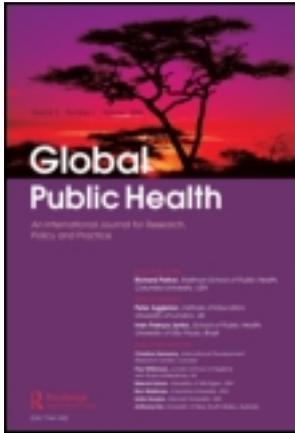


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## Civic/sanctuary orientation and HIV involvement among Chinese immigrant religious institutions in New York City

John J. Chin<sup>a\*</sup>, Min Ying Li<sup>a</sup>, Ezer Kang<sup>b</sup>, Elana Behar<sup>a</sup> and Po Chun Chen<sup>a</sup>

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Using data from a study of Chinese immigrant religious institutions in New York City (primarily Christian and Buddhist), this paper explores why some religious institutions are more inclined than others to be involved in HIV-related work. Although numerous factors are likely to play a role, we focus on organisations' differing views on social engagement as an explanatory factor. We hypothesise that religious institutions that value social engagement ('civic') will be more inclined towards HIV/AIDS involvement than those that are more inward focused ('sanctuary'). Given that many religious institutions are fundamentally defined by their stance on the appropriateness of social engagement, better understanding of this key characteristic may help to inform community and government organisations aiming to increase religious institutions' involvement in HIV/AIDS-related work. Our analysis suggests that some organisations may be less interested in taking on the challenges of working in HIV/AIDS because of their general view that churches or temples should not be socially engaged. On the other hand, religious institutions that have concerns about social acceptability, fear of infection or lack of capacity – but generally embrace social engagement – may be more open to partnering on HIV/AIDS-related work because of their overriding community service orientation.

**Keywords:** religious institutions; immigrants; Asians; HIV; social engagement

### Introduction

Religious organisations play key leadership roles in many communities and have the potential to be important participants in educating community members about HIV, supporting community members living with HIV and reducing HIV stigma. Indeed, some religious institutions have been very active in community HIV prevention efforts and in providing support and care to people living with HIV (Francis and Liverpool 2009, Derose *et al.* 2010b). However, religious institutions by and large have been reluctant to become involved in HIV-related activities, even in communities that have been particularly hard-hit by the AIDS epidemic (Cohen 1999, Genrich and Braithwaite 2005).

Using data from a study of Chinese immigrant religious institutions in New York City (NYC) – primarily Christian and Buddhist – this paper explores why some religious institutions are more inclined than others to be involved in

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HIV-related work. Although numerous factors, such as perception of need, organisational capacity and social acceptability (Chin *et al.* 2005, Derose *et al.* 2010a), may influence a religious institutions' proclivity to participate in HIV-related work, we focus on organisations' differing institutional perspectives on the desirability of social engagement as an explanatory factor. We hypothesise that – even when they have concerns about social acceptability, fear of infection or lack of capacity – religious institutions with organisational cultures that value social engagement ('civic' organisations) will be more open to HIV/AIDS involvement than religious institutions that avoid social engagement ('sanctuary' organisations). In our analysis, we examine a range of organisational and member characteristics that may be related to a civic or a sanctuary orientation and then turn to analysing how a religious institution's civic or sanctuary orientation shapes its views on HIV involvement. Because religious institutions' stance on the appropriateness or desirability of social engagement is a fundamental, defining characteristic of many religious institutions (Dudley 1998), better understanding of this key characteristic may help to inform efforts to increase religious institutions' involvement in HIV/AIDS-related work.

Before delving into our analysis, we first provide an overview of Chinese immigrant religious institutions in NYC and HIV in Chinese immigrant communities and a discussion of the literature on religious institutions and social engagement.

### **Chinese immigrant religious institutions in NYC**

There are numerous religious institutions in the Chinese immigrant community in NYC. In a previous study, we found that nearly half ( $n=132$ ) of the 316 NYC Chinese immigrant community institutions we identified were religious (Chin *et al.* 2005). In our current study, we identified 200 Chinese immigrant religious institutions in NYC's five boroughs (60.5% Christian, 29% Buddhist, and 10.5% Taoist and other religions).

In addition to being numerous, religious institutions are particularly influential due to the respect and trust they engender, their role in guiding values and behavioural norms (Kagimu *et al.* 1998), their tradition of community service, and their access to charitable resources and volunteers (Ross-Sheriff 2001). Their influence in immigrant communities is further augmented by members' reliance on them for everyday emotional and practical support, including counselling and even providing loans (Guest 2003, p. 129). The enormous influence of Asian immigrant religious institutions, coupled with their focus on behaviours that may be protective (Gray 2004, Hodge 2004), uniquely positions them to either confront the challenges of HIV or to maintain continued silence and stigmatisation regarding HIV in their communities. Constructive engagement with these institutions can foster the former role and, in the more extreme cases, at least mitigate any potential negative impact they have.

