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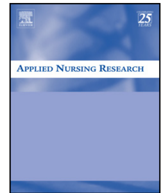

Original article

HIV and religion in HIV-infected Asians and their families: A qualitative study

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ABSTRACT

Aim: This paper examines HIV-infected Asian Americans' experiences with religion throughout the course of their illness and their family relationships.
Background: As the number of Asians in the United States continues to grow, health professionals are beginning notice obvious gaps of knowledge in caring for this population, including HIV-infected individuals. Little is known about the impact of religion and faith on Asian Americans with HIV and their families. The study focuses on the participants' reported experiences to understand the variety of roles religion can play in the progression of a highly stigmatized chronic disease.
Methods: An in-depth interview was conducted in San Francisco and New York City with 30 HIV-infected Asians. Narrative samples and summarized responses was used to highlight themes that emerged from the participants' anecdotes. Interpretive content analysis was employed.
Results: These groups were categorized as (a) those who did not adhere to any religion, (b) those of tenuous religious faith with conflicted feelings, and (c) those of strong religious faith with congruent beliefs. Within these three groups, various themes were synthesized from the members' perceptions and past experiences with religion. Within each group, participants displayed various stages of reconciliation with their current faith-related beliefs and escape the family stress from their religion practices. Each participant's story shown the vast range of human understanding and faith experiences including self-actualization, acculturation, and depression.
Conclusions: This research provides new insight on the challenge of managing HIV-infected patients in a culturally and religiously appropriate manner.

1. Introduction & background

As the number of Asians in the United States continues to grow, health professionals are beginning to notice obvious gaps in knowledge among health providers caring for this population, especially where sensitive diseases like HIV/AIDS are involved (New York City Department of Health and Mental Hygiene, 2014). According to a report published by the Centers for Disease Control, the Asian population in the United States grew 24% between 2005 and 2014 (2018). In addition, the Asian immigrant community in the United States is diverse. Eighty-five percent of these Asian immigrants came from Chinese, Filipino, Indian, Vietnamese, Korean, and Japanese backgrounds (Malik, 2015). The Asian population growth rate is three times that of the American population generally. During this same time, in New York City, the rate of HIV diagnosis among the Asian American population increased by nearly 70%, making it the only racial group to experience a statistically significant percentage increase (2018).

The Asian American identity varies greatly depending on the country of origin and degree of assimilation, with a spectrum running from those who strongly adhere to their cultural heritage to those who have fully embraced American culture and society (Lee, Chen, Jung, Baezconde-Garbanati, & Juon, 2014). Some of the difficulties to consider when working with this population include cultural factors and the limited research on successful disease prevention and interventions (Shi Shiu et al., 2015). Therefore, it is important to note the diversity that exists within this population (Miller et al., 2013).

HIV/AIDS is a disease associated with a large amount of stigma and other taboo subjects among Asian Americans (Sen, Nguyen, Kim, & Aguilar, 2017). The taboo nature of homosexuality, substance use, and promiscuity, particularly within Asian society, prevent Asians from having a better understanding of HIV/AIDS (Yu, Chan, & Zhang, 2016).

Particularly, HIV-infected individuals, including men who have sex

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with men (MSM), suffer from shame and self-stigmatization (Chen & Barbour, 2017). Many of them struggle with disclosing their sexual preferences and HIV status to their family members, and these men tend to experience higher levels of depression (Qiao et al., 2015). In addition, Asian MSM may experience pressure to marry, since it is a strong expectation in Asian society that men will marry and produce children to carry on the family line (Li et al., 2017). For HIV-infected Asian men who are single or are married but childless, the family can thus become an additional source of stress (Wang et al., 2016).

Many HIV-infected individuals might therefore look to religion as a source of serenity and emotional support (Oji et al., 2017). This provides religious institutions and faith communities with a unique opportunity to support these men in a culturally relevant manner (Chin & Neilands, 2016). Religiosity is “the degree to which individuals adhere to the prescribed beliefs and practices of an organized religion” (Mattis, 2002, page 310). Spirituality generally relates to deriving purpose from life and is characterized by feelings of hope and self-transcendence (McCormick, Holder, Wetsel, & Cawthon, 2001).

For the immigrant population, religious organizations provide more than spiritual and moral support. These organizations not only enhance the resilience of their members during the processes of acculturation but also offer their members a place where they can exchange opinions and be educated on topics ranging from health promotion to politics (Leung, Chin, & Petrescu-Prahova, 2016). Therefore, religious organizations can be counted one of the important parts of the acculturation process. In addition, they provide basic survival skills for immigrants, including social supports and humanitarian services (Leung et al., 2016).

