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The GOD in HIV: How the Perceived Influence of Christianity on Sex Education Impacts Black  
Men Who Have Sex with Men's Knowledge of HIV

by

Victor Sledge

Under the Direction of Sarita Davis, PhD

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2023

## ABSTRACT

Black men who have sex with men (BMSM) are disproportionately affected by HIV in Atlanta, GA. The purpose of this study is to explore BMSM's experience with how they have perceived Christianity's influence on sex education curriculum in Atlanta, GA and how that has possibly impacted their knowledge of HIV. This study is conducted through participant interviews of BMSM between the ages of 18-30 in Atlanta, GA. This study is significant to Africana Studies because it interrogates how Anglo-Christian doctrine and its hegemony over the American South has impacted a city where sexuality, race, and religion have historically intersected. Also, as Africana Studies programs have historically failed to highlight Black LGBTQ+ history in the curriculum, this study is a significant exploration into a phenomenon specific to the Black LGBTQ+ community that helps to fill in gaps in the ongoing HIV research that has impacted generations of the Black LGBTQ+ community.

INDEX WORDS: Black men who have sex with men (BMSM), HIV, Christianity, Black Queer Theory, Sex education, Atlanta

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2023

The GOD in HIV: How the Perceived Influence of Christianity on Sex Education Impacts Black  
Men Who Have Sex with Men's Knowledge of HIV

by

Victor Sledge

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Office of Graduate Services  
College of Arts and Sciences  
Georgia State University  
May 2023

## DEDICATION

To Uncle David,

If you were here, I'd want you to know that the mention of your name in our family throughout my whole life has always been followed immediately with smiles and laughs. Eyes always beamed as our family rushed to claim you as their favorite uncle. The more I got into this research, I started to ask more questions about you, and I learned that our family loved you for every bit of who you were. Where we're from isn't always the most welcoming to gay Black boys, but, in a time where the world had seemed to abandon gay Black men, from what I can tell, our family cherished every part of your unapologetically gay existence.

How you would dress them up on special days and send them off to school to be the freshest kids in class, the magic touch you had when you did their hair, the fun they would have when you took them to the gay clubs in Atlanta, the way you used to step in a good pair of heels and a nice dress – all these years that you've been gone, you're still revered for what you living as your full self, outside of the boxes of gender and sexuality placed on so many of us, meant for you and the people you loved. You're still loved and celebrated for being one of the most vibrant lights in our family.

Learning about your life through this research has been the highlight of my academic career. I feel fuller in my own identity knowing I had an uncle who lived a life that was blissfully outside of what the world tells us a gay, Black, Southern, Christian boy should be. I started this research because I recognized myself in it, but I soon realized I recognized you in it even more, so I dedicate this thesis to you, Uncle David. Thank you for your legacy.

Love,  
Victor

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I feel strongly that it takes a village to accomplish anything great in this world, and I could not have completed a word of this thesis without mine.

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## PREFACE

My experience before moving to Atlanta in 2017 as a sophomore in college was filled with people telling me to “be careful” and “watch out” for HIV. The stigma older generations held toward Atlanta, its HIV rates, and the people living with HIV in this city was clear and unrelenting. And when I moved here, it did not stop.

As a student journalist, I often worked at the intersection of race and sexuality, talking to people in my community about issues that impacted the Black LGBTQ+ community. I quickly realized that working at that intersection often meant hearing at least the mention of HIV in my work. These were not victims or people whose lives were somehow ruined by the possibility of contracting the virus or by a new diagnosis. Instead, these were just people who had lived in a city where HIV was simply a common fact of life. I grew up in Greensboro, NC, so experiencing a city where HIV rates were so high that it was accepted as a probable concern of any Black man who had sex with men was a total change from what I experienced growing up.

At the same time, I was seeing the intersection of race, sexuality, and HIV become more prominent in my life, I also was surrounded by the deep history of religion in Atlanta. Living on campus, I was about a five minute walk away from the church Dr. Martin Luther King Jr. pastored, Big Bethel. I also watched week after week as gay Black men I knew woke up on Sunday morning, dawned their Sunday’s best, and went to church, where some were accepted, and others were met with judgmental stares. As someone who grew up Christian, I knew all too well the conflict between trying to lean into your faith and living in the truth of your sexuality. That intersection began to weigh on me more and more as I grew into my own identities.

By the summer of 2017, pop culture would not let me ignore the layers of identity between race, sexuality, HIV, and religion that struck me during my first school year in Atlanta.

The show, *POSE* aired, depicting ballroom culture amongst the Black and Brown LGBTQ+ community during the AIDS Crisis. *POSE* was the first time that I ever saw a mainstream show depicting the Black queer experience during the AIDS Crisis, and it fueled more questions about an era that saw generations of Black LGBTQ+ elders leave this world after being abandoned by seemingly everyone, including the Black community and the Black Church in particular. Later that year, a gay Black boy from Atlanta, Lil Nas X became an overnight sensation. As his career grew to astronomical heights, he eventually released a video where he played the fallen angel. A gay Black boy from Atlanta had a number one hit while sliding down a pole in stiletto heels, long, braided weave, and briefs. It was iconic. And it brought on questions of religiosity, morality, and purity across the world, but especially for the Black community in this country. Then, a year into this research, I spent the summer in Atlanta gay clubs, dancing and singing to Beyoncé's *Renaissance*. Beyoncé not only credited the Black LGBTQ+ community for our music history that heavily influenced the album, but she also explained that she was particularly inspired by her Uncle Johnny, a gay Black man who passed away due to AIDS-related complications in the 80s. Beyoncé's *Renaissance* was a second wind in the middle of this research that reassured me how timely and important this work was.

Maybe the most important discovery I made that kept me grounded in this research came from my own family. Unfortunately, as a Black queer kid, you don't get meet many elders in your life who live and love the way you do. It's even more rare for those elders to come in the form of family.

As I was doing this research, I started to finally ask questions about my great-uncle, David, whom I never met, as he passed away years before I was even born. All I ever knew of him was that he was gay. Throughout this process, I learned that my Uncle David, similarly to

me, had moved out of North Carolina, where we're from, to Atlanta. As the AIDS Crisis ravaged Black gay communities, unfortunately, my Uncle David fell ill with AIDS related complications, from which he eventually passed away. I realized that this research hit closer to home than just me. It began to feel like an act of legacy to dig into my community in this way after learning about my uncle, and it realize that research like this and all other HIV research is relevant now, but also in the memory of the droves and droves of Black and Brown people in the LGBTQ+ community who lost their lives to HIV over the last 50 years. And this research was carried out with the care and respect that the weight it carries requires.

## 1 INTRODUCTION

This chapter contextualizes the study within the ongoing conversation surrounding the experience of those who live at the intersections of identity I explore, including sexuality, religion, geographical location, and race. The background information presented explains the roots of the issues explored in the study and the work that has already been done surrounding those roots. Then, the problem explored in this study is stated, along with the purpose and significance of the exploration around that problem. This chapter also includes information on the methodology of this study, including the nature of the study, research questions, and key terms. The end of this chapter also addresses assumptions considered in the study.

### 1.1 Background

According to the Pew Research Center, over 70% of the Southern United States identifies religiously as Christian (Pew Research Center 2018). The South is also where majority of the Black American population lives, with roughly 58% of the Black American population (Frey 2019). Also, out of the top 10 states with the highest Black LGBTQ+ population, five of those are southern states, including Georgia, North Carolina, Mississippi, Alabama, and Louisiana (UCLA Williams Institute 2013). As those religious, geographic, and sexual identities collide, BMSM in the South also has an alarmingly high and disproportionate HIV rate (HIV.gov 2016). More specifically, Atlanta is a city in the South that has experienced a particularly disproportionate HIV rate in BMSM.

In 2020, there was roughly 38,140 people living with HIV in Atlanta, GA. 1,254 of those cases were new diagnoses. 80.7% of people living with HIV in Atlanta were men, and 71.0% of those people were Black (aidsvu.org 2020). Overall, people aged 25-44 accounted for the highest

HIV rates in 2020 in Atlanta, and of new HIV diagnoses, 22.2% of cases were aged 13-24, and 59.4% of cases were aged 25-44. The rate of Black men living with HIV was 5.9 times that of white men in Atlanta. Of the total amount of HIV diagnoses in 2020, 72.7% of those cases were contracted through male-to-male sexual conduct exclusively (aidsvu.org 2020).

Atlanta, as one of the largest cities in the Bible Belt of the American South, also exists under both the explicit and implicit influences of Christian hegemony. Historically, as southerners became overwhelmingly religiously concerned with the idea of salvation, there was a vehement effort to make the South a religiously conservative region, closely reliant on a literal interpretation of the Bible that did not allow for behavior like premarital or homosexual sex (Boles 1996). These ideals ruled the social attitudes and political beliefs in the past, and they still do presently, impacted aspects of life such as education, specifically sex education. Christian doctrine also became an avenue through which white supremacy was upheld in Atlanta, and it became clear that the intersection of race with religion was not an intersection without contention (Newman 1977). This tension led Black Americans in the South, including Atlanta, to turn into their own communities for religious bases, effectively forming the “Black Church.”

As the Black Church grew to be a major stakeholder in the Black community in Atlanta, serving as a resource for social justice initiatives, public health support, and religious community, ideas of respectability imposed by the Anglo-Christian values of the Bible Belt eventually created a rift between the Black Church and Christian BMSM. On the basis of sexuality and sexual purity standards, which BMSM did not meet, the Black Church was particularly hesitant in helping with the HIV/AIDS crisis as it arose, leaving BMSM isolated from a major potential public health resource and effectively isolating many BMSM from their

religious base (Menziez 2016). This isolation, as explained later in this research through the literature review, had a major impact on BMSM as it relates to sexual health decision making.

## **1.2 Purpose**

The purpose of this study is to explore how BMSM have perceived a Christian influence on sex education policy in Atlanta and if that perception influences their sexual decision health making in general, and especially as it relates to HIV. Through research of the nature of sex education in Atlanta and how it coincides with Christian doctrine, I aim to contribute to the larger conversation about BMSM's relationship to sex education and HIV, particularly in Atlanta, to ultimately determine if a restructuring of sex education in and beyond Atlanta in a way that creates a more racially and sexually inclusive sex education could have a positive impact on HIV rates in BMSM.

This exploration is significant because it questions a potential contributing factor to a health issue that has ravaged communities, especially the Black LGBTQ+ community, for decades. It also presents larger questions related to how religion can implicitly and explicitly bleed into different arenas in our society in a way that can be potentially harmful to certain groups. The study would be valuable to Africana Studies because it addresses health crisis that disproportionately affects a group that is often marginalized even within the Black community. Also, as Africana Studies programs have historically glossed over Black LGBTQ+ history in the curriculum, this study is a significant exploration into a phenomenon specific to the Black LGBTQ+ community that helps to fill in gaps in the ongoing HIV research that has impacted generations of Black LGBTQ+ people.

