004). Finally, the study will explore the dimensions of concurrent religious practice including the effects of internalizing beliefs about immorality of risk behaviors, influencing peer group affiliation, improving family relationships, and involvement in prosocial activities on current sexual behaviors and risk reduction practices (Steinman & Zimmerman, 2004).

Ultimately, the following study undergoes an in-depth exploration of the association between religiosity and age of sexual debut among Black MSM in emerging adulthood. This examination will provide a better understanding of the influential social system of Black religious institutions. It will use the constructs of TRA and Lefkowitz's model of religious socialization to examine how religious upbringing impacts the sexual behavioral development of Black MSM in emerging adulthood.

Chapter 3: Methodology

Research Design

  This exploratory study utilized qualitative methods to understand the extent to which religious socialization impacts the sexual behavioral development of Black MSM in emerging adulthood. Information was collected from a convenience sample of 13 Black MSM who were able to talk about religious upbringing and sexual behavior via one-time in-depth interviews and questionnaires. The following chapter addresses the eligibility requirements, the interview and questionnaire development, recruitment, data collection and data analysis. The strengths and limitations of the study design are also discussed.

Target Population and Sample

  The target population for the in-depth interviews was Black MSM age 18-25 who were exposed to a protestant denomination during their youth. For the purpose of this study, the term "Black" includes individuals of African descent such as African Americans, Caribbeans, and Latinos of African descent. For the purposes of this study, the term "Black Church" refers to Christian churches that minister to predominately Black congregations, such as Apostolic, Pentecostal, Church of God in Christ (COGIC), or Evangelical traditions.

Sampling and Recruitment

  Given that the study was investigating a sensitive and potentially stigmatizing topic for a hard-to-reach population, a passive recruitment strategy was utilized. Participants were recruited through two venues: centers that provide HIV/STI services to Black MSM and Lesbian, Gay, Bisexual, and Transgender (LGBT)-affirming churches

(denominations that do not consider homosexuality or transgenderism to be sins) (McQueeney, 2009). Contact was established with the program coordinator of the HIV/STI education center, which is education program of a larger community based organization located in Atlanta, GA that provides HIV/STI services to Black MSM, to request permission for posting flyers at the respective centers. The administration at an LGBT-affirming Baptist church in Atlanta, GA, was also approached to gain access to their congregation for recruitment through flyers, because this affirming church serves a predominately Black congregation. The flyers had a brief description of the study, including contact information for the principle investigator (PI). When the potential respondent contacted the PI, a telephone screening was conducted, and if the participant met the inclusion criteria, he was informed of what the study would entail and an in-depth interview was scheduled. Each participant also received two cards with a brief description of the study and contact information for the PI to share with potential respondents that they may know. The goal was to recruit 20 participants. To ensure the equitable recruitment of subjects, participants were asked how they heard about the research study during their screening conversation with the PI. With this information, the PI planned to monitor the number of men that were recruited from each type of venue and method.

Eligibility Requirements

To be included in the study, participants had to self-identify as African American or Black, be between the ages of 18 and 25, report having ever had sex with a man, and have been exposed to a protestant denomination during their adolescence (ages 12-17).

Non-English speaking individuals and those who did not live in the United States between ages 12-17 were excluded from the study.

Only Black MSM between the ages of 18 and 25 were chosen because this study sought to examine the impact of religious socialization on Black MSM in emerging adulthood, because they are the only demographic with rising rates of HIV according to the literature (Hall H & et al., 2008). Furthermore, individuals in emerging adulthood seem to exhibit an extended developmental process that delays the onset of full-fledged adulthood which is characterized by further identity development, including sexual and romantic exploration and the solidification and/or exploration of personal religious beliefs (Lefkowitz, Gillen, Shearer, & Boone, 2004). Given this prolonged period of identity development, individuals could be grappling with an internalized conflict between the principles prescribed by the religious group in which they were socialized and the novelty of religious and sexual exploration, which could in turn impact their adoption of sexual health behaviors.

Interview Guide and Questionnaire

Effective in-depth interviews require the development of thoughtful and relevant questioning domains for the interviewer. To achieve this goal, an interview guide was developed by incorporating the major constructs of the TRA and the components of religiosity as defined by Lefkowitz et al. (Lefkowitz et al., 2004).

As is commonly done, the interview guide started with a broad question that sought to build rapport with the respondent and included four major domains, as well as a list of optional probes to facilitate more comprehensive responses to the questions. Such an interview guide will illicit rich data that are detailed and varied enough they provide a

comprehensive and vivid picture of what is going on in the data **(Maxwell, 2005)**. The first questions were "Tell me what life is like being a Black man" and "How important is religion to you?" Major domains to be addressed in the interview guide include were as follows: 1) What messages did you receive about sexual behavior from church when you were growing up?; 2) How did religion play a part in your daily life; 3) How did you feel about your church's beliefs; 3) What were your church's views on premarital or extramarital sex; 4) How did your church's views on sex impact your sexual behaviors; 5) How does religion/spirituality play a part in your daily life today; 6) How do your religious/spiritual views impact your sexual behaviors today; 7) Final questions or comments.