### **Chinese immigrants and HIV**

The Chinese population in NYC is rapidly growing (Asian American Federation Census Information Center 2009) and is facing a changing HIV epidemic that

may be affected by HIV/AIDS in China. In China, an estimated 740,000 people were living with HIV at the end of 2009, with an estimated 48,000 new infections in 2009 (Ministry of Health of the People's Republic of China 2010). In 2005, sexual transmission surpassed injection drug use as the main mode of transmission for *new* HIV cases in China. In some areas, 'HIV prevalence already exceeds 1% among pregnant women and those receiving premarital and clinical HIV testing, meeting UNAIDS criteria for generalized epidemic' (Ministry of Health of the People's Republic of China *et al.* 2006, p. 5). HIV transmission among men who have sex with men (MSM) constitutes a growing share of new HIV infections in China (32.5% of new cases in 2009) (Ministry of Health of the People's Republic of China 2010).

High levels of bi-directional migration between Asia and the USA suggest that the HIV epidemic in Asia has and will continue to affect Asians and Pacific Islanders (APIs) in the USA, including the Chinese-American population. For example, in a study of HIV-positive API immigrants in NYC, Chin *et al.* (2007b) found that several undocumented immigrant Chinese heterosexual men believed they were infected prior to entering the USA during long interim stays in Southeast Asia. A similar pattern was found in an HIV subtype analysis of a sample of individuals living with HIV in NYC, which included Chinese immigrant men who stopped in Burma or Thailand before arriving in the USA, during which time they reported having engaged in high-risk activity with female sex workers (Achkar *et al.* 2004).

In a review of HIV/AIDS data covering 2001 through 2004, the CDC found that APIs had the highest estimated annual percentage change in HIV/AIDS diagnosis rates in the USA (MMWR 2006, Chin *et al.* 2007a), suggesting a rapid increase in HIV/AIDS incidence. The NYC Department of Health and Mental Hygiene reported the same pattern for the same time period in NYC (NYCDOHMH 2006). Although these data suggest that rates of new HIV diagnoses are increasing among API women, transmission among MSM still accounted for the largest share of new HIV diagnoses among APIs in the USA (62.3%) and in NYC (51.4%) as of 2009 (NYCDOHMH 2010, Centers for Disease Control and Prevention 2011).

HIV/AIDS and associated behaviours, including extramarital sex, homosexuality and drug use, are highly stigmatised in API communities (Choi *et al.* 1995, Eckholdt *et al.* 1997, Sy *et al.* 1998, Chin and Kroesen 1999, Kang *et al.* 2000, Yoshikawa *et al.* 2001, Yoshioka and Schustack 2001). This stigmatisation has numerous consequences, including delays in HIV testing and care (Eckholdt and Chin 1997, Bhattacharya 2004), marginalisation and isolation of individuals living with HIV, resulting in poor mental health (Chin *et al.* 2007b) and lost opportunities for education regarding prevention and care (Kang *et al.* 2003). Compared to other populations in the USA, APIs have significantly lower rates of HIV testing, despite reporting similar rates of risk behaviour (Zaidi *et al.* 2005), and are uninformed about HIV, as there are few linguistically and culturally appropriate sources of information (Matteson 1997).

### **Religious institutions and social engagement**

Many immigrant religious organisations are involved in providing a wide range of both formal and informal social services to immigrants, including orientation to the

new country, housing and employment services, business opportunities, counselling, language classes and after-school programmes (Bankston and Zhou 2000, Cadge and Ecklund 2007, Foner and Alba 2008). Religious institution membership itself may provide immigrants with ‘motivation, political information, and a space...to build communication and organizing skills’ that are essential for civic engagement (Stoll and Wong 2007, p. 884). Overall, religious institutions may play a larger role than secular institutions in providing certain types of social services. For example, Botchwey (2007) found that, compared to secular institutions, a greater percentage of religious institutions in North Philadelphia were active in providing social, health and youth services.

Level of social engagement is often a fundamental defining characteristic of religious congregations (Dudley 1998, p. 125). A useful four-part typology to characterise churches’ differing levels of societal engagement is provided by Roozen, McKinney and Carroll (Roozen *et al.* 1984):

- *Sanctuary*: generally uninvolved in the secular world; belief that good individual moral conduct will result in spiritual rewards after death.
- *Evangelical*: publicly engaged but for the purposes of propagating the religion rather than social change.
- *Civic*: strongly interested in public life; interested in working for social good through dominant social and political structures.
- *Activist*: also strongly interested in public life but more oriented towards social change and social justice than ‘civic’ congregations.

