

# INFLUENCES OF RELIGIOUS AFFILIATION ON PERCEPTIONS TOWARD HIV/AIDS

**Background** Although the incidence of HIV/AIDS has stabilized in the general population in the United States, the epidemic continues to grow at disproportionate rates among minority youth. Our study examined the influences of religious affiliation on perceptions toward HIV/AIDS.

**Objective** To explore factors that might affect how the public perceives the topic of HIV/AIDS.

**Methods** We developed a survey consisting of 55 multiple-choice questions about participants' religious affiliation and activity, demographics, medical knowledge, friends and family information, and real life scenarios. The anonymous survey was developed as a paper copy and also made available online. We used the Catalyst Tools Program from the University of Washington's library system. Data was analyzed using the statistical package JMP IN®.

**Results** By conducting this survey, factors underlying risk perception and risk behavior in demographic groups were identified to assist in building a knowledge base for shaping the future of the HIV/AIDS epidemic in the United States. In addition, the information obtained in this survey may help future public health measures intended to curb the growth of the epidemic in at-risk populations.

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## INTRODUCTION

The first AIDS case was presented 25 years ago on June 5, 1981. According to the US Centers for Disease Control and Prevention, the overall number of people with AIDS in the United States has stabilized and may be declining; however, among minority youth, rates of HIV infection continue to climb.<sup>1</sup> Our study was designed to determine HIV/AIDS knowledge level among youth in Seattle to help explain why the overall number of people with AIDS has stabilized but minority youth infection appears to be on the rise.

## MATERIALS AND METHODS

A survey of 55 questions was produced after the approval of the institution review board at the University of Washington. The questions were divided into four categories: religious affiliation, peer and scenarios, medical knowledge, and demographics. Religious affiliation was designed to find how religions perceive HIV/AIDS. Peer and scenarios asked questions about the personality of the respondent. The medical knowledge section assessed how much the respondent knew about HIV/AIDS. Questions in the demographic category provided information on area of residence, family, friends, employment, income, etc. The survey was introduced to different summer programs at the University of Washington, summer camps, churches, and organizations in the Seattle area. A website with the questionnaire was also available for respondents. The printed survey was distributed only in the Seattle area; however the online survey

was available to the general public. Data gathered after ~20 days was entered into an Excel spreadsheet.

## RESULTS

Of those surveyed, 75% identified Christian as their religious affiliation. Of those who identified as Christian, 60% were Catholics and 19% were Protestant. 57% were in the 16–20 age range and 15% were between 21 and 25 years of age. As we expected, 51% lived in the city, 28% lived in suburbs, and 11% lived in the countryside. 63% of the respondents were female. As for ethnicity, 25% were Caucasian, 25% Hispanic, and 17% self-identified as multiethnic. Within the Caucasian group, 88% scored correctly on medical knowledge; Hispanic scored 86% correct on medical knowledge. Among Caucasian respondents, 68% would decline an invitation to a romantic encounter, while 65% of Hispanics would also decline the same encounter. For both Caucasian and Hispanic respondents, 50% were willing to discuss HIV with family and friends, if he/she is infected with HIV.

## DISCUSSION

Since the percentages of Christians in this respondent group were so great, other religions were not well represented. Although the percentages of Caucasian and Hispanic were similar, comparison between the two ethnic groups is possible. Even though we were not successful in reaching the goal of the survey, to recognize the influences of various religions toward HIV/AIDS, the

survey provided other information. Caucasian and Hispanic adolescents appeared to live different lifestyles, yet, data showed a similarity in the areas of level of medical knowledge of HIV/AIDS, decisions to have sexual intercourse in a scenario, and discussing HIV/AIDS with family and friends if the individual was infected. Another

limitation of the survey was that other ethnic groups (eg, Middle Eastern, African Americans, etc) were not represented.

In future studies, a longer time frame may allow the gathering of information from respondents of a wider variety of religious affiliations. In addition, the accessibility of people from

different religious organizations such as temples, synagogues, mosques, or just clubs may increase our sample size.

#### **REFERENCES**

1. Centers for Disease Control Prevention. HIV/AIDS Surveillance Report 2002. Available at [www.cd.gov](http://www.cd.gov). Last accessed: August 4, 2006.