To improve the reliability, attributable to consistency, of the qualitative data, the interview guide was followed in a manner that was relatively consistent between each participant (Maxwell, 2005). Additionally, after the first interview, one independent reader examined the transcript and created a list of codes. The reader also edited the interview guide accordingly before the second interview. There was an understanding that the progression of each interview may have required that domains be addressed in a different order than was presented in the guide, there may have been variation in probes, and question wording may have been modified for the purpose of clarity; but the same basic information was solicited from each respondent. In addition to probes, the interviewer solicited feedback from the participant throughout each interview to ensure the accurate representation of their responses (Maxwell, 2005).

During each interview, field notes were collected by the PI to document the details of the interview, and this information was used to inform the analysis of the

qualitative data. The field notes were also used to document body language and potential reactions to the questions that could influence participants' responses (Morse & Field, 1995)**.** To improve the validity of the qualitative data and to minimize the potential for researcher bias, the code list created from the pilot interview transcript was revised after the first three interviews. Another independent coder coded the transcripts as well, and, after the first interview, provided feedback on the codebook. The codes of each independent coder were reviewed for agreement and to assess inter-coder reliability (Morse & Field, 1995).

After the interview, the respondent was asked to complete a brief questionnaire, which served one major purpose. It added to the textual data generated by the in depth interviews and capture the demographic, behavioral and psychosocial characteristics of the interviewees. These data was primarily be used to describe the study sample.

The questionnaire included measures of the outcomes of interest, which are the age of MSM sexual debut, number of sexual partners, and consistency of condom use. Additionally, there were measures to identify the religious group affiliation or denomination of each participant, and participant demographic and socioeconomic characteristics such as; age, race/ethnicity, and education.

The quantitative data were used to describe the sample and to inform the qualitative data analysis by allowing for the creation of demographically and conceptually meaningful categories of subjects. Measures of central tendency including means, medians, modes, and frequency distributions were utilized to explore the questionnaire data. Finally, with selective coding, participant categories were created based on questionnaire data. For example, the distribution of responses to the

questionnaire item that asks about church denomination membership was divided

between those who were raised in a Black church and those who were raised in a non-

Black church protestant denomination. Then, the qualitative data were analyzed to

determine how participants who were raised in a Black Church vs. those who were

members of a non-Black church protestant denomination talk about their religious

experiences and its relation to their sexual development.

Human Subjects

The current study was approved by Emory University's Institutional Review

Board (IRB) on July 19, 2012. In accordance with IRB requirements and other ethical

considerations, the following measures were taken to protect the study participants. All

participants voluntarily agreed to participate in the study. Upon recruitment to the study,

the PI explained all pertinent aspects of the study to participants, including the purpose of

the study, procedures and time commitment. Participants were also informed of their

right to withdraw from the study at any point in the process and to refuse to answer any

questions. Additionally, measures to protect participants' confidentiality were explained

and participants were given contact numbers for the PI and the Emory IRB should they

have additional concerns or questions about the study and/or their rights as study

participants. At the beginning of each interview a consent document outlining the

purpose of the study, the procedures for the interview and questionnaire completion, and

the time required was read aloud to the participant, then any questions they had were

answered. Participants were given a copy of this document for their records. Participants

were asked to sign a copy of the consent form that was saved by the PI in a locked file

cabinet separate from any of their study data.

Interview Setting and Procedures

Interviews were scheduled to take place during the evening in a private room at the Rollins School of Public Health to ensure confidentiality and convenience for the respondents. All conversations were digitally recorded, transcribed verbatim and managed utilizing computer software. Identifying information was disguised in the transcript. All interviews were conducted by the PI, a Master of Public Health (MPH) candidate who was informed of the study goals and has experience with qualitative methodology. The interviewer was responsible for building rapport with the respondent and facilitating an environment that is conducive to open conversation with the respondent ensuring that the dialogue remained relevant to religious socialization and sexual behavior (Morse & Field, 1995).

Upon arrival at the location where the interview took place, the respondent was given the informed consent form to review, and had the freedom to withdraw from the study at any point without risks. Next, the PI read the IRB-approved consent form aloud to the participant and asked the respondent to provide written documentation of his consent. Then, the researcher initiated the conversation by posing specific questions to the respondent using the interview guide. The interview took approximately 60 minutes. Finally, the respondent was asked to complete a brief questionnaire that took roughly 10-15 minutes to finish. Total respondent burden was estimated to be 90 minutes after their arrival. Upon completion of the interview and the questionnaire, participants were paid $15 in cash for their participation and given two information cards to distribute to other potential participants.

The digital audio files were kept on a personal storage device and were securely locked at the researcher's place of residence. After the analysis was complete and accepted the recordings were destroyed. No real names were used in the presentation of the results.

Data Analysis

The decision was made to conduct 20 in-depth interviews since the population is considered hard-to-reach, and the topic under investigation is potentially stigmatizing and sensitive. Furthermore, sampling 20 individuals is enough to reach the point of saturation, to illicit enough rich data to address the research questions of the qualitative investigation (Rubin & Rubin, 1995)**.** Though the study participants do not represent all possible perspectives, their responses are likely to offer a good representation of the major attitudes, perceptions, and experiences that are relevant to religious socialization and Black MSM sexual behavioral development.