Failing to find a significant correlation between religious identity and social engagement, Mock (1992) re-organised the typology to separate these two dimensions. His religious identity dimension included ‘evangelical’, ‘moderate’ and ‘liberal’ to denote differing views on biblical literalism and the importance of the religious conversion experience. For the social engagement dimension, he kept the ‘sanctuary’, ‘civic’ and ‘activist’ categories, moving the ‘evangelical’ category to the religious identity dimension. Our paper uses the social engagement dimension of Mock’s typology as a guide; we further reduce our social engagement categories to ‘sanctuary’ and ‘civic’ since none of the organisations in our sample were of the ‘activist’ type. Although the typology was developed for studying Christian churches, it applies well to our data on Buddhist temples.

Using data from a 1987 study of ‘typical churches’ in the mid-western USA, Mock (1992) identified key characteristics associated with differing levels of social engagement, including denomination, social views and church location. Although social engagement was more commonly found among mainline Protestant and Roman Catholic churches, civic and activist orientations were ‘more common among conservative Protestant congregations than typically thought’ (Mock 1992, p. 26), particularly in some Black and Hispanic congregations (Mock 1992, p. 22).<sup>1</sup>

In general, activist church members tended to be most liberal in their social views, and sanctuary church members tended to be most conservative, but this pattern varied (Mock 1992, p. 28). With regard to church location, ‘more than 75% of the churches with an activist identity were located in inner city or inner city fringe neighbourhoods, as compared to 25% each for civic and sanctuary churches’ (Mock 1992, p. 26). Mock (1992, p. 28) concludes that ‘virtually any theological orientation

can supply justification. . .for launching active, even radical, social ministry' (Mock 1992, p. 30).

## **Methods**

### ***Sampling and data collection***

Data for this paper are from a five-year study on Chinese immigrant religious institutions and HIV involvement in NYC, funded by the US National Institutes of Health (Grant No. R01HD054303). To select institutions we first conducted a census of Chinese immigrant religious institutions in NYC, concentrating our efforts on three of NYC's five boroughs – Manhattan, Queens and Brooklyn – which have the largest Chinese populations and contain the three generally recognised Chinatowns of NYC. Institutions were first identified through published listings, Internet searches, and key informants and then by first-hand visual inspection of all the streets in census tracts with more than 1000 Chinese in 2000 and within a one-block radius of other known Chinese immigrant religious institutions. We then conducted a short survey with a random sample of 94 of the 200 religious institutions that we identified, and then randomly selected 21 organisations (11 Christian, 10 Buddhist) from the sample of 94 for in-depth study.

Within each of the 21 institutions, 8 religious leaders and active members were targeted for an in-depth qualitative interview. At the time this paper was written, 17 of the 21 institutions had been recruited, and 11 interviewers (3 full-time research associates and 8 part-time research assistants) had finished conducting 96 qualitative interviews (64 in Mandarin, 19 in Cantonese and 13 in English) between 60 and 90 minutes long. This paper relies primarily on an analysis of case studies developed using data from qualitative interviews and field notes from four organisations in our study.

### ***Data management and analysis***

Qualitative interviews were recorded using digital audio recorders and then translated and transcribed in English. The principal investigator, research associates and research consultants with expertise in theology, community psychology, HIV/AIDS, immigrant populations and ethnographic research met three times as a committee to develop a codebook for coding the interviews. The initial codebook was based on the structure of the interview protocol and new themes that arose in the interviews. Each committee member used it to code the same interview to identify any problems or coding conflicts between coders. The codebook was then further refined, and each committee member then applied it to six additional interviews. The codebook was then further refined and finalised and then applied to the remaining interviews by a team of nine coders.

Based on the interviews and field notes, the Christian and Buddhist institutions were categorised as being of 'sanctuary' or 'civic' orientation based on their level of social engagement. Two Christian and two Buddhist institutions were identified as being particularly illustrative of the 'sanctuary' and 'civic' orientations and selected for case study development. In reporting our results below, we use pseudonyms to refer to the four case study organisations.