### 1.3 Nature of the Study

This study is a phenomenological exploration of how BMSM experience Christianity's influence on sex education in Atlanta. As this study entails asking participants about personal, potentially sensitive topics, such as their sexuality, their relationship with religion, and their relationship with HIV, I focus on and prioritize the lived experiences of my participants within the Christian doctrine influencing sex education, as opposed to focusing only on the effects of that influence. Interviews are a common data collection method within this nature of study that allows participants to share information open and honestly in a way that is specific to their personal lived experience, offering a better understanding of the overall issue on a micro scale. And then, those personal contributions are used to draw conclusions about the issue on a macro scale.

### 1.4 Key Terms

**Atlanta** – For the purposes of this study “Atlanta” refers to the Atlanta metropolitan area, which includes Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry and Rockdale counties, and the city of Atlanta.

**Intersectionality** – A term coined by Professor Kimberlé Crenshaw in her legal scholarship, Intersectionality describes a conceptual framework wherein Crenshaw asserts that, in legal spaces, Black women's experiences must be considered through the lens of both their race and gender and how those interact in our society. The framework of intersectionality has been extrapolated to different spheres of society, describing a concept wherein every person carries multiple layers of identity that interact with each other in a way that brings specific experiences and challenges within an individual. More specifically, her idea of intersectionality describes the

ways in which multiple identities within one person function in systems of oppression (Crenshaw 1989).

**Religious trauma** - "Religious trauma results from an event, series of events, relationships, or circumstances within or connected to religious beliefs, practices, or structures that is experienced by an individual as overwhelming or disruptive and has lasting adverse effects on a person's physical, mental, social, emotional, or spiritual well-being" (gcorr.org 2020).

**Black men who have sex with men (BMSM)** - "The term "MSM" often is used clinically to refer to sexual behavior alone, regardless of sexual orientation (e.g., a person might identify as heterosexual but still be classified as MSM). Sexual orientation is independent of gender identity. Classification of MSM can vary in the inclusion of transgender men and women on the basis of whether men are defined by sex at birth (i.e., transgender women included) or current gender identity (i.e., transgender men included)" (cdc.gov).

**Human immunodeficiency virus (HIV)** - "a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome)" (cdc.gov).

**The Black Church** - "Today "the Black church" is widely understood to include the following seven major black Protestant denominations: the National Baptist Convention, the National Baptist Convention of America, the Progressive National Convention, the African Methodist Episcopal Church, the African Methodist Episcopal Zion Church, the Christian Methodist Episcopal Church and the Church of God in Christ" (pbs.org).

## 1.5 Assumptions

As previously mentioned in this research, it is still legal and encouraged in multiple school systems across the country to exclude same-sex sex education from the curriculum. This creates

the basis for my research. It has also been vastly explored in previous research that BMSM often experience discrimination within the church, which would fundamentally cause contention in sex education that is informed by Christianity in any capacity. These are the assumptions that the study is based upon, and they create the foundation of the overarching problem being explored. I contribute to the prior research around these topics and build upon the assumptions in this line of research by unearthing how these issues impact BMSM specifically as it relates to sex education and how BMSM go on to use it in adulthood.

## **1.6 Afrocentric Theory**

The current study uses Black Queer Theory as a framework to explore the phenomenon of Christianity's influence over sex education in Atlanta, how BMSM experience that, and how that experience impacts their knowledge of HIV and how to protect themselves against it. Black Queer Theory was established to conduct research that centers the intersection of Blackness and queerness and the lived experiences that come with that to help more thoroughly and effectively contextualize the lived experiences of those who sit at that intersection. The creation of Black Queer Theory was a response to the lack of recognition of Black queer peoples' layered experience in the world, and here, it is used to recognize that experience and make sense of it given other factors such as gender, the geographical region in which participants live, and religion.

## **1.7 Summary**

Chapter One outlines the background information to contextualize this study. The chapter also explains the purpose of the study, essential terms to understanding the material, and assumptions made by the researcher in conducting this work. As the Bible Belt developed, the Black community in Atlanta, GA formed the Black Church in response to the racism they faced

in predominantly white churches. However, as the intersection of sexuality came into play, BMSM were isolated from the Black Church as a religious and public health resource. The strong Christian hegemony in the city also led to Christian doctrine bleeding into spheres of life such as sex education, leading to research like the present study. The next chapter outlines essential literature and research done around these issues to further contextualize this work.

## 2 LITERATURE REVIEW

In this Literature Review, I will contextualize the aims of this study within the larger conversation of the history of Christianity in Atlanta, the history of BMSM in Atlanta, the Black Church's response to HIV in Atlanta, and how Christianity influences sex education curriculum in Atlanta. I will use the history of these factors to explain how Christian-influenced sex education curriculum is potentially fundamentally harmful to BMSM in Atlanta as they move to adulthood and start to practice the sexual behaviors and decision making taught in K-12 sex education.

### 2.1 Christianity and Atlanta

#### 2.1.1 *The Origins of the Bible Belt*

This research explores, specifically, Atlanta, GA. However, Atlanta is simply one example of a larger problem that has negatively impacted BMSM in the South long before the HIV/AIDS crisis. Historically, Christianity has had a religious hegemony over the American South in a way that is pervasive in many, if not most, arenas of day-to-day life, including education (Boles 1996). In *The Great Revival: Beginnings of the Bible Belt*, John B. Boles explains that after the South's second Great Awakening, there was an overarching zeitgeist of freshly-converted Christian southerners whose religious priorities were extremely individualistic. These southerners were concerned with personal salvation from a supposed evil world as opposed to a collective religious duty to try to stop those evils altogether. There was a stark effort to construct a South that was a religiously conservative region, made of Christian southerners who were following a path to salvation prescribed by the Bible, and those who deviated from the Biblical standards were considered outcasts (Boles 1996).

With the very origins of the South being based upon Christianity and its values, BMSM were fundamentally unfit for what southerners imagined the South to be. This applied to BMSM in an intersectional way, as it relates to both their race and sexuality. Related to BMSMs' sexuality, In *Virgin Nation: Sexual Purity and American Adolescence*, Sara Moslener explains a culture of purity that was ushered in as Christianity began to rule the region (Moslener 2015). Through media, rhetoric from religious leaders, and this pervasive, collective concern with salvation, Moslener explains that purity rhetoric controlled the social attitudes of the South, casting out anyone who was seen as sexually impure, such as homosexuals (Moslener 2015).

As it relates to race, Harvey Knupp Newman explains in *The Vision of Order: White Protestant Christianity in Atlanta* the intersection of race and Christianity in Atlanta specifically. He outlines that white churches in early Atlanta were made as sort of watch dogs for Christianity. They served to "maintain order" in the city. As Christianity became more and more tied to whiteness in the early stages of the city, that became one of the fundamental parameters white churches tried to maintain (Newman 1977). So, when white churches in Atlanta began to add a racial layer of othering on top of the overarching purity culture that was sweeping the South, BMSM were even further outcasts, not only as sexual deviants, but also as racial subordinates. Essentially, by virtue of Christianity, early white churches in Atlanta were upholding white supremacy under the guise of purity, further isolating BMSM from the religion (Newman 1977).

### ***2.1.2 The White Church's Influence Over the Black Church***

As the white church began to create an Anglo-Christian hegemony over the South, the Black Church came to be a safe haven for Black Christians. The Black Church became not

only a religious base but also a center for community activism, health care support, and an integral part of the Civil Rights Movement. However, the Black Church was also the peak intersection of race, religion, and sexuality for BMSM, and as the Black Church became more influenced by the Anglo-Christian hegemony it was birthed under, that intersection proved to be a contentious one.

In a 2016 study, researcher analyzed how respectability politics manifest in media representation of Black people with HIV/AIDS. The researcher explores how these representations “reclaim notions of acceptable black sexuality by reifying age-old stereotypes of black masculinity/ femininity” (Menziez 2016). Under the purity culture created by white Christians of the time, Menziez argues that while the Black Church sought to combat anti-Blackness and racism in its origins, working within the confines of purity culture meant that the Black Church only combatted anti-Blackness in a way that was narrow and preoccupied with the idea of respectability (Menziez 2016). Menziez posited that under this narrow, respectable ideal of a Black Christian, the Black Church was also concerned with making sure that the image of a Black Christian only entailed an acceptable version of racialized gender and sexuality that attempted to evade the anti-Blackness that the white church adopted. They were especially concerned about this image of the Black Christian in the media (Menziez 2016). Therefore, as coverage of HIV made the virus synonymous with BMSM, the Black Church had an issue on their hands.

As the news presented HIV as an issue exclusive to the LGBTQ+ community, especially amongst BMSM, not only did sexuality become more of a problem for BMSM who identified as Christian, but contracting the virus also meant even further isolation from the church. So, in an effort to mitigate the perceived racialized sexual impurity amongst BMSM,

the Black Church was reluctant in having a hand in efforts against HIV or in support of those effected by the virus (Menzies 2016). Afraid to tarnish the respectability of purity upheld by the white church, the Black Church began to outcast BMSM the same way the white church outcasted Black Christians altogether.

## **2.2 Intersectionality in the Black Church**

### ***2.2.1 The Black Church and BMSM***

A 2015 study explored the concept of intersectionality at play for gay Black men (who account for just one sexual identity considered to be BMSM) within the Black Church. As previously mentioned in aforementioned literature, the researchers in the study highlighted the emotional, spiritual, and social support the Black Church has historically provided for the Black community. The researchers recognize the Black Church as “one of the oldest, most influential institutions within the African American community” (Heard Harvey 2018). However, the researchers also explain that while the Black Church has been a place of solace and multi-layered support within the Black community, for gay Black men, that has often not been the case. The study suggests that along with a very literal translation of the Bible, the Black Church is also bound by heteronormative ideas around masculinity (Heard Harvey 2018). The study suggests that, within the Black Church, for Black men there is a “reversal of the often perceived cultural emasculation and castration of the African American male in White-dominant society” (Heard Harvey 2018).

Furthermore, by aligning this discussion of homophobia against gay men with sexism against Black women, the researchers also suggest that these heteronormative ideas of masculinity conflates sexuality and gender. Therefore, the researchers assert that the Black Church’s association of femininity with homosexuality create a toxic intersection of

oppression against gay Black men within the Black Church, excluding them from the benefits and support the Black Church has historically provided to other groups within the Black community (Heard Harvey 2018).