Data were analyzed according to qualitative research procedures. Each interview transcript was read carefully for the purpose of creating a codebook that provides a framework to capture the information that the PI is seeking (Morse & Field, 1995). The structure of the codebook was informed by the interview guide, the theoretical frameworks used to guide the study, and any relevant topics that came up during the conversations with the participants. Once a codebook had been developed, it was applied to each transcript. However, the codebook was revised during the coding of subsequent transcripts. The codebook continued to be refined until a consensus had been achieved between both MPH candidates regarding the inclusion and exclusion of codes and their definitions (Morse & Field, 1995).

The PI and another MPH candidate coded the transcripts. The transcripts were read by each candidate independently and they met to discuss the codes that they assigned to the transcripts. Once they reached an agreement on how to code each segment of text, the PI electronically assigned codes to the text using comments in Microsoft Word. The PI has been trained in qualitative data analysis.

Next, the PI thoroughly reread the text. While reading, the PI prepared memos in the margins of text (Morse & Field, 1995). The memos were directly relevant to the TRA (Glanz et al., 2008) and the guiding conceptual framework to describe religious experience (Lefkowitz et al., 2004). The memos were also be used to identify pervasive themes that came up during the interviews, any unusual ideas, and general information about how participants perceived their risk of HIV infection (Morse & Field, 1995). All questionnaire data was entered into Microsoft Excel for analytical purposes.

Strengths and limitations

Given that this was a qualitative study utilizing a convenience sampling design, the data could not be generalized to a population level. Nevertheless, this exploratory study provided insight into the experiences of a very specific group of individuals that carry a disproportionate burden of disease for HIV/AIDS and other STIs. The findings of this study could indicate whether religious socialization impacts the sexual behavioral development of Black MSM in emerging adulthood. As previous studies have shown, this association exists between religiosity and sexual behavior amongst heterosexuals within the Black community.

Though this study sought to gather data from a population for which there is a dearth of literature by oversampling individuals who were socialized in churches that

serve predominately Black congregations, one limitation of the design is that there are several differences between denominations that fit this description. The Baptist Church chosen for recruitment in this study is American Baptist, which could fail to capture those individuals who were socialized in other denominations during their youth, since the decision to seek membership in a particular congregation could be influenced by past individual religious experiences. Additionally, those recruited from the HIV/STI service centers may have had different experiences than those recruited from gay affirming Black Churches. Though this variability exists, it may provide insight into the differences between varying levels of current religiosity and current sexual behavior.

The interviews were conducted at the Rollins School of Public Health in private rooms. This could have made participation less convenient for the respondents than conducting interviews at the places from which they were recruited; however, interviewing respondents at their place of worship may be uncomfortable for the participants, defending the decision to hold interviews at a separate location. Furthermore, there could be some very significant differences between those who chose to participate in the study and those who refrained. Though the inclusion criteria called for men who have sex with men regardless of sexual orientation, those who may not identify as gay or bisexual may have chosen not to participate in the study because of the potentially stigmatizing nature of the topic. Also, respondents who chose to participate in the study may have a particular interest in the study topic as compared to those who abstained, which could have led to bias in the textual data collected. In addition to passive recruitment through flyers, utilizing a form of snowball sampling through cards provided to the respondents could reach those who would not normally participate in the

study. However snowball sampling is still subject to potential biases that could impact representativeness, such as overlapping acquaintanceship circles and social distances between pairs of individuals recruited in the study (Faugier & Sargeant, 1997).

All interviews were conducted by a self-identified Black MSM, which could alleviate the potential for the respondent feeling targeted. One drawback of the interviewer's identity is that additional steps had to be taken to minimize researcher bias attributable to their own preconceived notions about religion's impact on sexual behavior (Maxwell, 2005)**.** As previously stated in the procedures for the study, to avoid this threat to validity, a second MPH candidate was recruited to independently code the transcripts. However, as an individual who is a member of the community, the researcher facilitated an environment that was conducive to open conversation in which the participants may have been more willing to share information about a sensitive topic. However, there is still some potential for social desirability bias (Crosby, DiClemente, & Salazar, 2006). As previously mentioned, talking about sexual experiences and religious experiences for Black MSM is potentially stigmatizing, embarrassing, or even politicized, which could have prompted the respondents to tailor their responses to cater to the expectations of the interviewer. Also, in-depth interviews allowed the researcher to gather rich textual data, and, since the interview guide is flexible, the interviewer was allowed to use probes to illicit more depth and unveil nuances in the responses of each participant (Maxwell, 2005).

The goal was to conduct 20 in-depth interviews which is an adequate number to collect a considerable amount of data about religious behavior, attitudes, and levels of adherence to religious sanctions about sexual behavior (Rubin & Rubin, 1995). However,

only 13 of the 15 men that were contacted participated in the study. Furthermore, given the diversity that exists amongst Protestant denominations and Black Church denominations it may not be possible to address all aspects of the topic with the given sample.

Chapter 4: Results

The following chapter presents the study results of the qualitative analysis and descriptive statistics of the study sample. Data collected from the questionnaire will be described and displayed in a demographic table to provide some background information about the experiences and sexual behaviors of the participants included in the study. The results of the in-depth interviews are presented according to the specific aims of the overall qualitative investigation.

