# Spirituality among Young Men Who Have Sex with Men Living with HIV: A Qualitative Descriptive Study

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**Abstract:** Spirituality is considered a protective factor against negative health outcomes and risk behaviors among people living with HIV. To limit the spread of HIV infection among young men who have sex with men, knowledge of spirituality is needed in healthcare services. This study aimed to explore spirituality among young men who have sex with men living with HIV and 20 to 24 years old in Thailand. This qualitative descriptive study was conducted with 10 participants employing in-depth interviews at a tertiary hospital in lower northern Thailand January-August 2017. The data were analyzed by using qualitative content analysis.

The rich findings provide insights into the spiritual dimension from a Thai Buddhist perspective among young men who have sex with men living with HIV for promoting health and changing their risky behaviors. Four main themes arose from data analysis: 1) *experiencing spiritual distress following HIV diagnosis* (fear of stigmatization, self-loathing, and hopelessness); 2) *accepting the truth of having HIV* (acknowledging previous misbehaviors, disclosing their HIV status, and seeking ways to remain healthy); 3) *increasing good karma to prolong life* (refraining from transmitting HIV to others and avoiding drinking alcohol to reduce risk behaviors); and 4) *gaining spiritual well-being to live with HIV* (having a spiritual anchor, having life goals, living with hope, and living in the moment). These findings contribute to the development of models or interventions to support young men who have sex with men living with HIV to reduce risk behaviors and promote spiritual well-being by using the religious teaching and religious practices as a guideline.

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## Introduction

While Thailand has made great progress in reducing new HIV infections overall, there is evidence of an ongoing epidemic among males who have sex with males (MSM), especially among young MSM (YMSM) aged 15 - 24 years old.[1] The teenage years and young adulthood are unique times developmentally as young people progress towards adulthood.[2] When

YMSM become infected with HIV during a time of tremendous psychosocial change, they are faced with physical, psychological, cognitive, and social problems that impact their quality of life.[3] Additionally, they must face living with a condition requiring life-long antiretroviral treatment,[4] and the stigmatization and discrimination associated with living with HIV and being part of the MSM community.[5] Spirituality is very important in strengthening and reinvigorating YMSM to cope with social stressors and to confront life challenges with HIV/AIDS.[6]

There is accumulating evidence supporting the idea that spirituality can play a significant role in HIV-related health conditions among MSM.[7] Findings from previous studies demonstrate that spirituality is significantly associated with HIV and STD infections, alcohol use, and crack use in black MSM. Moreover, having a higher sense of spirituality has been associated with fewer condom-less anal sex acts, lower levels of condom-less casual sex, and lower substance use.[8] Spirituality has a strong relationship with condom use behavior among people living with HIV & AIDS MSM.[9] For example, spirituality has positively influenced the HIV prevention activities of black and Latino MSM by enabling them to make better decisions regarding HIV prevention, increasing their self-esteem and self-respect, and helping them avoid deviant or risky behaviors.[10] Spirituality was also reported as protective in black gay and bisexual men (BGBM) limiting engagement in sexual intercourse and condom-less sex, and impacting their selection of sexual partners and sexual positioning practices.[11] Additionally, spiritual coping and activities were associated with lower substance use and increased HIV testing among YMSM.[12] However, certain HIV risk factors such as substance use and depression have been found to have positive relationships with spirituality among black MSM.[13] Therefore, to control the spread of HIV among YMSM, it is critical to understand the spirituality of YMSM living with HIV and finding ways to influence them to reduce risk behaviors and promote health.

Previous studies have examined the association of spirituality and risk behavior reduction among people living with HIV/AIDS,[14] spirituality and HIV risk behaviors,[8,12-13] spirituality, and HIV prevention among MSM,[10] as well as spirituality in the sexual decision-making of BGBM.[11] However, there is limited research on spirituality in young MSM HIV-infected in Thailand. Increasing knowledge about spirituality based on experiences, beliefs, and culture in the context of Thai YMSM living with HIV could provide greater insight into supporting this population.

## Review of the Literature

The term spirituality is interpreted as the spirit and translated as breath and soul. Historically, the term spirituality is often used interchangeably with the term religiosity. Spirituality is a significant concept for nursing discipline with profound consequences for caring patients and for working in organizations.[15] Spirituality is a unique and personal human experience, an individualized journey characterized by multiple experiential accounts such as meaning making, purpose, connectedness, wholeness and integration, energy, and transcendence. Spirituality has generally been defined in emotional or experiential terms, often referring to feelings or experiences of awe, wonder, harmony, peace, or connection with nature, others, community, and a higher power.[16] Spirituality has been identified by BGBM as a personal connection with a higher power and God that helps to reconcile cognitive dissonance and cope with judgment from the community, as well as a source of support and the foundation of personal values.[11] Learning more about spirituality in HIV-positive YMSM may provide a better understanding of their experiences and beliefs and may be useful in improving their overall health.