## Results

### *Four case studies of Christian and Buddhist religious institutions with civic and sanctuary orientations*

#### *Community Welfare Church – civic, Christian*

In our sample of Christian churches, seven were independent/non-denominational or evangelical churches, which tend to be more conservative, and only two were of mainline Protestant denominations. Both of the mainline Protestant churches in our sample fit the civic category. All of the evangelical/independent churches fit the sanctuary category, except for one – Community Welfare Church – which fit the civic category best. The profile of our church sample is consistent with Mock's finding that civic engagement is more commonly found among mainline Protestant churches but is not entirely absent in evangelical churches. We chose to develop our civic church case study around Community Welfare Church because, among the three civic churches, it embodied civic characteristics most strongly and also because it demonstrates that evangelical churches can be civically oriented.

Community Welfare Church, which is affiliated with a large Pentecostal denomination, was founded by an Indonesian-Chinese pastor. After a start in small home gatherings, the church settled into its current church building in Manhattan's Chinatown in 1978. Since then, Community Welfare Church has expanded to include a bilingual Sunday service attended by approximately 120 worshippers. The primarily ethnic-Chinese members vary widely in age and are originally from many different places, including Hong Kong, Taiwan and mainland China; there is also a substantial representation of ethnic-Chinese members born in Southeast Asian countries such as Malaysia and Indonesia. They work in a range of occupations, including civil servant, accountant and labourer, with sparser representation in elite professions like law and medicine. They live across the five boroughs of NYC with many commuting to Manhattan's Chinatown for worship services; only a small proportion of members come from outside of NYC. Diversity is evident in the church's decision-making body: members are from different age groups and professions, and both female and male. Diversity, church leaders and members say, is important to them because the church should accept a variety of viewpoints and work to 'break down all barriers of suspicion' among different groups. They also believe that diversity in leadership enhances the leadership's accountability to church members. Community Welfare Church leaders also believe in gender equality: 'we're equal in genders, we're equal in colours'.

Despite a general acceptance of diversity at the church, members have mixed feelings about homosexuality. For example, one member who works as a housekeeper for gay men found that her personal feelings towards her employers conflicted with her religious beliefs. She said:

Initially, I looked down on them. However, once I got to know them well, I discovered they have very good hearts. When I told them that I was living in this country illegally, they helped me to obtain my legal status....They don't really harm us in any way. However, this is improper according to the Christian faith. Homosexuality is wrong.

In addition to holding regular religious events such as Sunday services and Bible study, the church also organises a wide range of local community activities and

services, including a Chinese New Year Outreach; a block party; visits to nursing homes; provision of food for the homeless on Thanksgiving; a clothing drive for neighbourhood residents; and a one-week Vacation Bible School for young people to engage in arts, games, and of course ‘a little bit of spiritual things’. Community Welfare Church is particularly interested in providing a safe haven for young people in the neighbourhood who congregate on the street after school because their immigrant parents work long hours and return home late in the evenings.

The church’s annual block party in particular demonstrates Community Welfare Church’s effort to reach out to the local Chinese community. The church started the block party five years ago to convey to the local community that ‘our church is here’ and ‘there are certain things we can offer’. At the block party, the church distributes hotdogs, cotton candy and balloons, and each of the church’s departments is responsible for giving a performance. In 2009, more than 300 people attended the block party, setting a new record for the church. Neighbourhood residents enjoy the food and entertainment and are encouraged to come to the church if they need help, such as assistance in reading and drafting English-language letters and forms.

*Views on HIV involvement.* Community Welfare Church’s leaders and members are generally receptive to involvement in HIV-related work. Although church leaders and members expressed judgmental attitudes about HIV infection through ‘sexual misconduct’ as opposed to ‘blood transfusion’, they nevertheless felt that it was appropriate for the church to engage in HIV-related work, because ‘if the church doesn’t provide education, what other types of organisations would’ and ‘as Christians, [they] care for the sick’. Reflecting the church’s mix of compassion and discomfort with HIV, one leader expressed an inflated concern about the infectiousness of HIV while also stating the need to remain caring: ‘[we] might be very cautious, but [we] have a very sympathetic heart’. After our first contact with them, leaders told us that they plan to distribute HIV educational materials at their next block party and asked us for sources of HIV educational pamphlets in Chinese and English.

These open and receptive attitudes may be influenced by the pastor, who had served as a minister to people with HIV in Malaysia. When he sensed that other congregants were unhappy about the presence of a sex worker and several drug users in attendance at his church, he approached each member individually and said, ‘They are coming to be close to God. We have to support this, and we have to accept them’.