This study lays out how the intersection of race and sexuality can work so intricately within the Black Church in a way that does not happen within the white church. While the Black Church firstly covets the strict, Anglo-Christian ideas around scripture that leave no room for nonheteronormative sexualities, the history of slavery against enslaved Africans and the perceived emasculation of that group adds an intersection that further complicates BMSM's experience within the Black Church. BMSM, with the added intersection of race within Christianity, face a somewhat convoluted intersections of oppression that are derived both from homophobia and the trickle down of sexism within the church.

### ***2.2.2 “Double Consciousness” in Christian BMSM***

A 2019 study furthered the work of the aforementioned study, describing “Biblical Intersectionality” as it relates to Blackness and Christianity. Drawing from W.E.B. DuBois' *The Souls of Black Folk* (1903), Jaison McCall pushes intersectionality further by describing a double consciousness inherent in the experience of Black Christians. The double consciousness McCall defines describes the contention between Black Christians' Blackness and their Christianity. He explains that “a person could be at the top of one ladder while concurrently at the bottom of another,” meaning that while Christianity may be the American standard for morality, holding a social privilege in almost every sphere of American society, being Black is the polar opposite (McCall 2019). The history of the Black experience in America, McCall asserts, has led Black Americans to the bottom of a separate ladder of race instead of religion.

Even further, McCall argues that race is inextricably tied to Christianity in America. More specifically, McCall posits that Christianity in America is, by default, white. He goes on to cite Georgian Senator Raphael Warnock in explaining, “White theology is severely limited in its interpretation of the Christian faith insofar as the non-white people of the world are concerned” (McCall 2019).

These studies outline the inherently contentious nature of how intersectionality works within Christianity, and the Black Church, specifically, for BMSM. On the basis of race, while the Christian faith may not be inherently racist in itself, the social construct of race that surrounds it in the context of America has historically created a tension that is uncomfortable at best and deadly at worst for Black Christians. On the basis of sexuality, there is a tension that stems from Anglo-Christian beliefs of sexual purity that becomes even more intricate as the Black Church draws from those beliefs within the context of slavery and perceived emasculation of Black men. This tension conflates gender and sexuality in a way that mars BMSM’s experience in the Black church both on the basis of homophobia and on the basis of perceived femininity.

### ***2.2.3 Homonegativity in the Black Church***

Homonegativity, similar to what the previously mentioned study found that BMSM were facing with care providers, actually plays a large roll in BMSMs’ relationship to HIV in Atlanta, GA, studies find. A 2019 study interviewed 28 BMSM to explore how homonegativity manifests in their lives as it ultimately relates to sexual behavior. The researchers used the Minority Stress Theory to frame the study, which says that being marginalized in any way, but in this case, on the basis of sexuality, has adverse effects on a person’s health (Moore 2019).

Along these lines, the study found that familial and religious trauma related to homonegativity shaped their sexual identity as kids and into adulthood, which led them to eventually distance themselves from their home and religious base (Moore 2019). These findings support, as it relates to this study, the idea that religious centers are vital in BMSMs' security in their sexual identity if a given BMSM attends religious services. Furthermore, though, this study makes a connection that reveals how a sex education curriculum that is implicitly or explicitly influenced by Christianity would be fundamentally challenging for BMSM to acquiesce to (Moore 2019). If BMSM experience a disconnect with the religious organization itself, then, surely, derivatives of that religion would also present a disconnect for BMSM.

Another study found that homonegativity stemming from religious or familial bonds can also be contributing to how much sexual health education BMSM receive, especially as it relates to preexposure prophylaxis (PrEP). As homonegativity may hinder sexual identity formation in BMSM, some BMSM may not actually identify as a part of the LGBTQ+ community. This particular study cites BMSM who may identify as straight but "down low," for example (Harris 2001). Again, rooted in stigma and homophobia, this homonegativity that causes a disruption in sexual identity formation could lead BMSM who don't identify with the LGBTQ+ community to avoid HIV/AIDS education, eventually contributing to HIV rates due to a lack of knowledge on how to prevent the virus and the risk factors in sexual behavior (Harris 2001).

Upon the disconnect BMSM feel in their religious and home bases, the study found that BMSM were led to seek support outside of a home or religious base. And while the study found that seeking help from outside sources eventually led BMSM to more sexual health and HIV education or more acceptance of their HIV status, their ultimate findings did outline that to help

HIV rates in BMSM in Atlanta, to help this phenomenon, efforts should be put into youth, family, and churches to avoid these homonegative experiences. This supports that church plays a vital role in HIV prevention, and when that institution creates a rift with BMSM, the consequences are serious.

The dilemma of the Black Church's commitment to southern, Anglo-Christian purity and respectability is the foundation for the disconnect between BMSM and the Black Church. Previous studies done on the relationship between the Black Church and BMSM support that the Black Church could actually be pivotal in HIV prevention and treatment. Even further, a 2018 study found that the Black Church is vital and necessary to HIV prevention in BMSM. As the church stands as a pillar of many communities, presently and historically, it is also a major part of the community outreach that is so important in HIV prevention. So, as an entity that can have such a potentially large positive impact on HIV prevention, the researchers explored how community stakeholders described the involvement of Black churches in HIV "continuum of care" (Pingel 2018).

The researchers found that homonegative stigma in the pulpit led to BMSM feeling isolated in their own religious spaces. It created a fundamental mistrust between BMSM and the Black Church in a way that essentially excommunicated BMSM from the resources the Black Church could offer as it relates to health care. That mistrust went both ways, as the study also highlighted a fundamental mistrust the Black Church had with secular organizations that contributed to HIV prevention in the community. Again, these organizations were the antithesis to the Anglo-Christian purity the Black Church was upholding loyalty to. This rift between BMSM and the Black Church based on homonegativity and Anglo-Christian purity circles back to the aforementioned theory of Minority Stress. Here, the theory can be used to describe how

the Black Church's marginalization of BMSM quite directly had negative impact on their health as they were denied the community resource that the church could have been, whether on a personal level or a community resource level.

Communal support from the Black Church is just one of the factors that influenced the way HIV disproportionately affected BMSM in Atlanta. Even as medical advances have grown to help the fight against HIV, more intersectional barriers, such as socioeconomic status and geographical location began to impact BMSM's HIV rates.

## **2.3 Christianity's Influence on Sex Education in Atlanta**

### ***2.3.1 Sex Education Curriculum in Georgia***

Sex education curriculum across the US varies from state to state, city to city, and even county to county. The standards may differ as it relates to HIV education requirements, whether or not the sex education is required to be medically accurate or age appropriate, and whether or not sex education is mandated in any capacity. With every state having different requirements for what counts as comprehensive sex education, it was important to outline what standards the state of Georgia have for sex education.

The Guttmacher Institute is a research and policy organization whose mission is to advance sexual and reproductive health and rights worldwide. According to the Institute, sex education, including HIV education, is mandated in Georgia, however, parents are required to be notified about the sex education course starting, and they have the option to opt their child out. Even further, sex education is not required to be medically accurate in Georgia. It's also not required to be culturally unbiased, and there are no restrictions against promoting religion in sex education. Georgia sex education policy also actively promotes abstinence until marriage, but they there is no requirement to educate students about sexual decision-making, consent, or

healthy relationships. More specifically, when covering HIV education, there is no requirement to mention proper condom use, but there is a requirement to mention abstinence.

While these requirements and lack thereof out of context could possibly be benign lapses of judgement in the curriculum, in the context of the South, it leaves room for students who do not fit into the parameters of Christianity are left particularly unprepared for a safe sex life in adulthood.

### ***2.3.2 The Problem with Religion in Sex Education***

The literature aforementioned outlines how BMSM have a complicated and often isolated relationship with Christianity. The perceived level of homonegativity embedded within the foundation of Christianity, derived from Anglo-Christian purity, has a major impact on BMSMs' sexual identity formation and their religious identity salience. Even more than that, though, as homonegativity begins to bleed into other arenas of life, such as school, there is still a disconnect created with BMSM.

A 2015 study explored "school-centered strategies for connecting YMSM to health services by describing their willingness, perceived safety and experiences in talking to school staff about sexual health" (Rasberry 2015). The study researched what figures in school young men who have sex with men (YMSM) feel comfortable sharing details related to their sexual health and their attractions to the same sex. While the researchers found that YMSM were most comfortable talking to the school nurse, they also found that the students were only comfortable talking to the nurses about their sexual health, not their attractions to other boys (Rasberry 2015). This is because of a perceived attitude or uncertainty of how the nurse feels about the LGBTQ+ community, recalling, again, the effect of homonegativity seeping into another arena of life. What this study shows is that YMSM are already untrusting of sex educators, whose work has no

guarantee that it will not have direct influences of Christianity, and YMSM still do not completely trust nurses based off of even the assumption that they may harbor some homonegativity (Rasberry 2015). An implication of this study is that perceived support YMSM get from a nurse as it relates to their sexuality heavily influences how open they are to discussing their sexuality and sexual health related to it.

This dynamic brings full circle the dilemma of Christianity in sex education. Because of the lack of restriction against religiously-influenced sex education in Georgia, the YMSM are untrusting of the sex educators whose work is based on a religion that the literature in this review has outlined has been fundamentally opposed to BMSMs' intersectional identities. Then, even with adults outside of sex educators, such as school nurses or community leaders, while YMSM may be more open about their sexual health, they will still most likely hold back information related to their attractions to the same sex, meaning that they will not receive much needed sexual health education or resources, effectively proving the effects of Minority Stress Theory.

### ***2.3.3 Misinformation About Comprehensive Sex Education***

A report by the People For the American Way Foundation explored the issues behind what they describe as the “religious right’s” impact on sexual education. The 1996 report explored the already then 30-year-old controversy of sex education in K-12 schools. The report was published at a time of raising HIV/AIDS rates amongst young adults in the U.S. After opposing comprehensive sex education through relatively direct means that were more or less unsuccessful at the time, the report suggests that religiously conservative Christian groups began to “develop and market curricula that promotes sectarian beliefs and censor information on contraception and disease prevention” (PFAW.org 1996).

The report goes further to assert that these conservative Christian groups pushed the notion that comprehensive sex education did not discuss abstinence and only teach children how to have sex. On the contrary, the report states, by and large, the proposed comprehensive sex education curricula presented at that time not only discussed abstinence, but it emphasized it as the only way to fully protect oneself against STIs and unwanted pregnancy (PFAW.org 1996). However, what the proposed comprehensive sex education curricula also included was instruction on how to have safe, protected sex practices for those who do choose to participate in sexual behavior before marriage.

The report also cited a report from the World Health Organization that found that abstinence-only, fear-based curricula implemented through the influence of conservative Christian groups was often based on evidence that had been discredited by the American Psychological Association (PFAW.org 1996). The evidence included claims that comprehensive sex education increased sexual experimentation and activity. However, the report from the People For the American Way asserted that comprehensive sex education actually led to young adults waiting longer to have sex and increased use of contraception in sexual activity (PFAW.org 1996).