The spirituality of Thai people is related to sacred beliefs and religious practices, particularly Buddhist practice and Buddhist doctrine.[17] MSM living with HIV/AIDS in Thailand often use religious

or spiritual teachings to support cognitive reappraisals because they believe that the fundamental function of religion is to help individuals seek meaning and purpose in life.[18] Thailand is a stronghold of Theravada Buddhism, and 95% of the population are Buddhist. Buddhism is an ancient religion with over 2,500 years of history and deep roots in Thai cultural norms for ways of living and life perspectives.[19] The most basic level of religious practices is to keep *sila* (the five precepts of Buddhism towards virtuous behaviors), practice *dana* (giving), and *bhavana* (meditative development). The practice of *sila* is refraining from taking the life of a living being, taking what is not given, committing sexual misconduct, engaging in false and idle speeches, and consuming alcohol or intoxicants.[20] *Dana* is achieved through generosity and giving a donation to temples, monks, and those in trouble. *Bhavana* is the practice of cleansing the mind through meditation, which ultimately tranquilizes and clears the mind.[17]

Societal stigma and discrimination against MSM are widely prevalent in Thailand, especially MSM with HIV infection who face a double stigma.[18] For Thai MSM, stigma has shown to be one of the major reasons for poor treatment received from primary health care, delay in access to health care, poor uptake of voluntary HIV testing,[21] and lack of serostatus disclosure to partners.[22] Therefore, it is essential to understand how they deal with their HIV status and social stigmatization regarding their spirituality.

## Study Aim

The aim of this study was to explore spirituality among YMSM living with HIV in lower northern Thailand.

## Methods

**Study Design:** Qualitative descriptive studies are based on naturalistic inquiry principles. Naturalistic inquiry is a generic orientation that implies to study something in its natural state.[23] Qualitative descriptive study is the theoretical approach with support when the researchers want to discover and understand a phenomenon, a process, or the perspectives and worldviews of the people involved.[24] It is usually deals with the description of the phenomena under the required investigation. It could guide the researcher to gain better and deeper understanding the interesting phenomena.[25] Therefore, to understand spiritual perceptions and spiritual experiences among HIV positive YMSM, a qualitative descriptive study was employed to explore spirituality based on individual experiences, cultural practices, and life context. The Consolidated Criteria for Reporting Qualitative Studies (COREQ) Checklist-Guideline was used to report the findings.

**Setting and Participants:** Data were gathered from YMSM living with HIV, attending one regional tertiary care hospital in the lower northern Thailand from January to August 2017. Purposive sampling was used and the inclusion criteria were identified as MSM, diagnosed with HIV or AIDS, having Thai nationality, 20-24 years of age, able to communicate in Thai, and a willingness to participate in the study. The researchers worked with an HIV nurse to identify potential participants. Once identified, a researcher approached each person and the details of the study were discussed. Each person had an opportunity to ask questions before deciding to consent.

**Ethical Considerations:** Research approval was obtained from the Research Ethics Committee of the Faculty of Nursing at Chiang Mai University (Protocol number: 047-2559; FULL-022-2559), as well as from the ethics committee at a regional tertiary care hospital (FULL-022-2559). All participants signed consent forms and audio recordings were made with permission. Confidentiality was ensured by removing personal identifiers from transcripts and using pseudonyms in qualitative data analysis and dissemination. Once transcribed, the data were stored in a locked file cabinet in the researcher's office. Additionally, transcripts will be destroyed three years after publication.

**Data Collection:** Data were collected through in-depth interviews in Thai. The interviews were conducted in a private room with the hospital's customer service unit outside of the usual office hours or weekends. Each interview lasted around 70-90 minutes, and each participant was interviewed 1-2 times. The researcher established trust and rapport with the participants by providing care during the participants came to receive the service care at the Clinic of Counseling and Care for HIV/AIDS. Semi-structured interviews were conducted using an interview guide. Participants were asked questions like, ''How did you feel after you were diagnosed with HIV?" and "How did you do to overcome this feeling?" Probes and follow-up questions were used for clarification and insight, including "Would you mind telling me about your feelings after you do religious practices?" and "Please explain to me about karma in your opinion." Data collection was continued until saturation was reached when there was no new information emerged to add more categories or themes.

**Data Analysis:** The researcher collected and analyzed the data simultaneously. Data analysis followed the qualitative content analysis process[26]: 1) listening to the voices of the participants repeatedly, 2) transcribing the interviews to verbatim transcriptions, 3) reading and re-reading the transcriptions several times to understand the whole transcriptions, 4) describing the data into codes, 5) classifying the codes into sub-themes, 6) identifying similar sub-themes within the themes, 7) reviewing and refining of sub-themes and themes by comparisons on all types of data. Primary data analysis was conducted by one coder. However, the findings were reviewed and interpreted by a research team experienced in qualitative research, spiritual care, HIV prevention, and AIDS care to ensure aligned content and accuracy. After completing the data analysis, selected quotes representative of the study findings were translated into English for publication.