#### *Queens Family Church – sanctuary, Christian*

Queens Family church is located outside of the main Chinese enclaves in Queens (one of NYC’s five boroughs), in a middle-class residential area. Affiliated with a large evangelical denomination that broke away from a mainline denomination, the church was founded in 1981 and serves both Cantonese- and English-speaking ethnic-Chinese members born in the USA, Hong Kong and mainland China. Most of the members live outside of the church’s neighbourhood and commute to worship services; about half of the members commute in from outside of NYC’s city limits, primarily from Long Island and New Jersey. Membership at Queens Family Church is made up of predominantly middle-class professionals, with many families with young children.

Although gender equality is commonly emphasised by leaders and members of Queens Family Church, a number of men as well as women in the church believe that a woman's role is to support men's decisions, and men are chiefly responsible for deciding church matters. This has resulted in harboured negative feelings among some women at the church and has resulted in the loss of some members. As one female member explained: 'Many times [I wanted to leave the church]. Sometimes my own opinion was not taken. ...I said to myself, this is not what I want to be in'. Regarding homosexuality, Queens Family Church leaders and members somewhat uniformly perceive homosexuality as 'just like any other sin', including ones as extreme as murder, and believe that homosexuality is 'against God's design'.

Since young families are one of the largest groups in Queens Family Church, many church programmes target children, including an afterschool programme, a Chinese school, and a Summer Vacation Bible school. For adult and elderly members, the church has organised vocational assistance and health seminars. However, these services have had only limited success, partly because of the church's location, reflecting Mock's (1992) finding of lower levels of social engagement outside of inner city areas. For example, although the Chinese school is a free service for neighbourhood and members' children, attendance is low because parents have other priorities for their children, such as SAT prep classes. According to the church's pastor, 'if we were in a poor community, it might be easier because the kids would need somebody to care for them'. The church has also had limited success with its afterschool programmes and health seminars. As a lay leader explains, 'I guess [these programmes aren't successful] because we are not in Flushing [Chinese neighbourhood in Queens]. ...Also, I guess this neighbourhood is more middle-class, and people don't look to come to church to learn about health matters'.

Unlike its work in the local Chinese community, the church's work in international and domestic charity is more successful. Fundraising to respond to natural disasters overseas and in the USA occurs regularly at the church. The church, for example, has collected second-hand eyeglasses and cell phones to donate to developing countries and has financially assisted a school in Thailand. Most recently, they organised a clothing drive for Haiti, and one of their members was part of a Christian group providing free medical care in Haiti.

*Views on HIV involvement.* In keeping with many churches' view that caring for the ill is an important form of Christian service, the leaders at Queens Family Church expressed compassion towards people with HIV. Leaders at Queens Family Church also agreed that community members lack HIV awareness possibly because HIV is a taboo subject in Chinese communities. However, in contrast to the leaders at Community Welfare Church, leaders at Queens Family Church are reluctant to get involved in HIV-related efforts. Leaders had concerns about the church's image, the stigma that members might experience because of the church's HIV involvement, and the potential conflict between their religious teachings and the contents of HIV educational efforts. Finally, there was a perception that members were not in need of HIV education because their Christian training would be sufficient protection against HIV risk. One prominent member, the wife of the senior pastor, said, 'HIV education isn't really necessary here because no one here has HIV. In fact, you will find that Christians do not have HIV...'

*Temple of Engaged Buddhism – civic, Buddhist*

Established in 1979 and one of the oldest temples in Manhattan's Chinatown, the Temple of Engaged Buddhism was founded in part to provide immigrants with a place where they could feel they belonged while adjusting to life in a new country. Engaged Buddhism Temple has about 50 members participating in a weekly Sunday Dharma service, over 800 participants on religious holidays, and over 3000 on Lunar New Year. When Engaged Buddhism Temple hosted their 30th anniversary celebration banquet to fundraise for construction of a temple in upstate New York, 1000 tickets were sold.

As at many Chinese Buddhist temples in NYC's Chinatowns, members of Engaged Buddhism Temple tend to be older adults and mostly working class. Typical member occupations include housekeeper, home attendant and restaurant worker. A number of members were born in Hong Kong and China, and there is a substantial presence of ethnic-Chinese from Southeast Asian countries, including Malaysia and Burma. Many members are from the local Chinatown community; others travel in from Brooklyn or Queens, but almost no members come from outside of NYC.

Although the head of the temple, the abbot, is male, leaders at Engaged Buddhism Temple believe that women and men are equal, and women hold important temple leadership positions. As one leader explained:

It's not because I am a man, therefore I should stand taller than you. Or because I am a woman, I should deserve more services. . . . The same set of rules should be applied to both genders. . . . Simply because I go to work all day doesn't make me any more important. Or if you stay home and cook, that doesn't mean you should be more obedient. These things are not applicable nowadays. Both men and women are part of today's workforce.