## **2.4 Black Queer Theory**

The current study uses Black Queer Theory as a framework to explore the phenomenon of Christianity's influence over sex education in Atlanta, how BMSM experience that, and how that experience impacts their sexual decision health making in general, and especially as it relates to HIV.

Black Queer Theory is a theoretical approach in the field of Africana Studies and Queer Studies that the thought and behavior of the Black LGBTQ+ community (McDougal 2014).

Proponents of Black Queer Theory prioritize the historical, racial, and cultural experiences of the Black LGBTQ+ community in their approach to research and believe that Black and Queer individuals' specific experiences through the intersection of their identity necessitate a unique and specific perspective that is related to but still distinct from a theory that only recognizes one aspect of their identity (McDougal 2014). The theory is most appropriate for this study, as it is also operationalized in scholarship to challenge and change heteronormative hegemonic systems in our society (such as Anglo-Christian doctrine). The theory also is used as ardent opposition to hegemonic norms that neglect to acknowledge and honor the specific intersectional experience of the Black LGBTQ+ community (McDougal 2017). In this way, the theoretical framework is also most appropriate for this study, as it rejects the historical context given in the Literature Review of this study that explains how institutions, such as Christianity in general and the Black Church specifically, can fail to fully recognize and embrace individuals for the entirety of their identities.

In this study, Black Queer Theory is operationalized as a theoretical framework by serving as a lens through which to understand how race and sexuality intersect with religion and geographical location to impact how BMSM think and feel about Christianity and Christian-influenced sex education, as well as how those thoughts and feelings impact their behaviors as it relates to sex and sexual health decision making. Furthermore, it is operationalized as a tool of critique to support the assertion that Christian-influenced sex education is potentially fundamentally harmful to BMSM.

## **2.5 Summary**

This literature review positions the aims of this study in the larger problem in the phenomenon of Christian-influenced sex education. As the Bible Belt of the American South formed, Atlanta, GA, like the rest of the South, molded itself under the Anglo-Christian

hegemony. As the intersection of race was introduced, though, the Black community formed the Black Church, which became a major pillar in the Black community, offering spiritual guidance, religious community, and social services, including public health resources. However, as the intersection of sexuality further complicated the Christian experience in Atlanta, the Black Church clung to the respectability of an Anglo-Christian hegemony that outlawed “sexual deviance,” BMSM found themselves isolated and rejected by the Black Church.

This rejection leads back to a fundamental disconnect between BMSM and the Anglo-Christian hegemony that, from the start, was not built to accommodate their racial or sexual identity. However, sex education policy in Georgia seems to intersect implicitly and explicitly with the moral standards of this same religious hegemony that was fundamentally unfit for BMSM. It is these policies and their perceived alignment with Christianity that this study will explore from the perspective of BMSM and their relationship to HIV.

### 3 METHODOLOGY

This chapter will outline the research methods I took to conduct this study, including how and why the location, sample selection, design type, data collection method, and data analysis method were chosen. The chapter will also outline the researcher's positionality to the research topic and explain the reliability and validity of the study.

#### 3.1 Research Questions

1. How has the perceived influence of Christian doctrine in sex education impacted the sexual decision making of BMSM in Atlanta, GA in adulthood?
2. How has the intersection of Christian doctrine and sex education influenced BMSM's knowledge of HIV and sexual HIV risk behaviors in Atlanta, GA?

#### 3.2 Research Positionality

I openly identify as a BMSM who grew up in the Black Church, and I now reside in Atlanta, GA, so I have an intimate relationship with my sample population and the topics within this thesis.

As a transplant in Atlanta, I was struck when I moved to the city by the depth of history that intersects between the Black population and religion and sexuality within the Black population. In particular, as I considered the historic work throughout the Civil Rights Movement, which the Black Church often facilitated in some capacity, I was particularly struck by the perceived disconnect I found between the Black Church and BMSM.

As it relates to HIV, as a BMSM living in a city with such disproportionate rates of HIV, I have navigated HIV in my personal life and have seen how much of those disproportionate rates are influenced by lack of sex education.

Because of my positionality within this research, I will be vigilant about the potential for bias within my work. I will be intentional about addressing my own personal grievances as to properly frame the thought this research was designed around. I have a personal investment in this research, and I personally support the groups I will interact with for this research. These are major concerns for reliability, so I will be on a constant journey to reconcile what I will be researching, how I feel about it personally, and my academic integrity.

This research will be an infuriating, sad, heartwarming, and challenging journey. It will make me practice actively managing my bias as to create the most reliable, accurate, and fair representation of my research from start to finish.

### **3.3 Location Selection**

Requests for participation for this work will be extended to strategic locations that would target BMSM within my target age group. For locations that targeted BMSM in college, I will post recruitment forms in the Georgia State University Multicultural Center, Africana Studies Department, and Student Health Clinic. For locations that were targeted BMSM outside of the traditional college age, I will post virtual accounts on social media applications targeted toward gay men, including Grindr and Jack'd. I will also reach out to LGBTQ+ affirming Christian spaces on and off Georgia State University's campus, as well as LGBTQ+ affirming community centers.

### **3.4 Informed Consent**

Participants will receive the Informed Consent form through email prior to conducting the interview. They will also have the opportunity to ask any further questions they have about the study and the questions they are required to answer. Once the form is signed, I will keep a copy of the form for my records and send them a copy of the form as well for their own reference.

### **3.5 Sample Selection**

This study will sample roughly 10 BMSM between the ages of 18-30. Participants will be chosen with self-reported demographic questions. Only participants who attended high school and currently reside in Atlanta, have identified as Christian at some point in life, identify as a Black, have sex with men, and identify as a man (of any experience) between the ages of 18-30 will be considered. The sample was chosen based off of factors including the most common age group found in new HIV diagnoses (25-29), as well as the age group where sexual health efficacy would be most closely connected (temporally) to K-12 sex education, which is roughly between 18-22. The sample was also chosen to be confined to Atlanta for the purposes of consistency and reliability. The participants will be compensated with \$25 distributed through a virtual finance application of their choice (i.e. Zelle, CashApp, Paypal, etc.). As some of the questions in the study are potentially sensitive, personal subjects, the participants have the option of skipping questions that may be emotionally compromising to answer.

### **3.6 Design Type**

My main focus in this research is to prioritize the lived experiences of my participants with the impact of Christianity's influence on sex education in Atlanta. I see a major strength in the phenomenological approach for this research, where I can highlight a group's experiences as a means to describe the overall essence of the effects of Christianity on sex education in Atlanta, and therefore, HIV rates in BMSM in the city (Creswell 2017). Diving into the experience of the phenomenon of Christianity in Atlanta is exactly what will paint the picture I need to contribute to my research, and that is why I am choosing this approach for my work.

The phenomenological approach to research is most appropriate for this study as it allows me to focus on the lived experiences of a group of people (BMSM in Atlanta) with the

phenomenon of Christian-influenced sex education in Atlanta (Creswell 2017). The approach helps to create a general picture of the essence of the issue as well as what the participants experienced and how they experienced it (Creswell 2017). Especially holding in mind the historic minimization of Black Queer voices in the field of Africana Studies, the main benefit I see in the phenomenological approach is the attention to a collective voice of this demographic that allows me to center BMSMs' lived experiences and use them to draw conclusions about how this phenomenon creates tangible consequences for the demographic.

As a phenomenological study, I use Black Queer Theory as the theoretical framework, as it best lends itself to considering and analyzing how BMSMs' intersecting identities lead them to think and feel about the phenomenon of Christian-influenced sex education, as well as the behaviors that result from those thoughts and feelings.

### **3.7 Data Collection**

For the phenomenological approach I chose for this research, I will be interested in getting spoken accounts from my participants about their experience with the phenomenon of Christianity's influence on sex education and how that sex education impacted their sexual health efficacy as it relates to HIV.

The interviews will be conducted virtually through Zoom or by phone for the sake of accessibility. I will record the interviews both on my phone and on a digital recorder to avoid losing any audio data from my interviews. I will also take detailed notes during the interviews. The interview will then be transcribed and then coded to organize the data into themes and trends.

As the questions broach potentially sensitive and triggering topics, I did have to evaluate the emotional risks of the questions at hand. I will supply my participants with resources that

would be helpful for emotional distress related to HIV, religion, race, and sexuality. These resources will include phone numbers, locations, and other contact information for community support groups, support hotlines, and health clinics. The interviews will last roughly 60 minutes.

The participants will be fully informed on the purpose and aims of this study in an effort to give them full transparency and fairness in deciding if they want to participate or not. They will have a detailed description of the aims of the study as well as the potentially triggering topics covered, including racial and religious trauma. Participants will receive an email with the Informed Consent Form PDF prior to the interview, and they will be required to sign the form virtually and return the signed form through email before we begin the interview. All of the participants will be emailed the Informed Consent form and given the option to get in contact with me personally via email or phone to further discuss the details of the study and their participation before agreeing to be a part of the study. They will also be given the resources necessary to further investigate the validity and academic integrity of the study through Georgia State University and the IRB. All participants will also receive a copy of the signed and dated consent form for their records.

The personal information collected for this study includes only the participants' contact information, which may be phone number, email, or Zoom information, depending on how each participant chooses to conduct the interview. I will assign each participant a number based on the order in which they agree to participate to keep track of their contact information in order to avoid connecting their real name to any of the data I collect. When I report the data, they will be given pseudonyms. I will encrypt the file I use to log that information, and the information will be deleted when the study is completed. The audio and transcription of the interviews will be password protected on my personal computer, which no one else has access to. The password is

only known by me. The file the audio is stored in will also be password protected. No information will be stored in the cloud. Any of the encrypted identifying information will not be published.

During the interview, I will remind the participants to avoid disclosing any identifying information in the interview. However, if they do happen to disclose any personal information, for the sake of avoiding risk, I will edit the audio to remove that information. For example, if they mention their name, I would take that out, and the rest of the audio will not be effected.

### **3.8 Data Analysis**

Coding will occur in two cycles for this study. The first cycle is on a more micro scale that is focused on raw data. The second cycle is on a more macro scale that focuses on finding trends to draw larger conceptual conclusions.

My focus for this research is to hear the lived experiences from my participants as it relates to Christianity's influence on K-12 sex education in Atlanta and how that now impacts their knowledge and sexual health behaviors related to HIV. I want to gauge if the sex education my participants received makes them feel efficacious, comfortable, knowledgeable, or prepared to advocate for themselves in sexual situations. Therefore, I decided to use the Emotion Coding method. Secondly, I also used Values Coding, which is used to analyze subjective human experiences. More specifically, Value Coding will help to analyze patterns of my participants' attitudes toward Christian-influenced sex education, as well as their beliefs in what was taught to them. Values coding will also help to evaluate participants' beliefs that influence their sexual health decision making.