Participants were 13 Black men residing in Atlanta, Georgia who reported having had oral or anal sex with a man in the prior six months. All participants reported being between the ages of 18 and 25. As shown in table 1, the majority (n=10) of the participants reported growing up in a Christian church that served a predominately black congregation. The average age of the participant when he had his first anal sexual experience with a man was 15.82 (n=11). Only five of the respondents reported being a member of a church, currently.

Table 1. Demographic Characteristics	Total/ Average
Relationship Status	
Single	10
Partnered	3
Ethnic Group	
Black/African American	11
Black/Caribbean	1
Biracial	1
Raised in a Black Church	10
Currently a Member of a Church	5
Age of first MSM Sexual Experience	15.82
Number of Sexual Partners in past 3 months	1.92

To what extent does religious upbringing influence the age of MSM sexual debut?

When examining the extent to which religious upbringing influences the age of

MSM sexual debut we identified two major themes in the participants' interview

comments: (1) the heterosexual behavior focus of the religious messages they received

when they were growing up and (2) rebellion in response to the negative messages

received about same-sex sexual behavior.

Heterosexual Focus of Religious Messages

Participants described the messages that they received from church and religious

leaders as heteronormative, or focusing on behaviors typically exhibited by heterosexuals

including: (1) directives to remain abstinent until marriage and (2) messages that urged

the use of protection such as condoms to avoid pregnancy.

Some participants reported hearing messages that urged them to refrain from sex until marriage.

> You know the mothers of the church would always tell us, "No shacking up. It's wrong unless you are married." (20120104)
>
> The pastor would say, "Don't have sex out of wedlock." (20120101)
>
> They never, they never, or if they did talk about sex it was always related to you know heterosexual sex you know…don't have sex before you are married. And my question and you know I used to sit and listen to those sermons, I used to say to myself well, I used to say well what about me? (20130101)

The respondents shared that these messages targeted the behaviors of their "heterosexual brothers," and they often felt excluded from conversations about girls during their adolescence. Several participants felt that no one was speaking directly about their issues. It was as if their religious leaders were trying to avoid something they did not understand by simply referencing selected scriptures from the bible that condemned same-sex sexual behavior.

> I think they [the church] try to avoid it [homosexuality]. And the only thing they can give you (excuse me) is, God say's it's an abomination, and they will take you to the scriptures you know Leviticus 18 and they will take you to Romans 1, but nobody ever tries to understand you and what you feel, and how it makes you feel. (20130102)

Other respondents reported hearing messages that urged them to use protection such as condoms to avoid getting a woman pregnant. Though the messages did not necessarily come from pastors during sermons, other influential religious leaders and parents or familial spiritual leaders emphasized the contraceptive benefits of condom usage.

So like my mom, yeah she was uh an evangelist in the church. She would say yeah it's important to wait until you are married…but you know if you are with a girl and you have sex wrap it up, because I ain't raising yo kids. (20120104)

The messages the participants received had a strong focus on heterosexual behavior making the participants feel alienated or excluded. Some even reported that the messages had no effect on their behavior or when they decided to start having sex, because the messages did not apply to them and they didn't care.

Like I heard the messages alright, but I just didn't care. I didn't feel like I was being talked to, because I knew I was gay from the start. (20120105)

Hearing the sex negative religious messages and directives that applied to heterosexual behavior seemed to have little impact on the sexual behavior of the participants during their adolescence. Though previous studies have shown that these messages have been effective in delaying sexual debut amongst heterosexuals, several participants reported that these messages had little or no impact on the age at which they decided to start having sex with men.

Rebellion in Response to Negative Messages about Same-Sex Sexual Behavior

Many respondents reported hearing negative messages about same-sex sexual behavior when they were growing up.

When I started going to church more often it was taught to me that it is a sin to sleep with men. It's an abomination to god that men and men sleep together and um it's a sin. (20120103)

Several participants reported "acting out" on their sexual desires in response to the negative messages they heard about same-sex sexual behavior. One participant mentioned that he rebelled in response to the messages for his own benefit because he

wanted to find out what was so wrong with homosexuality, since he knew that he was

attracted to men.

> I rebelled for me, for my own benefit, because I wanted to find out what was so
> wrong with homosexuality. No one was talking about it in an intelligent way; all
> they wanted to do was throw stones at gays. I didn't tell anyone in the church. I
> didn't tell anyone in my family. (20130101)

The negative messages about same-sex behavior seemed to propel several

participants into earlier sexual experiences because of their curiosity with the behavior.

One participant suggested that the negative messages about same-sex sexual behavior

made him not only have sex at an early age, but he reported drastically increasing his

number of sexual partners.

> **Interviewer:** So you said that when you were younger it kind of encouraged you
> to have sex despite the messages. So did the messages influence when it was ok to
> have sex?
>
> **Participant:** Prior to that I wasn't as bad. It was like every once, every or once
> every 2 weeks that I would sleep with somebody, but once I started hearing them
> messages it was like every night. I was either on the chat line trying to get
> somebody to come over to my house. I was on the internet, on tagged trying to get
> somebody or BGC, Adam4Adam or whatever trying to get somebody to come
> over. When they finally did, every night I had somebody in the bed with me.
> (20120102)

When the interviewer asked the participant to detail how the messages he received

from the church led him to substantially increase his number of sexual partners, he

described his response as a self-fulfilling prophecy. Though the overarching message

about same-sex sexual behavior was that it was an abomination to God, several anecdotal

comments made by pastors and religious leaders portrayed those who participated in

same-sex sexual behavior as sexual deviants.

