

*“For the Lord gives wisdom, and from His mouth comes knowledge”:*  
The Black Church and HIV/AIDS Education | Melody A. Russell

Although African-Americans only comprise 12% of the United States population, they make up 41% of reported AIDS cases. A promising strategy to target this demographic group is to utilize the power and reputation of the black church to effectively provide health education. The black church has historically taken on the challenge of social crises and may prove to be an integral part of HIV/AIDS prevention within the black community. Additionally, there is promising evidence that supports the use of faith-based organizations as sites for health programming. More specifically, the elements that are inherent in a faith-based organization, such as community legitimacy and supportive social networking, are conducive to effecting behavior changes in participants. Theories of behavior change emphasize the notion that a successful intervention be cognizant of the current social norms in place within the target population. As the target population within a black church is already under the normative influence of the church, creating and reinforcing norms within that environment are likely to be effective in decreasing risk behaviors among participants.

While the number of health and HIV/AIDS support and education ministries in black churches is on the rise nationwide, little is known about the exact content of these education curricula. The current study describes the content of a faith-based curriculum developed for use in black churches in order to determine the effect of the faith setting on the construction of an HIV/AIDS education curriculum. The content of this curriculum is compared with recommendations the Centers for Disease Control (CDC) and the Sexuality Information Education Council of the United States (SIECUS) as standards of necessary HIV/AIDS education. All three curricula contained much of the same information, including messages on condom use, abstinence, modes of transmission, and information about the virus itself. However, differences are noted in the expression of those messages. The CDC’s approach focuses more on effecting behavior changes by emphasizing a link between many different behaviors and contraction of the virus. SIECUS’s recommendations focus on providing the most objective information, taking a more nonjudgmental approach. Lastly, the faith-based curriculum takes an approach that emphasizes decision-making, providing factual information and using spiritual and religious ideals to direct how participants made decisions. In this attempt to provide medical and religious information, the curriculum may leave participants with difficulty making behavioral decisions because of the mixed messages presented.

Interviews with ministers provided further insight into the implementation and development of faith-based HIV/AIDS education programs in black churches. All four ministers interviewed were willing to provide HIV/AIDS education in their churches, believing that addressing all aspects of life, including health and sexual behavior, is within the scope of their churches’ missions and pastoral responsibilities. However, the four differed in degree to which they believed HIV/AIDS to be a crisis within their communities. This may reflect whether they

define the crisis by the prevalence of the disease itself or risk behaviors that result in transmission. These responses are promising and more research is required to determine whether these views are common among the pastors of black churches.

The current project suggests great potential benefit for the implementation of HIV/AIDS education programs in black churches. As venues for the interventions, they are quite promising because of their centrality within African-American communities that govern social norms within those communities. Such influence may prove successful in effecting the behavior changes necessary to decrease the prevalence of the HIV/AIDS within the African-American population.