Since my goal is to find common experiences between my participants, which will hopefully lead me to some conclusions about how BMSM feel and experience the phenomenon

of Christianity influencing K-12 sex education. Therefore, for my second phase of coding, used to analyze findings from the first cycle of coding, I will use Pattern Coding, which helps to find similar experiences amongst participants to eventually make an assertion that addresses my hypothesis.

### **3.9 Trustworthiness**

There are multiple measures I will take in this study to ensure reliability and validity, considering my positionality to the work and the potential sensitivity to the topics that will be discussed. Firstly, addressing my own biases will be important to the reliability of this work because disclosing such will allow me as a researcher to give my readers context into how I will be navigating the topics discussed in this work. I will also use analytic memos during and after data collection to keep track of what reflections I have as I collect the data and after I analyze it. Analytic memos will allow me to trace if my own biases creep into my work and help me remove my own thinking and emotions from the data. It will also help me objectively surmise and analyze the major findings in my research.

As far as the participants are concerned, the participants will be invited to review the recordings of our interviews, as well as the transcriptions and coding.

The data collected will also be peer reviewed by reputable colleagues who will be compensated for their review with \$25. The reviewers will also agree to fact check any statistic information included in the interview process by sex educators and religious leaders. I will use two reviewers to begin, and in the case of any disagreements amongst my reviewers, I will also establish a third reviewer whose purpose will be to reconcile any disagreements between the first two reviewers if needed.

These measures ensure that none of the material reported in this study are fabricated, as the participants will be able to review how they responded and assess the accuracy with which it is reported.

### **3.10 Summary**

This methodology chapter presented the research questions of this study and how I intend to conduct the research. As an individual who fits into my sample population, BMSM between the ages of 18-30, I am aware of my own bias in the research and will take measures to mitigate that and ensure the validity and reliability of this work by allowing what I produce to be reviewed by both the participants and colleagues of mine. After recruiting participants through flyers and social media, I will conduct an interview-based study with my participants. That data will then be analyzed using Emotion coding first, and then pattern coding. Through this phenomenological method, I hope to better trace BMSMs' experience with Christianity's influence on sex education in Atlanta and how it impacts HIV in that demographic.

## 4 FINDINGS

### 4.1 Research Interest and Background

The purpose of this study was to explore BMSM's experience with how they have perceived Christianity's influence on sex education curriculum in Atlanta, GA and how that has possibly impacted their knowledge of HIV. As someone who is a part of my sample population, the intersection of race, religion, and sex education has been relevant to me on an academic and personal level since moving to Atlanta, and this research seemed necessary and timely to conduct. Also, as a journalist, I wanted to take a phenomenological approach to this research that highlighted BMSMs' personal experiences to humanize the research. The research questions I used were as follows:

- How has the perceived influence of Christianity on sex education impacted the sexual health decision making of BMSM in Atlanta, GA in adulthood?
- How has the intersection of Christian doctrine and sex education influenced BMSM's knowledge of HIV and HIV sexual risk behaviors in Atlanta, GA?

### 4.2 Black Queer Theory

To review and code my participants' responses, I relied on Black Queer Theory to pull out the most relevant responses and pick up on the more common emerging themes. Thinking with this framework, I especially noted responses where my participants were speaking specifically from the intersection of being queer and Black. For example, all of my participants were aware that living in a city like Atlanta impacts their experience with Christianity. To this point, Mike said, "The Black Church is ingrained into Atlanta's culture." However, they all also recognized that being Black was not enough to feel completely comfortable in these spaces. John spoke to how this causes Black queer men to create their own Christian spaces, saying, "There is a lot of

community within gay, Black Christians.” The theory helped me as I paid special attention to what nuance being Black and queer in the city of Atlanta, GA brought to that intersection of identities.

Black Queer Theory proved to be especially helpful in grounding my participants’ lived experiences with how they perceived a Christian influence in the sex education they received during K-12. Focusing on the intersection of my participants’ identities allowed me to reveal common emotions that each participant experienced. For example, in response to how comfortable he felt discussing his sexuality with a Black religious leader, Mike said, “Not comfortable at all.” In response to his experience as a BMSM growing up in Christian spaces, John said, “I definitely did not feel accepted.” My participants were very clear about the fact that they feel aware of how their race and sexuality are related in their lived experience. They also reported being aware that their race and sexuality were major factors in the sex education they received, how knowledgeable they are about HIV, and how they navigate their sex life in relation to HIV today.

### **4.3 The Participants**

Three BMSM in Atlanta participated in this study. The participants were all between the ages of 26 and 27. All of the participants were also Black and identified as a BMSM. All three of the participants also had similar relationships with the church growing up, attending services regularly (at least once a week). Mike and Will specifically mentioned growing up in the Baptist church. None of the participants chose to skip any questions, and none of them seemed particularly triggered by any of the questions.

Mike was particular in the sense his mother was a nurse who made it a point to teach the participant about STI’s relatively early in life. Even with that experience, though, the participant

still felt like there were aspects of sex education that he was unsure of. Also, this participant is currently enrolled in an Africana Studies-based degree program, which I had presumed would lend to strong thoughts surrounding more race-based questions. He was unique in being enrolled in a program like that, and he did have a particular perspective in his answers that seemed informed by the history of the Black church.

Will was particular in that his father was his paster growing up. He remembered having a very strict relationship with church. He and his family not only attended church practically every Sunday, the participant also mentioned memories of having to dress up for church and speak in certain ways to show a level of respect and decorum in church settings. Also, Will had a professional background in the sexual health field. Through his responses, it was clear to me that a lot of his background knowledge he used to answer the questions came from that professional experience.

John also grew up in the church very heavily. This particular participant was also the son of an immigrant from an African country. Naturally, this added some nuance to his perspective. John also described receiving sex education in a high school with a particularly high Jewish and Hindu student population, which he felt heavily complicated his experience with sex education on top of the idea of Christianity.

#### **4.4 Data Presentation**

Table 1 below organizes three of the most relevant responses from each participant as it relates to both of the research questions. The table also shows the major themes I gleaned from the responses included in the table, as well as the rest of the interview responses. I looked for three major themes emerging in reference to both research questions and made note of the common themes between the questions as well.

*Table 1 - Participant Responses*

Research Questions	Relevant Response Excerpts	Emerging Themes
<p>How has the perceived influence of Christianity on sex education impacted the sexual health decision making of BMSM in Atlanta, GA in adulthood?</p>	<p>Mike – “Didn’t have the information I needed.”</p> <p>“There should be inclusive education.”</p> <p>Will – “Heteronormative perspective.” ”The lack of information was dangerous.”</p> <p>John – “...doesn’t make me feel good.” “I feel unprepared.”</p>	<p>Unprepared</p> <p>Lack of information</p> <p>Shame</p> <p>Lack of support</p> <p>Ineffectiveness</p>
<p>How has the intersection of Christian doctrine and sex education influenced BMSM’s knowledge of HIV and HIV sexual risk behaviors in Atlanta, GA?</p>	<p>Mike – “...queerness is wrong.” “(HIV) isn’t talked about.”</p> <p>Will – “HIV was inevitable.”</p> <p>“...so much I didn’t know.”</p> <p>John – “The hate gay men receive in Christianity.”</p> <p>“Black people, historically, have not gotten the best education.”</p>	<p>Anxiousness</p> <p>Lack of information</p> <p>Ineffectiveness</p> <p>Stigma</p> <p>Unprepared</p>

## **4.5 Emerging Themes**

After analyzing the interviews and coding the responses, there were major themes that seemed to emerge: discomfort, lack of information, and ineffectiveness.

### ***4.5.1 Discomfort***

As it relates to the theme of discomfort, my participants all reported some level of fear of isolation or rejection as it relates to their sexuality. None of my participants felt comfortable discussing their sexuality with any religious leader in their life. My participants all reported some level of worry about the threat of verbal, emotional, or even physical abuse. Mike suffered verbal abuse from his uncle, after he came out about his sexuality. He reported his uncle asking, “Are you going to be a man of God, or a man of alternative lifestyle?” Will realized that his father, who was also his pastor, simply refused to address the matter. John reported that he feared actual physical violence after seeing other BMSM in his family suffer violence in the past.

My participants also all felt as though the sex education curriculum (and in some ways, the people teaching it) was so devoid of inclusivity that there was a silent implication that nonheteronormative sex education was not an option to discuss. This issue created more discomfort that made my participants feel out of place within their sex education classes, and it created another barrier to proper sex education as it deterred them from asking the relevant questions needed to get a better understanding of whatever information was presented to them.

### ***4.5.2 Lack of Information***

For the lack of information, all of my participants reported feeling as though they received a scarce amount of sex education in general, and they all reported that none of the sex education they received in K-12 related to BMSM. I also noticed that only one out of my three participants, Will, knew the four bodily fluids that have the potential to carry HIV, and that

participant was also the only one who reported a majority of his sex education coming from professional ventures in the sexual health field. John reported that even the language the person who taught him sex education was noticeably scientifically inaccurate and that the person teaching him was actually his physical education teacher, who he felt had no real expertise in sex education. John also reported that the bulk of the education he received in K-12 related to HIV came from an English teacher who just so happened to include a movie about the HIV Crisis in her class. Mike felt as though the bulk of his sex education came from his mother, who was a nurse. Unsurprisingly, none of the participants mentioned church being a source of sexual education.

These findings reveal a sobering truth that for these participants. If they relied only on what they learned in K-12, they would have been severely ignorant of even basic sexual health education. This leads into the third major theme: ineffectiveness.

#### ***4.5.3 Ineffectiveness***

Overall, the trend between my participants was that the sex education they received was simply not effective in preparing them to have sex as a BMSM, and surely in teaching them about HIV and how to protect themselves against it. From the start, all three participants were transparent about how much of their practical sex education, the sex education that they actively call on today in their sex lives, came from outside of school because of how incongruent the sex education curriculum they experienced was with their sexuality.