Regarding homosexuality, temple members expressed mixed feelings. While some members perceived homosexuality as 'abnormal and immoral', others perceived it as a private matter: 'this is purely a personal matter related to a sexual act. This is no big deal'.

Many activities at Engaged Buddhism Temple are primarily religious, including the weekly Dharma service and participation in a parade honouring Buddha's birthday. However, Engaged Buddhism Temple is also actively engaged in secular community activities. For example, the temple organised a health fair in 2008 to provide basic health education, blood pressure screening and diabetes testing. Supportive counselling is also provided to members on an as-needed basis, although counselling is mostly delivered in the context of Buddhist teachings and philosophies. Engaged Buddhism Temple also tried to establish a Chinese school, although the effort ended a few years ago due to limited space and human resources.

*Views on HIV involvement.* The Temple of Engaged Buddhism is one of the few Chinese religious organisations in our study that has been involved in HIV education activities. Although leaders at Engaged Buddhism Temple said they believed that Buddhist precepts are sufficient to guide people's behaviours and to prevent HIV infection, they still agreed to host an HIV education workshop conducted by a community organisation at the temple. The workshop covered a wide range of HIV-related topics, including topics considered taboo by many Chinese Buddhists – such

as sex and homosexuality. Some of the temple's religious leaders attended the workshop, including the abbot himself. Later the abbot said that he thought it was appropriate and important for the temple to educate community members about HIV and that all of the temple's members would support such an effort. Even so, he expressed concerns about capacity: 'we don't have the capability and we don't know how to do those activities, but if outside people were to do them here, we would be absolutely supportive and cooperative'.

*Refuge Buddhist Temple – sanctuary, Buddhist*

Refuge Buddhist Temple was founded by a successful Chinese-American entrepreneur and a high monk from mainland China in the 1960s. Unlike the Temple of Engaged Buddhism, which is centrally located in Manhattan's Chinatown, Refuge Buddhist Temple is located in one of N Y C's outer boroughs, far from any Chinese ethnic enclave. Most of the members are Mandarin-speaking middle-class professionals or home-makers from Taiwan who currently live in the metropolitan New York area away from the temple's neighbourhood. More than half of the members travel in from outside of NYC, from New Jersey, Long Island and upstate New York. Refuge Buddhist Temple, in contrast to Temple of Engaged Buddhism, has Dharma services only twice a month rather than weekly. Small-group, informal Buddhist reading clubs are organised among members closer to their homes. The temple's religious leaders periodically travel to different towns or neighbourhoods in the metropolitan area to teach Buddhism at the reading clubs. For religious holidays, about 50–60 people attend ceremonies at the temple.

Interestingly, Refuge Buddhist Temple is run almost entirely by women (an abbess and nuns), complicating the notion that inclusion of women in the leadership is associated with a civic orientation. Moreover, members' views on gender equality tend to be similar to those of organisations with a civic orientation, for example: 'Nowadays women can have a lot of power, can have a lot of responsibilities. . . , so the genders should be equal'. For an organisation that is run by women and attended mostly by women, however, views on gender are surprisingly mixed. For example, another member said:

. . . Everyone has his/her own role in this society. Women are to bear children and take care of children; men are to go out to work and support families. Women can help to support their families now; men can also help. . . But the important thing is how do you bear children? It's just not possible for men, right?

Similarly to the Temple of Engaged Buddhism, Refuge Buddhist Temple also expressed mixed views about homosexuality. Some members felt that homosexuality is 'against nature', while other members believed that homosexuality is acceptable, particularly when it remains a private matter. Unlike at the Temple of Engaged Buddhism, however, no interviewees at Refuge Buddhist Temple expressed unequivocal acceptance of homosexuality.

Refuge Buddhist Temple's general 'sanctuary' orientation appears to pervade the efforts the temple has made to interact more with the local community. Since the temple is not located in a Chinese community, leaders have considered opening a facility for English-speaking neighbourhood residents. They have not taken any action in this direction, however, because of concerns about safety and language

barriers. Their safety fears are based partly on negative racial stereotypes. As the abbess said: 'I personally worry about safety issues, since we're all women here. Before we didn't prevent anyone from coming in, but then we discovered the "merit box" [donation box] was taken. There are a lot of Blacks here, so I have to think about safety issues'. The statement unfortunately reflects racial prejudice at the temple and a reluctance to work through those prejudices to bridge differences.