The part where they was like having sex with gay guys is wrong. Let me give you an example: When the pastor was like he uh every corner you come to he said there is a gay person on the street corner having sex or you see a gay person out there prostituting himself to want to have sex. (20120102)

Hearing the negative and sexualized messages seemed to lead this participant and several other respondents to initiate sexual behavior at an early age. Another participant posited that the tendency to seek sexual experiences with several individuals could be attributed to the individual's need for love and support that they were not getting from their church family or religious leaders. He said, "You wonder why they out there like that Have you ever thought about that maybe they out there trying to find somebody to love them?" (20120105) Because of the sex negative messages they received the participants reported that they were more sexual during their adolescence; however, many respondents also reported feeling bad about their behavior and developed a negative self-image of themselves. They reported feeling guilty or disturbed about their behavior. Though messages were "sex negative" and potentially discouraging for the initiation of sex several participants reported having sex regardless of the negative messages they heard about same-sex sexual behavior.

Through what mechanisms could religious socialization impact the age of MSM sexual debut?

According to Lefkowitz (2004), there are five mechanisms through which religious socialization could impact sexual behavior: (1) group affiliation or denomination, (2) religious behavior or activity, (3) individual attitudes about sexual behavior,(4) individual perceptions about the belief systems of their religious institution, and (5) levels of adherence to sanctions about sexual behavior prescribed by the religious institution which is influenced by an individual's perception of his belief system and his

attitudes about sexual activity. Though previous studies have found correlations between frequency of church attendance or religious activity and the tendency to adopt protective sexual behaviors, this dimension was shown to be less important than other mechanisms posited by the model as explained by the comments of the study participants (Landor et al., 2011; Steinman & Zimmerman, 2004). Individual attitudes about sexual behavior, such as confidence in one's ability to perform typically attributed to knowledge about sex, and a respondent's perceptions of the sanctions about sexual behavior prescribed by their religious institution seemed to have a greater impact on an individual's level of adherence to their institutions sanctions and consequently the age of MSM sexual debut. Since levels of adherence to religious sanctions for sexual behavior beyond age of sexual debut did not emerge in this sample, this mechanism will not be presented in the study results.

1) **Group Affiliation**

According to the survey data, 10 participants reported being raised in a church that they considered to be a "Black Church," meaning it was a Christian church that served a predominately Black congregation. Though they reported being raised in churches of various denominations, the majority of the participants reported exposure to Apostolic, Holiness, Church of God in Christ, and Pentecostal churches when they were growing up, which all shared similar views according to the respondents.

> **Interviewer:** So what was your church's denomination and how would you describe a typical sermon when you were growing up?
>
> **Participant:** Well you know every Sunday is pretty typical in a COGIC or Apostolic church. It's like you come in…there is music. The pastor will preach in a very charismatic way. He would always have the same typical message. Don't

have sex if you aren't married. Homosexuality will send you to hell. And don't rob God, pay your tithes. (200130106)

Yeah it was Pentecostal, and he would always tie…you know um like say something in his sermon about you gays being an abomination (20130104)

The Holiness church would always…um you know try to make you afraid of going to Hell. You know like everything you did was supposed to be bad. Follow the Bible like it's a manual. Those were the messages I heard. (20120102)

The majority of the respondents reported growing up in churches that had very fundamental belief systems and that preached "sex negative" messages; however, as described previously these messages led to feelings of exclusion or alienation and at times rebellion leading to risky sexual behavior, such as early coital debut.

2) Religious Behavior or Activity

Many of the respondents reported having at least one individual in their family who they perceived as leaders in terms of their religious upbringing. Several of them also reported religious activity as a major component in their daily lives, suggesting that they attended weekly church services in addition to several other organized religious activities.

Every Sunday was church. And it was um…like…religion was a part of my everyday. I would go to bible study and read the bible daily with my mother. (20120107)

Monday was prayer meeting, Tuesday was youth day, Wednesday was bible study, Thursday was choir rehearsal, Friday was fundraiser for the church, Saturday was rehearsal again and of course Sunday was church service. (20120104)

In addition to being exposed to church and religion on a daily basis several of the participants reported being involved in the church as choir members, youth ministers, or bible study teachers when they were growing up. Regardless of their level of involvement in the church participants reported that simply going to church or religious activities did

not necessarily impact their sexual behavior. For instance, one participant described the

importance of finding personal fulfillment in the messages he heard in the church.

> In my opinion, church and religion simply need to be cut out completely. I did not see church attendance as a bad thing. I did not think that going to church meant that someone was religious. For me the messages were incongruent with my personal beliefs so I found no fulfillment. (20130101)

3) Individual Attitudes about Sexual Behavior and Sexuality

The participants were asked about their own personal beliefs and attitudes

towards sex when they started having sex. Respondents that reported having more

knowledge about sex and a more positive attitude about their sexuality tended to report

more protective sexual behaviors and delay coital debut.