For one, all of the participants stated in some way the sentiment that it was clear that whoever decided on the sex education curriculum they received in school did not believe nonheteronormative sex was relevant enough to teach. John even mentioned, “It makes sense why (HIV) wouldn’t be represented (in sex education) because of the hate gay men receive in

Christianity,” further illustrating how displacing the perceived Christian-influence on sex education can be for BMSM. Fundamentally, heteronormative angle renders the sex education ineffective. Even further, though, the participants all felt like even the information they received was lacking and superficial. More than one participant mentioned wishing that there was more emphasis on even bodily functions and body parts, which is very concerning considering that these are basics that even heteronormative students would need. To that point, Mike said, “There needs to be more explanation about how the body works and what it does.” Will also felt like the lack of information about how gender identity may complicate what is relevant to learn in sex education. All three of the participants also reported the feeling that they did not actually retain much of what was taught to them in K-12 sex education because of how useless it was. Will said, “I took (his sex education teacher’s) limited amount of information as a lack of information,” and he deemed it unusable, ultimately forcing him to go find his own sex education resources.

## **4.6 Research Questions**

### ***4.6.1 Research Question 1***

As I coded my participants’ responses, I grounded my thinking in the research questions and Black Queer Theory. For the first research question, as I reviewed the responses, I paid particular attention to if each participant did in fact perceive a Christian influence on the sex education they received. I listened for if they noticed any implications or assumptions in their sex education experience, what specific aspects of their sex education experience led to that perception, and how that perception made them feel.

It became more and more clear as I reviewed the interviews that each participant did perceive a Christian influence on the sex education they received. Mike and Will in particular got that perception from how they felt what was taught in their sex education experience aligned

with what they had learned in the Bible. “There was an emphasis on procreation,” Mike explained. He said, “The undertones (in sex education) were that we were going to hell for being gay, even though no one said that. When asked what aspects of his sex education were influenced by Christianity, he said, “The lack of gender, sexuality, gender, and sexual expression.” They connected ideas like abstinence, monogamy, and the emphasis on procreation to the Bible, which they were both keenly aware of from their strong Christian upbringing.

Once I established that they did perceive a Christian influence and what gave them that perception, I also noticed common feelings amongst how that perception made each participant feel. Overall, the overarching emotion that emerged was a sense of discomfort and isolation. Will felt that BMSM were suffering these experiences because of the heteronormative framework from which his teachers taught, saying, “The conversations that need to be had aren’t being had because we teach from a heteronormative perspective.” This in turn negatively affected how likely they were to ask the questions in sex education that would be relevant to understanding healthy sexual practices as a BMSM.

And this leads me into their sexual health decision making as BMSMs in Atlanta. Realizing that their sex education experience did not prepare them as BMSM to have a safe sex life as adults, each participant reported having to seek a major amount of their sexual education from extra-academic sources. These included community resources such as sexual health clinics, which each participant reported was sorely lacking, as well as independent research. This was the first sexual health decision each BMSM made in their sex life following their experience in K-12 sex education. The participants were all left experiencing a strong feeling of being ill-prepared for a healthy sex life after K-12 sex education. Mike said, “I didn’t have the information I needed, so I started digging myself.” Will felt similarly, saying, “The lack of information I had

(on sex education) was dangerous.” It was an anxiety-inducing experience for them all, and this feeling was exacerbated by the HIV rates in Atlanta, GA, according to my participants. Will said, “I thought HIV was inevitable.” With that in mind, the sexual health decisions each participant reported all revolved around the desire to protect themselves from STIs in general, but especially HIV. This commonality between my participants may have an ultimately positive effect on my participants’ sex lives, but it still left them feeling somewhat abandoned and rejected by the professionals that were supposed to help them learn how to do that. To this effect, John said, “We’re not given the chance to be the healthiest we can be.”

#### ***4.6.2 Research Question 2***

For the second research question, I focused on what raw knowledge each participant had about HIV, which included points like how the virus is spread, commonly known protection measures against the virus, and the resources they had available to them to manage or protect themselves from HIV. Then, I also paid attention to how what they learned about HIV in Christian-influenced K-12 sex education impacted the decisions they make in situations where they may potentially be exposed to the virus.

Unfortunately, none of my participants remembered having a substantive education on HIV. John said, “(The sex education he received) wasn’t going to be as detailed because Black people, historically, have not gotten the best education in general.” They described different misconceptions they had about the virus and how it was spread and prevented. Will reported feeling like only BMSM who participated in unprotected anal sex were at a major risk for contracting the virus. “The lack of information I had (on sex education) was dangerous,” he said. Mike was unsure of what bodily fluids carried the virus and what PrEP was. Overall, Mike felt like, “(HIV) isn’t talked about until a big incident happens on social media.” This, again, left my

participants feeling unprepared, but it also contributed to their anxiety and fear around contracting the virus, particularly in the city of Atlanta.

Knowing that they had a major lack of information around HIV, each of my participants reported fearfully taking extra precautions to try to protect themselves from the virus. Will said, “I got tested more because it was so much I didn’t know.” This included condom usage and regular testing. However, again, two of the participants did not even know exactly what PrEP was, so they did not mention using this 99% effective medication in their sexual health decision making. I also noticed that shame and stigma played a part in their sexual health decision making, as much of the motivation for protecting themselves so heavily against the virus was rooted in a fear of judgement and falling into a stereotype.

## **4.7 Relevant Responses**

### ***4.7.1 Mike’s Responses***

My participants gave very significant responses to most of my questions. For Mike, his answers very clearly were heavily impacted by his experience growing up in the Black church as well as what he learns in his graduate program currently. His responses, in general, were often grounded in history and an understanding of Black Theology. Mike’s responses were also particularly community-based. “People aren’t going to get the support they need,” he said. He was especially concerned about how the lack of inclusive sex education would impact how much support the Black community receives in sexual health. Mike said, “There should be inclusive education about how to have different kinds of sex safely.” He was very adamant about the parallels he saw in sex education and what he learned in church, and he was clearly burdened by the lack of relevant information he received in his sex education experience. He felt his sex education was ineffective, and he felt unprepared, which led to an anxiety that pushed him to do

personal research to protect himself. He also recognized the stigma in sex education that painted HIV as a “queer issue”.

#### ***4.7.2 Will's Responses***

Will also felt a concerning sense that his sex education experience left him with a major lack of information on how to navigate sexual health as a BMSM, especially related to HIV. “I wasn’t very confident (in navigating HIV),” he said. His responses were surely informed by his experience working in the sexual health field. For example, he felt strongly that the conversations he knows are vital to teaching BMSM sex education that was actually effective were not being had in his K-12 sex education. And he is concerned that children now are having the same experience, and he has experienced the results of that firsthand in his profession. Will’s responses were also seeped in anxiety, fear, and stigma. He felt as though there was no way to avoid HIV as a BMSM, and he knew that his ineffective sex education contributed to that.

#### ***4.7.3 John's Responses***

John perceived the same sense of being unprepared to protect himself that the other two participants felt. John’s responses also revolved around a stark sense of shame and stigma related to how people treated BMSM in Christian and sexual health spaces. He said, “It doesn’t make me feel good about being a BMSM.” John reported feeling left out of the conversation and ignored in sexual health spaces. He also reported feeling as though this is the way Christian institutions would have it, given the historically contentious history between BMSM and the Black church detailed in the Literature Review of this study. John also reported that the implications he perceived through sex education had a negative impact on his self-confidence as it relates to his sexuality. This sense of shame has also contributed to how strongly he feels about safe sex and lowering his risk for HIV whenever possible.

#### **4.8 Summary**

Overall, this chapter detailed the responses from each participant and how they fit into the research questions driving this study. Using Black Queer Theory, I was able to learn how the intersection of race and sexuality impacted my participants' sex education experiences and how that has impacted their knowledge of HIV and how they navigate it in their own sex lives. I used the theory while I coded to zero in on responses that would not be effectively understood or contextualized without viewing them through the lens of race and sexuality. With Black Queer Theory, I was also better able to identify the most appropriate responses to highlight, which also yielded the strongest common themes amongst my participants. From there, I was also able to pull out the major theme amongst their responses.

## 5 DISCUSSION AND RECOMMENDATIONS

### 5.1 Discussion

My findings were very revealing. Words that kept reoccurring were “uncomfortable” and “unprepared”. Common sentiments were feeling stigmatized and isolated. In particular, there was a collective longing for a more communal sense of support and assistance for the Black Church and sex educators. There was also a common understanding that Atlanta does have a strong Christian presence that permeates more than just the religious centers around town. The participants also realized that living in Atlanta as a BMSM offers a very particular experience as it relates to sex and sexual decision making.

#### *5.1.1 Lack of Support from the Black Church*

Specifically, as it relates to my participants’ experience in the Black Church, there was a clear desire for the church to stand as a resource for not only sex education and sexual health, but also for healthcare in general. My participants’ experience with the church was such that they felt as though it had nothing to offer them from a communal standpoint, and that aligns with previous literature around this topic, specifically Pingel’s work discussed in the Literature Review, which describes the integral role the Black Church has in helping in the fight against HIV. Pingel explains that because of the Black Church’s strong history as a source of health care support in Black communities, their impact could be potentially huge in helping to treat or prevent HIV, but their complicated history with Anglo-Christian doctrine complicates that. Whether on a basic level of expressing their sexuality and having a guide to help them navigate it in a Christian space, or on a more complex level, where the church could be a source of information or affordable care connections, my participants felt like the church fell short in their experience. I also noticed that there was a sense of fear that was associated with the church for my

participants. Mike felt ostracized by his uncle. Will felt pressured by his father and pastor, and John feared actual violence. Again, this aligns with the information I detail in the Literature Review, as Pingel also explained how homonegativity influenced by the Black Church's historical obligation to respectability in the eyes of the white church that swept the Bible Belt eventually leads to fear and isolation for BMSM.

This fear and isolation hinders to what extent they can trust the church to be a resource. My participants were also in line with Harris's work, considering that they all decided to part from the church in adulthood. Just as my participants described, as BMSM feel more and more displaced from the Black Church and feel as though that institution is not a viable resource for sexual health, they seek it elsewhere, which is exactly what my participants have done in adulthood after leaving the church.

### ***5.1.2 Lack of Proper HIV Education***

There was also a chilling lack of proper HIV education that was clear in my participants' experiences with sex education. Not only did none of them receive HIV education from a sex educator, only one of them even knew the body fluids carried the virus, and that participant's knowledge came from his professional experience. This could call back to The Guttmacher Institute's report explained in the Literature Review, which explains that in Georgia, while HIV education is mandated, it is not mandated that the education is medically accurate. This alludes to John's experience of feeling as though his sex educator was not actually knowledgeable enough to give him a proper sex education, or Will's point about assuming his teacher's limited information was due to the teacher's lack of information on sexual health. Even further, the participants felt like there was a clear stigma implicated in how HIV was treated in their experience. The participants all mentioned that one layer of the lack of information they had on

HIV was due to a perceived disparity between the general health education Black students, particularly in lower income neighborhoods, receive. Another layer of that the participants perceived was the implication that HIV is a “gay issue,” and therefore not important enough to teach. This take on teaching HIV could also hint at the Guttmacher’s report on Georgia’s sex education requirements, which does not outlaw culturally or religiously biased information. So, as my participants reported experiencing a feeling of stigma against them, if their teachers actually did hold a personal stigma against BMSM or people living with HIV, that is all the reason those teachers need to justify the choice not to teach about the virus, legally. This also speaks to Raspberry’s research, which found that even just the assumption of homonegativity is enough for YMSM to withhold trust even from health professionals like a school nurse. The implication of Raspberry’s study also suggested that the same effect occurs when a student assumes homonegativity in a sex educator. The gap of HIV instruction in my participants’ sex education experience left them feeling like they started their sex life in a deficit as it relates to how to protect themselves. All of the participants reported seeking HIV information somewhere outside of their sex education experience at school, creating more barriers to sexual health and leaving more room for potentially risky situations. Of course, again, the fact that church, a place in which all of my participants spent a large amount of time, could not be one of those resources outside of their sex education experience.