*Views on HIV involvement.* HIV is a controversial issue at Refuge Buddhist Temple. Although several interviewees stated that it is appropriate for Refuge Buddhist Temple to be involved in HIV-related work because of religious mandates concerning compassion, they were reluctant to get involved, partly because of their fears of HIV infection through casual contact. They also felt that it would be difficult for them to extend care to persons living with HIV because of their limited HIV knowledge. Leaders also said that they would be more inclined to help a person who became infected with HIV through a blood transfusion but would not extend themselves to help a person who became infected through 'immoral' behaviour (e.g., sexual behaviour). The treatment of a nun at the temple with Hepatitis C (infected through a blood transfusion) suggests that fear of infection and stigma might prevent an accepting response to any person with HIV. In one interview, a leader described how this nun has been assigned a separate bedroom, bathroom and kitchen because of her illness.

Similar to Queens Family Church (the 'sanctuary' church), Refuge Buddhist Temple perceives HIV as a disease for 'socially and culturally lower' classes. Accordingly, they feel that members of the temple do not need HIV education 'since the standards of the members are high and their incomes levels are high'; in contrast, they believe that Chinese in Chinatown, new immigrants and young people may need HIV education.

## **Discussion**

In discussing the four case studies, we aim to draw links between organisational characteristics and their civic or sanctuary orientation. To highlight patterns, Table 1 below organises the organisational and member characteristics discussed in the case studies above by civic and sanctuary orientation. Table 1 is then followed by a discussion that analyses resulting patterns and draws out the implications of civic or sanctuary orientations for organisational involvement in HIV. Because our qualitative, case study sample of respondents is relatively small and not randomly selected, our findings may not be representative and cannot be generalised to the larger Chinese immigrant religious community. The next phases of our research will use quantitative instruments with a larger, randomly selected sample to produce more generalisable findings. The richness of qualitative case studies, however, provides insights that quantitative research often cannot.

### ***Comparing civic and sanctuary institutions***

A review of Table 1 suggests that, compared to sanctuary organisations, civic organisations are more likely to be located in an ethnic enclave; to have a

Table 1. Organisational and member characteristics by civic/sanctuary orientation.

	Civic	Sanctuary
Location	In Chinese ethnic enclave	Outside of Chinese ethnic enclave
Member residence	Primarily within New York City	Half or more outside of NYC (upstate New York, Long Island and New Jersey)
Member socio-economic status	Wide range of occupations with substantial representation in working class jobs	Large proportion of middle class home-makers and white-collar professionals
Member ethnic backgrounds	Substantial representation of ethnic-Chinese from Southeast Asia (Malaysia, Burma, Vietnam and Indonesia)	Primarily from Mainland China, Hong Kong and Taiwan
Diversity of leadership	Leadership and decision-making bodies are diverse (e.g., age, occupation, gender)	Leadership and decision-making bodies are dominated by either men (church) or women (temple)
Views on gender equality and diversity	Leaders embrace gender equality and diversity of membership and leadership	Leaders have mixed views on gender equality and have concerns about introducing diversity into the membership and leadership
Views on homosexuality	Mixed views, with some members expressing unequivocal acceptance	Uniform condemnation of homosexuality (church) and mixed views (temple)

membership that resides primarily within NYC's limits and is more working class and ethnically diverse; and to have greater age, occupational and gender diversity represented in the leadership. Civic organisations were also more accepting of gender equality, diversity and homosexuality. The patterns were remarkably consistent within the civic and sanctuary categories even when comparing across religions. In other words, the civic Buddhist temple and the civic Christian church in many ways resembled each other more than they did the sanctuary organisations of their own religion. The differing stances on social engagement of the two Christian churches – both affiliated with conservative evangelical denominations – also suggest that religious denomination is not necessarily defining of an organisation's civic/sanctuary orientation.

The civic organisations' greater ability to fulfil a civic mission may be largely determined by the physical location of the institutions. Community Welfare Church and Temple of Engaged Buddhism are in touch with community members with a variety of needs because of their physical location in Manhattan's Chinatown, while Queens Family Church and Refuge Buddhist Temple are more removed from the Chinese community, therefore not having the same chance to provide community services. This pattern is consistent with Botchwey's (2007) finding that religious organisations that have remained in inner city areas are knowledgeable of local residents needs and committed to addressing them. Awareness of local needs may also be facilitated in the civic organisations by the fact that most members live in the local area or at least within NYC's limits.

Comparing the locations of the organisations begs the question of whether they chose their locations to correspond to their civic/sanctuary orientation or whether

their civic/sanctuary orientations were shaped by their locations. This question is unanswerable in this study, but worthy of future research. The organisations' histories at least show that the civic church and temple have never been located in a Chinatown and that the sanctuary church and temple have never been located outside of a Chinatown.