> It feels good, but I still feel like it could be dangerous, so I still wear a condom because I do not want children. (20120101)

> When I started having sex, I didn't think anything was wrong with having sex outside of marriage. Doctrines need to be updated in my opinion. It is more important to wear a condom than to take the risk of catching something you can't get rid of. (20130106)

Participants who reported having minimal knowledge about sexual behavior and

having a negative attitude about their sexuality tended to report more risky sexual

behaviors and earlier sexual experiences. Some of the earlier sexual experiences that the

participants reported were not consensual and contributed to the negative attitudes that

they had about their sexuality.

> I did not want to be gay in the first place. I hated myself a little more. I hated that I liked boys. It felt like an addiction. The more I tried to stop the more I began to feel the need to find more sexual partners. (20120107)

> I didn't know much about sex when I started having sex. The messages were present but they did not necessarily engage me. I had no outlet to examine my

own sexuality, and because of my low self-esteem, I wanted to be chased and had little restraint when I started having sex. (20130103)

4) Perceptions about the Belief Systems of the Religious Institution

Several respondents reported feeling alienated by the messages they heard in the church and from religious leaders. They suggested that the "church did not attempt to understand the attraction that an individual had for the same-sex."(2013101) The church simply focused on biblical scriptures that warn against engaging in "deviant" sexual behavior. The feelings of exclusion could contribute to a lack of knowledge about the resources available to young people who are attracted to people of the same sex, as suggested by one of the participants. This could potentially deter the adoption of protective sexual behaviors. When asked how they felt about their church's messages about sex during their teenage years, several participants shared similar accounts expressing confusion and cognitive dissonance.

> I never told anybody well hey guess what I'm dealing with homosexuality, because my view of what everybody else kept saying was homosexuality is a um, you're an abomination, you know um god's not pleased with that, um and things like that. And so…um…I always sort of felt um like I had no body to talk to. And so it just, it was really just me by myself feeling that I was, and I was a teenager feeling this. (20130101)

One participant reported that the messages he heard made him feel sad and scared because they suggested that when he died he was going to hell. Because of this, his views of his institution's sanctions began to waiver. (20130104) Hearing negative messages about same-sex sexual behavior seemed to cause conflicting feelings about the church's sanctions about sexual behavior amongst the participants. Some felt alone and uninformed about resources available to them. Others began to question the accuracy of the messages he received. Furthermore, if an individual has a negative perception of the

messages his religious institution delivers about sexual behavior and sexuality he will be less likely to adhere to the sanctions prescribed by this institution.

Ultimately participants suggested that they delayed sexual debut if they had a high level of knowledge about safer sex practices, had a positive perception of their sexuality and had reconciled their intended sexual behavior with their own personal beliefs about sex and the religious messages they received from their church and religious leaders about sexual behavior and sexuality.

How does current religious experience relate to sexual behavior?

Distinguishing between Religion and Spirituality

The participants were first asked to describe what religion and spirituality meant to them. Most described religion as a more extrinsic experience and spirituality as an intrinsic experience. Several respondents described their current religious activity minimal. Though they attended church frequently when they were growing up, interviewees described their current religious activity as a minor component of their daily life if it served as a component at all. The majority of the participants no longer attended church or religious activities as often and most of them were no longer members of a church.

In terms of spiritual activity, only a few of the participants mentioned participating in spiritual rituals such as meditation and/or practicing yoga, however most of them described spirituality as recognizing that there is a higher being and having a personal experience with that individual through prayer. One respondent reported

"viewing religion and the messages they received more objectively and that they had developed a more personal relationship with God." (20130105)

When examining how current religious and/or spiritual experience relates to sexual behavior we identified 2 major themes in the participants' interview comments: (1) current religious experience discourages sexual concurrency and (2) focusing on spirituality as opposed to religious tradition improves feelings of self-worth.

Current Religious Experience Discourages Sexual Concurrency

Though most of the participants reported not consistently being involved with organized religion, several respondents reported the desire to seek exclusive relationships and felt that their current attitude about spirituality and religion discouraged promiscuity.

> I may not go to church as often anymore, you know, but I do agree with my church when they encourage monogamy and say we shouldn't shack up. (20120101)

> So yeah, now I am not really trying to have that many partners. I am really just trying to find the one. (20130103)

Focusing on Spirituality as Opposed to Religious Tradition improves Feelings of Self-Worth

Several respondents reported that transitioning to spirituality encouraged them to appreciate themselves more and develop their own personal core values. (20130106) They felt that having a personal relationship with God free from the influence of tradition and religious influence challenged them to live with integrity by aligning their actions their core values. Being free from the strictness and obsession with hell that they had experienced during their youth (20130104), allowed them to really get to know God and

hold themselves accountable for their own actions and not solely depend on the Bible as their source of morality.

One participant suggested that being spiritual encouraged him to think before he acts when it came to his sexual decision making process. (20130106) Another respondent said, "As long as I am a good person, participating in same sex behavior is excusable." (20130104) Ultimately freeing themselves from the negative messages they received about same-sex behavior allowed the participants to focus on being cognizant of their sexual behavior and develop their own risk reduction practices as prescribed by their personal core values.