### ***5.1.3 Racial Implications***

Racially, it was clear from the start of each interview, again, that the participants perceived greatly that the sex education they received would have been better at a higher income school with more white students. This is an experience that pushes the information described in the Literature Review further and even more so depicts how the intersection of race complicates

the experience of BMSM in Christian spaces and often completely displaces BMSM from those spaces altogether. In the Literature Review, I explain that, according to Newman, as Christianity became more intertwined with whiteness in Atlanta, not only were they trying to maintain a Christian purity, but also a racial purity. My participants are suggesting that even past that, economics may also play a role in the quality of sex education BMSM receive.

As stated previously in this study, HIV rates specifically amongst BMSM are sky high, and all of my participants were aware that their risk for HIV, based on the statistics, were high. But even more concerningly, they also felt as though their race was a major contributor to that. This particular point plagued me because the idea of restructuring sex education to be more inclusive to BMSM or to teach more about the basics of HIV seems achievable to me through policy. What my participants were described perceiving, however, was an implicit, systemic bias that they believed cheapened the sex education, as well as the health education, altogether.

#### ***5.1.4 The Impact of Living in Atlanta***

Atlanta also played a role in my participants' experience with how they navigated sex overall. The participants surely gave lived experiences that depict how the formation of the Black Church in Atlanta and its ties to Anglo-Christian doctrine fundamentally do not accommodate BMSM in Atlanta, which supports the information described in Newman and Moslener's work in the Literature Review. They were clear about how strong the intersection of race, sexuality, and religion are in Atlanta. The participants mentioned the plentiful amount of churches throughout the city, and Mike even mentioned that not only was Christianity a part of the DNA of Atlanta but that Christianity is also tied to Blackness around the city, given the history of the Black Church. He cited experiences like hearing gospel music in secular spaces. Will mentioned being asked about his church home in multiple professional settings.

In relation to sexual decision making, my participants felt like the high population of BMSM in Atlanta made for a more sexually liberating experience relative to other places with varying demographics as far as race and sexuality go. However, it was also clear that sex for my participants came with a certain degree of apprehension given the HIV rates in the city. John in particular mentioned that living in Atlanta makes him take more extensive precautions with sex than he would in a place with lower HIV rates. This is maybe the most direct example of how stigma and fear surrounding BMSM's HIV rates in Atlanta discussed in the Literature Review have a real impact on BMSM in their sexual health decision making as it relates to HIV.

## **5.2 Limitations**

There were limitations of this study that are worth addressing. Firstly, it only includes three participants. Due to financial and time restraints, I had to compromise the benefits of having a larger, more robust collection of experiences. Ethically, I believe in paying my participants, given the potentially deeply personal information they were open to sharing for the betterment of BMSM. Therefore, I had to somewhat manage the amount of people that participated according to what I could afford at that time. The major limitation this lack of participants causes is in the study's generalizability. These are three BMSM with very similar background experiences with Christianity, Atlanta, and sex education. Having a fuller list of participants would have opened the possibility of more varied, and possibly, more concerning themes emerging.

Along the same lines of not having enough participants, I also had participants all born within a year of each other. My participants were all from the ages of 26-27. While this does add some consistency to my findings, it also limits them with the lack of experiences I had the potential to collect. Sex education curriculum can change from year to year. If I was able to get

more participants from a wider age range, I could have left the opportunity for further study into how sex education curriculum has evolved for BMSM in Atlanta, GA over a period of time.

I noted that none of my participants reported still regularly attending church services as well. In fact, two of my participants reported intentionally avoiding Christian spaces. Having participants that still attended church and identified as a relatively more devout Christian may have impacted the emerging themes from the responses, specifically in relation to questions about how Christianity influences their sexual health decision making today. More active Christian participants would have also further complicated the question of how BMSM fit into Christianity detailed in the Literature Review.

Another limitation of this study is in the lack of personal background information I collected from each participant. When I began the study, I knew that the information I needed to collect was very personal and potentially triggering for my participants. Therefore, I wanted to make sure that I did not compromise my participants' identities to avoid any potential shame or embarrassment. Having more background information about details such as how they supplemented their lack of sex education, if they received sex education from an official sex educator or just another teacher at the school, if their parents personally taught them sex education – this type of information could have been very useful in considering why each participant answered the way they did. Having certain background experiences could have caused a participant to answer each question from a certain angle or with a focus on a particular overarching theme.

I also wish I would have included a question about how integral community resource based sex education was in their knowledge of HIV and how to protect themselves from it. That would have helped me better situate my findings within the existing literature, which emphasizes

a general longing BMSM have for more sources of support in their own neighborhoods, not just in school. An example of these community resources would be The Black Church or a community recreation center.

Finally, I did not ask about when each participant received the bulk of their sex education. As a BMSM from North Carolina, I received a heavy and thorough amount of sex education in middle school from a specialized sex educator that only came in for a limited number of consecutive weeks each year. She was also a Black woman whose daughter was good friends with my older sister. So, she was surely considered a part of my community to me. That is very different from the experiences I heard from my participants who received sex education in Atlanta, GA. When they received sex education could affect how well they remember the experience and impact aspects of the study, such as consistency.

### **5.3 Recommendations for Future Study**

What this study suggests is that the Christian influences on sex education that fosters curriculum that encourages only heteronormative sexual behavior and abstinence almost inherently negatively affect BMSM's knowledge of HIV. Considering the history of HIV discussed in the Literature Review, the heteronormativity that a Christian-influenced sex education curriculum prioritizes, along with the idea that HIV is generally an issue most pressing to BMSM in Atlanta, creates the idea that HIV is somehow not important enough to fully emphasize in sex education in Atlanta. Essentially, Christian-influenced sex education curriculum in Atlanta paints HIV as a LGBTQ+ issue exclusively. Even further, even if BMSMs wanted to seek help dealing with or protecting themselves against HIV, if the BMSM attends a Black church, he also cannot seek assistance there, as again, it falls out of the heteronormative parameters.

For future studies, I would suggest that researchers focus on further demonstrating the way in which Christian doctrine seeps into sex education curriculum. As I see it, sex education cannot be one size fits all. As the world grows and evolves and generations become more sexually liberated to explore themselves in whatever they see fit, it is important that researchers interested in working at this intersection focus on what a world with truly inclusive sex education looks like. While HIV may not necessarily be the “death sentence” the world knew it to be decades ago, what I do fear is still a death sentence is shame, ridicule, and isolation. And that is what I have found to be lying behind BMSM receiving a Christian-influenced sex education.

In the Bible Belt of the American South, the issue explored in the study is only a symptom of the greater problem. When BMSM cannot trust their religious leaders, the people they should be able to go to for spiritual and personal guidance, and when they cannot discuss their own sexual development amongst sex education professionals like the rest of their peers, or even when they are diagnosed with a sexually transmitted infection of any variety – the torture of that is life-threatening. And as researchers move forward with this work, it is important to highlight the experiences of the Black LGBTQ+ community and reimagine how we navigate sexuality and sexual health from top to bottom, how we can make sure that religion of any kind is kept out of other spheres of our society, and how we can continue to fix issues that affect our community altogether, not just superficially.

#### **5.4 Summary**

In this last chapter, I discussed the bigger implications of my participants’ responses and how their lived experience fit into the larger picture of this work described in the Literature Review. Overall, my participants’ experiences further supported the existing literature around this work. The fundamentally eschewed relationship BMSM have with Christianity proved to be

an issue for my participants. And including Christian implications in sex education also led to my participants feeling isolated, which researchers described in the Literature Review. I also discussed what future research I think could be done around this multilayered research and the importance of expanding on work surrounding these issues.

## 6 CONCLUSION

Reflecting on this research, the takeaway that most sticks out to me is the potential to expand on this research and other research related to BMSM. In particular, there is huge potential for more research that focuses on BMSM's live experiences and how they feel about and respond to that. Starting this research, I was very intentional about wanting *people* to feel as seen as possible – not the numbers or statistics. As a BMSM, my experience thumbing through study after study in preparation for this research made me realize how stripped of my humanity I felt in academic spaces. There are so many studies that focus on quantifiable implications of the lived experiences of BMSM instead of the lived experiences themselves. Moving forward, I would like to do more work that tells the story behind the numbers that revolve around BMSM research. Historically, HIV research, understandably, has revolved around cell counts, rates, probability of transmission, etc. But with more research that highlights behavior, attitudes, and experiences, we can create a fuller, more humanistic culture around BMSM research and the Black LGBTQ+ community as a whole.

**REFERENCES**

*About HIV/AIDS | HIV Basics | HIV/AIDS | CDC.* (n.d.-a). Retrieved September 6, 2022, from

<https://www.cdc.gov/hiv/basics/whatishiv.html>

*About HIV/AIDS | HIV Basics | HIV/AIDS | CDC.* (n.d.-b).

<https://www.cdc.gov/hiv/basics/whatishiv.html>

AIDSVu. (n.d.). *Atlanta*. AIDSVu. Retrieved November 15, 2022, from [http://aidsvu.org/local-](http://aidsvu.org/local-data/united-states/south/georgia/atlanta/)

[data/united-states/south/georgia/atlanta/](http://aidsvu.org/local-data/united-states/south/georgia/atlanta/)

Boles, John B. (1996). *The Great Revival: Beginnings of the Bible Belt*. EbscoHost.

<https://galileo->

[gsu.primo.exlibrisgroup.com/permalink/01GALI\\_GSU/goifvo/alma9913722843002931](https://galileo-gsu.primo.exlibrisgroup.com/permalink/01GALI_GSU/goifvo/alma9913722843002931)

Catherine Rasberry. (n.d.). Communicating With School Nurses About Sexual Orientation and

Sexual Health: Perspectives of Teen Young Men Who Have Sex With Men—Catherine

N. Rasberry, Elana Morris, Catherine A. Lesesne, Elizabeth Kroupa, Pablo Topete, Lisa

H. Carver, Leah Robin, 2015. *The Journal of School Nursing*, 31(5). Retrieved December

7, 2022, from <https://journals.sagepub.com/doi/10.1177/1059840514557160>

Crenshaw, K. (n.d.). *Demarginalizing the Intersection of Race and Sex: A Black Feminist*

*Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics*. 31.