The civic church and temple may also be more receptive to working more closely with the community because of their memberships' and leaderships' greater diversity (e.g., in terms of socio-economic class, country of origin, and a balance between men and women in the leadership). The experience of diversity may make the civic organisations more aware of community concerns, more accepting of people who are different and more open to new ideas, in contrast to the sanctuary organisations, where a greater homogeneity among members may perpetuate discomfort with difference and pressure to conform. As with the question of location noted above, however, the causal direction cannot be determined with our data.

The case studies suggest that wealthier religious organisations in Chinese immigrant communities may be more socially conservative than less wealthy ones. Wealthier immigrants, having few needs themselves, may feel insulated from the concerns of poorer immigrants and may in fact seek out churches that provide a refuge from worldly concerns. According to Yang (1998), conservative ethnic churches provide an absolute biblical ethos that is valued by immigrants as they face the uncertainties of modernity in a new country. Organisational wealth may also make a congregation less dependent on the surrounding community. Community Welfare Church, for example, tries to engage the community to increase membership, and thereby contributions, and to raise money through leasing their space. Queens Family Church's wealthier membership, in contrast, makes such money-raising activities less necessary. Taking on issues that threaten to alienate current members could be detrimental to a religious organisation's member-based wealth, a situation that may discourage the kind of bold, new initiative that HIV involvement would represent in most Chinese immigrant churches and temples.

### *Civicsanctuary orientation and HIV involvement*

The previous discussion explores various organisational and membership characteristics that might help to predict or identify civic or sanctuary orientation. We now turn to examining the relationship between civic/sanctuary orientation and the likelihood and probable forms of organisational involvement in HIV-related efforts. Unlike the sanctuary institutions, the civic church and temple readily indicated willingness to be involved in HIV-related efforts. The civic church was proactive in asking about how to acquire HIV education brochures and planned to distribute those brochures at its next block party. Similarly, the civic Buddhist temple actually hosted an HIV education workshop at the temple. Although misinformed fears of HIV infection and judgmental attitudes towards those infected with HIV through sex were evident to some degree in all four case studies, these concerns appeared to be less significant barriers to HIV involvement for civically oriented institutions.

Although both civic and sanctuary institutions expressed compassion for people living with HIV, the civic church, in particular, explicitly expressed acceptance of

stigmatised groups often associated with HIV (e.g., sex workers, drug users). Views on homosexuality in the civic institutions ranged from mixed to full acceptance; whereas views in the sanctuary institutions ranged from mixed to full condemnation. Regarding the role of religion type, it is noteworthy that views on homosexuality in the Buddhist temples were informed far less by religious doctrine than in the churches, where accepting views of homosexuality were limited by most interviewees' belief that the Bible clearly condemns homosexuality. This pattern is consistent with Detenber *et al.*'s (2007) finding in Singapore that Christians held more negative attitudes towards homosexuality than Buddhists, whose core religious texts do not discuss homosexuality. Religious organisations' views on homosexuality – as well as on gender equality – are important to consider since these views may limit the range of sexual activities and prevention strategies that they might be willing to address. These views may also determine whether their messages about sexual orientation and gender equality are empowering or further stigmatising. Prevention efforts that fail to non-judgmentally address community members' specific risk behaviours or that promote stigma or inequality may be counter-productive.

The various characteristics associated with civically oriented churches and temples may be helpful in identifying more willing partners for HIV-related efforts that take a more empowering and less judgmental approach. We should, however, take note of Mock's (1992) challenge to avoid narrow interpretations of religious typologies. Mock found that the assumed linear relationship between a 'congregation's...religious style and its involvement in society...is more mythical than real' (Mock 1992, p. 22). In our study sample, for instance, one of the most accepting institutions with regard to HIV was Community Welfare Church, an evangelical church affiliated with a very conservative denomination. Although we excluded religious identity from the typology reflected in Table 1, Mock's caution is still warranted given that overly relying on any typology may unnecessarily narrow our expectations of an institution's potential for involvement in HIV-related work.

Avoiding potential partnerships simply because they may pose some challenges may result in excluding religious organisations that could be important contributors or reach communities that would not otherwise be reached. Rather than use typologies to predict whether an institution will engage in HIV-related work, we might use them to consider how best to approach institutions and also to assess their potential strengths and weaknesses. Finding ways to include a wider range of religious institutions to participate constructively in HIV-related efforts will ensure that a broader swath of community members is reached with information and support.

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## Note

1. The role of the church as an 'organizational and psychological resource for individual and collective political action' in African-American communities is also explored by Harris (1994). Morris' (1984) seminal work on the civil rights movement also documents the key role of Black churches in enabling the movement.

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