Chapter 5: Discussion and Implications

Introduction

Few studies have investigated the impact of religious upbringing on the sexual behavioral development of Black MSM in emerging adulthood, or the role that current faith-related practices play in the sexual decision-making processes of young Black MSM. This study provides insight into the mechanisms of religious socialization as they relate to the age of sexual debut among young Black MSM. Unlike past research on religion and sexual health, this study explored religious upbringing holistically, and it attempted to further illuminate the religious socialization process by considering factors beyond religious activity (i.e. frequency of church attendance). Using the model of religious socialization as proposed by Lefkowitz et al. (2004) as a conceptual framework, this study examined how individual attitudes about sexual behavior, perceptions of messages heard from faith leaders, and levels of adherence to religious sanctions impacted their sexual behavior during their adolescence. The findings suggest that the heterosexual focus and homophobic nature of the messages delivered by faith leaders of churches that serve predominately Black congregants leave many to find alternate means of exploring their sexuality, including initiating sexual behavior earlier than their heterosexual counterparts. Use of the TRA, a tested individual level behavioral theory, in combination with the framework for religious socialization allowed the researcher to assess the applicability of the model, when considering how religious upbringing relates to the sexual behavioral development of young Black MSM, a population with growing rates of HIV diagnoses (Hall H & et al., 2008).

Positioning findings in Theoretical Context

The men in this study described the messages that they received from faith leaders when they were growing up as heterosexists. They shared messages that admonished them to not have sex before marriage or that it is wrong to have extramarital sexual partners. Furthermore, when issues related to sexual health and risk reduction practices were addressed by faith leaders or their parents, they focused on condom usage as solely a contraceptive method to prevent pregnancy. According to the participants, there was little talk about prevention of sexually transmitted infections (STIs) by their faith leaders. Frequent exposure to such messages could effectively delay the onset of sexual activity among individuals that have a proclivity towards heterosexual behavior, as previous literature has suggested that a higher level of religiosity delays sexual debut (J. Manlove et al., 2008). However, the men in this study shared feelings of alienation or exclusion attributed to these messages. As proposed by the TRA, they did not have the motivation to comply with the messages delivered by their faith leaders, because they did not see the application of them to their own behavior (Glanz et al., 2008). They did not feel like their needs or issues were being addressed by their faith leaders in terms of sexuality and sexual health. While the messages delivered by the faith leaders clearly discourage early sexual behavior, it is possible that the message were not effective in delaying sexual debut among young Black MSM, considering their perceptions of these heterosexist messages.

Some of the men shared that homophobic messages delivered by faith leaders led to reactionary earlier sexual "acting out" attributable to curiosity and/or low self-esteem. During sermons, faith leaders would say that same-sex sexual behavior was a sin or an

abomination to God. Some faith leaders would also portray gay men as sexual deviants, reducing sexual identity to descriptions of risky sexual behavior. In response, several of the men shared that they rebelled in an attempt to understand what was so wrong with same-sex sexual behavior. Others shared that the homophobic messages propelled them into earlier and more frequent episodes of sexual behavior, because the message negatively impacted how they perceived themselves. Their identities and what felt natural to them was in conflict with the negative sanctions prescribed by their religious institutions, which went beyond discouragement of a particular behavior. Again, perception of the religious messages plays a major role in determining their impact on the delay of sexual debut among young Black MSM. The messages that were shown to be effective among heterosexual adolescents discouraged sexual behavior outside of marriage with the threat of perdition (Williams et al., 2012). Adding the insult to identity by proscribing homosexuality as an abomination to God, the faith leaders and other influential parishioners could contribute to the disillusionment of young Black MSM to their religious institutions as primary social support systems. This form of messaging could leave them searching for acceptance and/or sexual health related information elsewhere.

Several mechanisms of Lefkowitz's (2004) religious socialization framework emerged in our analyses, in which attitudes about sexual behavior and perceptions of religious sanctions about sexual behavior appeared to be the major factors influencing the age of sexual debut among these young Black MSM. Furthermore, most of the men reported growing up in churches that served predominately Black congregants that have very fundamental doctrines and view the Bible as inerrant. They frequently referenced

homophobic messages as a part of many sermons, characterizing the views of the

religious group with which they affiliated during their adolescence as disparate with their

sexual desires. Though religiosity, typically defined as frequency of attendance at church

or religious activity, has been associated with the adoption of protective sexual behaviors,

these men shared that church attendance was not necessarily as important to them as

much as the extent to which the messages aligned with their personal beliefs (Landor et

al., 2011; Steinman & Zimmerman, 2004). This further emphasizes the importance of the

interaction between individual attitudes about sexuality and perceptions of religious

messages in determining levels of adherence to institutional sanctions for sexual behavior

among young Black MSM.

Moreover, our analyses suggests that the men who reported having more

knowledge about sex and a positive attitude about their sexuality seemed to exhibit

protective sexual behaviors and delay coital debut. The opposite was the case for those

who had not reached a point of reconciliation between their faith and sexuality. Though

maintaining a "sex negative" position can be effective in discouraging the early initiation

of sex, in order to increase the likelihood that young Black MSM will adopt risk

reduction practices, they need to be exposed to sexual health information/education that

is relevant to their behaviors. Furthermore, the men shared that the church did not attempt

to understand their sexual identity. They were too focused on condemning it. If their faith

leaders had facilitated a more inclusive and safe space for discussing issues related to

sexual identity, the men in this study may have been more inclined to communicate their

concerns with trusted and influential members of their social network. They would be

less likely to seek information or resources about sexuality from other sources with

varying credibility. Also, fostering a positive and inclusive environment for sexual identity development could increase the likelihood that these men would perceive the messages they receive favorably and be more inclined to subscribe to some of the sanctions prescribed for sexual behavior. The homophobic messages seem to silence these men and discourage conversations with their faith leaders that could positively contribute to their sexual behavioral development.