*Ending the HIV Epidemic in the U.S. (EHE) | CDC.* (2022, June 7).

<https://www.cdc.gov/endhiv/index.html>

February 23, C. N. | P. & 2016. (2016, February 23). *Half of black gay men and a quarter of*

*Latino gay men projected to be diagnosed within their lifetime*. HIV.Gov.

<https://www.hiv.gov/blog/half-of-black-gay-men-and-a-quarter-of-latino-gay-men-projected-to-be-diagnosed-within-their-lifetime>

- Harris, Lynn. (2001, April 3). *AIDS Education Is Aimed “Down Low.”* New York Times (Online); New York Times Company.  
<https://www.proquest.com/nytimes/docview/2232441032/abstract/4A72F6C87999409EPQ/1>
- Harris, P. J. (2003). Gatekeeping and Remaking: The Politics of Respectability in African American Women’s History and Black Feminism. *Journal of Women’s History*, 15(1), 212–220. <https://doi.org/10.1353/jowh.2003.0025>
- Harvey Knupp Newman. (1977). *The Vision of Order: White Protestant Christianity in Atlanta.* Emory University. <https://www.proquest.com/dissertations-theses/vision-order-white-protestant-christianity/docview/302873216/se-2?accountid=11226>
- Heard Harvey, C. C. C., & Ricard, R. J. (2018). Contextualizing the Concept of Intersectionality: Layered Identities of African American Women and Gay Men in the Black Church. *Journal of Multicultural Counseling and Development*, 46(3), 206–218.  
<https://doi.org/10.1002/jmcd.12102>
- John Creswell. (2017). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (4th ed.). SAGE Publications, Inc.
- McCall, J. K. D. (2019). The Double Consciousness of Blackness and Christianity: Towards a Biblical Intersectionality. *Christian Education Journal*, 16(2), 328–343.  
<https://doi.org/10.1177/0739891319847694>
- Menzies, A. L. (n.d.). (2016). “*Black Americans and HIV/AIDS in Popular Media*” *Conforming to The Politics of Respectability*. 136.

- Meyer, I. H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Moore, S., Jones, M., Smith, J. C., Hood, J., Harper, G. W., Camacho-Gonzalez, A., del Rio, C., & Hussen, S. A. (2019). Homonegativity Experienced over the Life Course by Young Black Gay, Bisexual and Other Men Who Have Sex with Men (YB-GBMSM) Living with HIV in Atlanta, Georgia. *AIDS and Behavior*, 23(S3), 266–275. <https://doi.org/10.1007/s10461-019-02658-7>
- Moslener, S. (2015). *Virgin nation: Sexual purity and American adolescence* / Sara Moslener. Oxford University Press.
- Overview. (n.d.). HIV.Gov. Retrieved November 13, 2022, from <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>
- Patel, R. R., Mena, L., Nunn, A., McBride, T., Harrison, L. C., Oldenburg, C. E., Liu, J., Mayer, K. H., & Chan, P. A. (2017). Impact of insurance coverage on utilization of pre-exposure prophylaxis for HIV prevention. *PLOS ONE*, 12(5), e0178737. <https://doi.org/10.1371/journal.pone.0178737>
- Pingel, E. S., & Bauermeister, J. A. (2018). ‘Church hurt can be the worst hurt’: Community stakeholder perceptions of the role of Black churches in HIV prevention among young Black gay and bisexual men. *Culture, Health & Sexuality*, 20(2), 218–231. <https://doi.org/10.1080/13691058.2017.1338756>
- Religious Trauma Research. (n.d.). GCR. Retrieved December 7, 2022, from <https://www.gcr.org/religioustrauma>

Serie McDougal III. (2014). *Research Methods in Africana Studies* (1st ed.). Peter Lang Inc., International Academic Publishers.

Siegler, A. J., Bratcher, A., & Weiss, K. M. (2019). Geographic Access to Preexposure Prophylaxis Clinics Among Men Who Have Sex With Men in the United States. *American Journal of Public Health, 109*(9), 1216–1223.  
<https://doi.org/10.2105/AJPH.2019.305172>

*Teaching Fear: The Religious Right's Campaign Against Sexuality Education—People For the American Way.* (n.d.). Retrieved November 14, 2022, from  
<https://www.pfaw.org/report/teaching-fear-the-religious-rights-campaign-against-sexuality-education/>

*Teaching Fear: The Religious Right's Campaign Against Sexuality Education—People For the American Way.* (1996). <https://www.pfaw.org/report/teaching-fear-the-religious-rights-campaign-against-sexuality-education/>

*The Black Church | American Experience | PBS.* (n.d.). Retrieved December 7, 2022, from  
<https://www.pbs.org/wgbh/americanexperience/features/godinamerica-black-church/>

## **APPENDICES**

### **Appendix A**

#### **Human Subjects Protocol**

#### **Informed Consent Form**

Georgia State University

Department of Africana Studies

**Project Title: How Christianity Influences Sex Education and HIV Rates in Atlanta**

**Project Director:** Victor Sledge

**Principle Investigator:** Dr. Sarita Davis (saritadavis@gsu.edu)

#### **What is this study about?**

This study explores how Christianity impacts Black men who have sex with men (BMSM) in Atlanta by looking into how the religion affects sex education in Atlanta and how that impacts HIV rates in BMSM. The aims of this study is to determine if Christianity

influences K-12 sex education in Atlanta, and if so, does that impact the disproportionate HIV rates in BMSM in the city.

This study will be conducted through interview questions, done virtually, and if you wish to pursue the anonymous participation option, you will also be able to complete the interview questions through an online questionnaire.

**These are the qualifications to participate in this study:**

1. The participant must identify as Black.
2. The participant must identify as a man (of any experience) who has sex with men
3. The participant must be at least 18 years of age and no older than 30 years of age to participate in this study.
4. The participant must now identify or have identified at one point in life as Christian.
5. The participant must have attended high school and currently reside in the South.

**Potential Harms of this Study**

This study requires the participant to recount their experiences with HIV, Christianity, sexuality, sexual behavior/practices, and potentially triggering memories relating to these topics. To mitigate these potential harms, participants will receive a follow up email after the interview is complete that includes links to sexual health, mental and emotional health, and religious trauma resources.

**Participation in this study is voluntary.**

**The information you share in this study will be completely confidential, and you have the option to participate anonymously.**

**As some of the questions in the study are potentially sensitive, personal subjects, the participants have the option of skipping questions that may be emotionally compromising**

**to answer. Participants are also strongly encouraged to preplan a private space in which to answer the interview questions.**

**If you have any questions about this study, please contact** Victor Sledge at vsledge1@student.gsu.edu. If you have questions about your rights as a research participant, please contact Georgia State University's IRB Manager.

By completing this survey, you are consenting to participate in this study. Please print or save a copy of this form for your records.

## **Appendix B**

### **Demographic Questionnaire/Screening Form**

Age: \_\_\_\_

Highest Level of Education:

Some high school \_\_\_\_

High school graduate \_\_\_\_

Some college \_\_\_\_

College graduate \_\_\_\_

Some graduate school \_\_\_\_

In what city did you attend high school? \_\_\_\_\_

In what city do you currently reside? \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Sexual Orientation (Select all that apply):

Gay \_\_\_\_

Queer\_\_

Questioning\_\_

Asexual\_\_

Pansexual\_\_

Demisexual\_\_

Bisexual\_\_

Other: \_\_\_\_\_

Racial Identity: \_\_\_\_\_

Gender Identity:

Cis man \_\_

Trans masculine \_\_

Two spirit \_\_

Gender fluid \_\_

## **Appendix C**

### **Recruitment Form**

Hello! My name is Victor Sledge, and I am a master's student in Georgia State University's Africana Studies program. I would very much so appreciate your participation in this study! The purpose of this study is to determine if Christian doctrine has any influence over sex education in Atlanta, and if so, how that influence impacts HIV rates in Black men who have sex with men (BMSM). This research topic is relevant to the field of Africana Studies because it highlights a historically neglected demographic within the Black community, BMSM, and a health crisis that has disproportionately affected that group for decades. Furthermore, the research brings to question a larger conversation around Black Americans' relationship with Christianity.

#### **In order to be eligible for this study, you must:**

1. Be at least 18 years of age and no older than the age of 30
2. Identify as a man (of any experience)

3. Identify as a Black man who has sex with men (BMSM)
4. Identify or have at one time in life identified religiously as a Christian
5. Identify as Black or African American
6. Have gone to high school and currently reside in the South

**You will have the option of full confidentiality in completing this study.**

If you have any questions, please email me at [vsledge1@student.gsu.edu](mailto:vsledge1@student.gsu.edu).

Thank you for taking interest in this study!

## **Appendix D**

### **Interview Guide**

1. Describe your experience with Christianity growing up.
2. What role does Christianity play in your life currently?
3. Describe your experience as a BMSM with Christianity growing up.
4. Describe how you would have felt (or felt) during K-12 discussing your sexuality with a Black religious leader in your life.
5. How has living in Atlanta impacted your relationship with Christianity growing up and/or currently?
6. How does living in Atlanta play a role in your experience with sex and sexual decision making?
7. Describe how you feel Christianity influences your sexual decision making currently.
8. How much of the sex education you received related specifically to men who have sex with other men?

9. Can you describe to what extent you use what you learned in sex education during K-12 to inform your sexual health decision making today?
10. Describe how comfortable you felt during K-12 speaking to a sexual health educator about your questions related to having sex with men.
11. Can you describe what you learned about HIV in K-12 sex education?
12. What is Pre-exposure prophylaxis (PrEP)?
13. What resources are available to you to get on PrEP if you are not already?
14. What bodily fluids have the potential to carry HIV?
15. How does your race impact your experience with and knowledge of HIV?
16. How prepared do you feel as a BMSM to protect yourself against HIV after the sex education you received during K-12?
17. How do you feel any of the aspects of sex education you received in K-12 were influenced by Christian beliefs?
18. How do you believe a Christian-influenced sex education curriculum may have impacted how knowledgeable you are about HIV and HIV risk behaviors today?
19. Describe how the possibility of Christianity influencing sex education curriculum in Atlanta makes you feel as a BMSM.
20. How do you feel like the Black Church specifically could help with HIV education?
21. How do you believe sex education could be more inclusive to BMSM?