A study found that roughly 74% of Asian Americans, many of whom immigrated from East and Southeast Asia, reported having a religious affiliation (Liu, 2012). The religious landscape here is diverse, with a majority of this population espousing Christianity or Buddhism (Tomkins et al., 2015). Religion, particularly Christianity, is traditionally associated beliefs and doctrines that are antagonistic toward groups at high risk for HIV/AIDS, including homosexuals and those who are sexually promiscuous (Jenkins, 1995). A study on views of God and disease progression demonstrated a predictive relationship in which those patients with positive views of God (where God is seen as a benevolent and forgiving entity) demonstrated slower disease progression. Conversely, negative views of God (where God is judgmental and punishing) predicted faster disease progression (Ironson et al., 2011).

Culture among Southeast Asian Americans is heavily influenced by Buddhism, especially for immigrants coming from Cambodia, Laos, Myanmar, and Thailand. Buddhism, as an encompassing ideology and civic religion, has provided a unified symbolic system for Southeast Asians to interpret and organize their day-to-day lives (Schober, 2011). For Southeast Asian Americans, nearly all domains of social life have been shaped by the Buddhist worldview (de la Perriere, 2017). With Buddhism, the principal beliefs are focused on karma and reincarnation, and both may factor into self-management and self-efficacy (Klunklin & Greenwood, 2005). Belief in reincarnation and karma have enabled Buddhists living with HIV to accept the illness and live more positively in hopes of improving the circumstances of their next lives (Pan, Tang, Cao, Ross, & Tucker, 2017). In addition, meditation can decrease the internal stress and enhance the immune system (Ross, Sawatphanit, & Suwansujarid, 2007).

However, of immigrants from China, a country that in recent decades has experienced dramatic swings in attitude regarding religion and social policy (“Religion ban for China Communist Party ex-officials”, 2016), many are atheists. This is partly due to the Cultural Revolution (1966–1976) which led to some of the most dramatic changes to have occurred in modern Chinese society and which redefined the relationship between the individual and the state, family, workforce, society, and religion (Worth et al., 2017). This broad-based social movement, led by students, challenged all forms of religion that did not conform to a radical version of Maoism. This in turn undermined both traditional Chinese folk religion and Western religions throughout the country (Kohrt & Hruschka, 2010).

As the effects of the Cultural Revolution have diminished, the post-Maoist regime has been faced with the challenge of maintaining political control while presenting an image of tolerance to the world. Religion, however, is still often a subject of contention (Zuo, 1991). Official Communist Party policy on religion recognizes five religions that are entitled to some form of government recognition or protection: Daoism, Islam, Buddhism, Catholicism, and Protestantism (Zuo, 1991). Folk religions and other forms of what the Party views as superstition are excluded from state protection under the policy (Chen & Williams, 2016). Despite official recognition of a handful of religions, the main focus of the Party has been to promote atheism through the educational system and also to prohibit Party members from holding religious beliefs, or at least acting on those beliefs (Kohrt & Hruschka, 2010).

In this paper, we present the personal experiences of Asian Americans living with HIV/AIDS and their experiences with faith and religion throughout the course of their disease in order to understand this unexplored area of research. This study focuses on the participants' reported experiences to reveal and explain the variety of roles religion can play in the progression of a highly stigmatized chronic disease. In addition, the study will explore participants' views of family relationships. Narrative samples and summarized responses will be used to highlight themes that emerged from the participants' anecdotes.

2. Methods

2.1. Design

We recruited 30 Asian Americans with HIV in San Francisco ($n = 16$) and New York City ($n = 14$). One participant declined to be audio-taped so detailed notes were typed during the interview. The remaining interviews were audio-recorded. Study participants could choose their preferred language (English and/or Mandarin) for the in-depth interview. Study consent was secured before the interview started. After completion of the interview, every study participant was given a small reimbursement for their time and effort. The inclusion criteria were (a) self-identified as Asian, (b) confirmed HIV-infected, (c) willing to share their personal stories, and (d) at least 18 years old. Content analysis was used to analyze the in-depth interviews.

Interviewers used an interview guide to prompt participants as they talked about the immigration process, their religious practices (both before and after the HIV diagnosis), and the role of religion in their lives. Specific questions included the following: “Tell me when and how you decided to come to the United States.”, “Do you belong to any religion? If yes, what is it?”, “How do you practice your religion?”, “How important is religion in your life? Has that changed since you received your diagnosis?”, and “What has your relationship with your family been like, before and after the diagnosis of HIV?” The interviewer also asked each participant to describe one specific experience that happened to them while they were practicing their religion. Experiences might include, for example, a feeling of being able to communicate directly with God or a powerful feeling of well-being. Generally, study participants led the discussion, with the interviewers prompting them as needed.

2.2. Settings and participants

This research was conducted at three different institutions, including (a) the Asian & Pacific Islander Wellness Center (A&PI Wellness Center) in the San Francisco Bay area, (b) the Chinese-American Planning Council, Inc. (CPC), and (c) the Asian/Pacific Islander Coalition on HIV/AIDS Community Health Center (APICHA Community Health Center) in New York City. The A&PI Wellness Center is a pioneer in providing HIV-related service to Asian communities in North

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