While several of the men in this study reported not having any formal affiliation with a particular religious congregation, they described some protective effects attributable to their current understanding of religion and spirituality. Focusing on spirituality as opposed to religious tradition seemed to improve feelings of self-worth which encouraged the development of risk reduction practices. They reported having fewer sexual partners and desired to be in exclusive relationships. By separating themselves from the negative messages they received, these men saw positivity in their disposition which discouraged risky sexual behavior. Ultimately, dissociating with the religious traditions in which they were reared seemed to facilitate the process of adopting protective sexual behaviors among these men.

Implications

The current study's findings have several implications for public health research and practices, which will be discussed in the following sections.

Recommendations for Practice

Several of the men in this study reported feelings of exclusion or alienation in response to the heterosexual focused messages they received from their faith leaders. While the messages delivered in the church admonish abstinence until marriage,

heterosexual adolescents may be exposed to, at worst, minimal sexual health education

that is relevant to their sexual behavior through other avenues beyond their religious

institution. The men in this study suggested that they were unaware of resources and

information related to their own sexual behaviors, suggesting a need for more

comprehensive sexual health education that is non-judgmental and addresses the needs of

a spectrum of sexual behaviors.

Information that addresses all forms of penetrative and oral sexual activity could

be infused into existing sexual health education settings that currently focus on penile-

vaginal intercourse. Moreover, making sexual health education comprehensive would

benefit heterosexuals, given that people practicing same-sex sexual behaviors are not the

only individuals that partake in "alternative" sexual behaviors, such as anal sex. In order

to increase the likelihood that an individual will make efforts to reduce risk when

performing "alternative" sexual behaviors, the activities must be normalized by

acknowledging that them as acceptable forms of sexual expression.

The men in this study also shared that homophobic messages delivered by faith

leaders led to reactionary earlier sexual "acting out" attributed to curiosity and/or low

self-esteem. Hearing homophobic messages from faith leaders could weaken the integrity

of a religious institution as a primary social support network for young Black MSM. This

introduces a need for alternate supportive social structures. Such networks could serve as

buffers for the negative messages young Black MSM receive about their identities by

providing a safe environment to discuss issues of contention between faith and sexual

identities and propose solutions to reconcile this discordance. These spaces could be

created within existing HIV/STI education centers or infused into prevention programs

that target young Black MSM. Given how important religious leaders are in the black community, targeting this influential subset of the population could maximize public health efforts. Leveraging the influence that these community leaders have can facilitate the development of an intervention that is both culturally relevant and sustainable.

Recommendations for Research

In addition to immediate program development, further fundamental research could be utilized to better understand the impacts of religion on sexual behavior among Black MSM. Future studies could target faith leaders to provide insight into how they perceive the relationship between religion and sexuality. Both faith leaders that perpetuate homophobic messages and those that are more accepting could provide a better understanding of how they construct their sermons to potentially inform the training of future theologians that will serve predominately black congregations.

Further examining sources of resiliency among Black MSM could provide additional insight into how this population obtains the necessary skills to navigate a potentially contentious sexual environment. Better understanding resiliency can help inform public health interventions that leverage existing community assets.

As research in this field evolves, it may be possible to generate findings that are more generalizable. However this must be done with the understanding that existing models for religious socialization may not adequately translate into this population. Therefore, the existing frameworks need to be adapted to more accurately address the social context.

Limitations

This study has some limitations. First, findings from this convenience sample of 13 Black MSM in Atlanta, Georgia may not be generalizable to all Black MSM, particularly as most of the participants identified as gay or bisexual. Targeting the harder to reach Black MSM who don't identify as gay or bisexual, could provide added valuable variance and nuance to the data. Second, the PI of the study was involved in participant recruitment, conducted all interviews, and served as one of the coders doing analysis for the data. This could introduce researcher bias, which could be a threat to the validity of the data. An outside coder was utilized to confirm additional validity of findings. Third, these findings described aspects of religious socialization and sexual behavior risk among Black MSM but can only suggest a potential relationship between these two variables: They cannot confirm direct associations. Finally, if this exact study were to be conducted in a different sociopolictical environment (i.e. New York, NY) there could be vastly different findings.

Conclusion

Limited research has been conducted to qualitatively explore religious socialization among Black MSM in emerging adulthood. Further exploration is needed to better understand this topic. It is a stark reality that homophobic messages delivered by faith leaders may lead to reactionary sexual "acting out," such as early sexual debut or increased number of sexual partners. This phenomenon may be attributed to a need to explore individual sexuality outside of the confines of a religious institution. Low self-esteem among young Black MSM as a result of negative messaging from religious institutions is another potential risk factor for adverse sexual health outcomes. Individual

perceptions of religious messages could influence how sexual health messages are received, including influencing the likelihood of adherence. Though religion is an important component of social capital development, populations' identities that are not represented in dominant religious doctrines must be supported in other ways to ensure appropriate development of their sexual health.

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