**Trustworthiness:** The trustworthiness of the findings was established using Lincoln and Guba's guidelines.[23] Credibility was achieved through establishing a good rapport and trust with the participants and academic peers experienced in qualitative research, spiritual care, HIV prevention, and AIDS care provided feedback on the findings through debriefings. To achieve transferability, thick descriptions and verbatim quotations of the phenomena were represented. To achieve dependability, an explicit audit trail was developed demonstrating that all findings were derived from the transcripts of the interview recordings, and the field notes were taken immediately after the interviews. To achieve confirmability, the data were analyzed, discussed, and checked for accuracy with the members of the research team.

## Findings

All 10 participants were Buddhist. Their ages ranged from 20-24 years old, with an average age of 22.9 years old. The timing of HIV infection ranged from six months to five years. All participants were taking antiretroviral medications. All participants had not publicly disclosed their HIV status, excluding their family members or close friends (**Table 1**).

**Table 1** Demographic characteristics of the informants (N = 10)

| Informant | Informant 1 | Informant 2 | Informant 3 | Informant 4 | Informant 5 |
|---|---|---|---|---|---|
| Age (years) | 22 | 21 | 23 | 24 | 24 |
| Religion | Buddhist | Buddhist | Buddhist | Buddhist | Buddhist |
| Marital status | Single | Single | Single | Single | Single |
| Highest level of education | Primary school | Bachelor | College | Bachelor | College |
| Employment status | Student | Student | Unemployed | Self-employed | No job identified |
| Means of transmission | Sexual intercourse | Sexual intercourse | Sexual intercourse | Sexual intercourse | Sexual intercourse |
| Duration of HIV infection | 9 months | 4 years | 5 years | 4 years | 8 months |
| Duration of ARV drug taking | 1 month | 3 years | 4 years | 1 years | 6 months |
| HIV status disclosed to whom | Parents, Sibling | Parents | Parents, Sibling | Parents | Sibling |

**Table 1** Demographic characteristics of the informants (N = 10) (Cont.)

| Informant | Informant 6 | Informant 7 | Informant 8 | Informant 9 | Informant 10 |
|---|---|---|---|---|---|
| Age (years) | 22 | 23 | 24 | 22 | 24 |
| Religion | Buddhist | Buddhist | Buddhist | Buddhist | Buddhist |
| Marital status | Cohabited | Single | Single | Single | Single |
| Highest level of education | Secondary school | Secondary school | Bachelor | Bachelor | Primary school |
| Employment status | Self-employed | Unemployed | No job identified | Student | Self-employed |
| Means of transmission | Sexual intercourse | Sexual intercourse | Sexual intercourse | Sexual intercourse | Sexual intercourse |
| Duration of HIV infection | 1 years | 5 years | 4.4 years | 6 months | 2 years |
| Duration of ARV drug taking | 1 years | 1 years | 10 months | 6 months | 2 years |
| HIV status disclosed to whom | Close friends | Parents, Sibling | Parents | Close friends | Close friends |

The data documents that spirituality among YMSM living with HIV can be summarized into four main themes: 1) *experiencing spiritual distress following HIV diagnosis* (fear of stigmatization, self-loathing, and hopelessness); 2) *accepting the truth of having HIV* (acknowledging previous misbehaviors, disclosing their HIV status, and seeking ways to remain healthy); 3) *increasing good karma to prolong life* (refraining from transmitting HIV to others and avoiding drinking alcohol to reduce risk behaviors); and 4) *gaining spiritual well-being to live with HIV* (having a spiritual anchor, having life goals, living with hope, and living in the moment) (**Table 2**). The relevant themes are explained and supported by the participants' statements as follows.

**Table 2** Themes and sub-themes of spirituality among young Thai MSM living with HIV

| Themes | Sub-themes |
|---|---|
| Experiencing spiritual distress following HIV diagnosis | - Fear of stigmatization |
| | - Self-loathing |
| | - Hopelessness |
| Accepting the truth of having HIV | - Acknowledging previous misbehaviors |
| | - Disclosing their HIV status |
| | - Seeking ways to remain healthy |
| Increasing good karma to prolong life | - Refraining from transmitting HIV to others |
| | - Avoiding drinking alcohol to reduce risk behaviors |
| Gaining spiritual well-being to live with HIV | - Having a spiritual anchor |
| | - Having life goals |
| | - Living with hope |
| | - Living in the moment |

**Theme 1: Experiencing spiritual distress following HIV diagnosis**

Most participants indicated that after they first knew their HIV test result was positive, they did not know how they should react because the perception of HIV infection is seen as a deadly, scary, incurable disease. Moreover, they perceived HIV/AIDS as a disease that society did not accept and considered disgusting. These perceptions were from generations of opinions that were passed down by family and society and caused participants to feel severe spiritual distress after learning about their HIV infection. They experienced fear of stigmatization, self-loathing, and hopelessness.

***Sub-theme 1.1: Fear of stigmatization.*** Most participants reported that previous images of HIV-infected persons in the media conveyed HIV or AIDS as a scary and disgusting disease caused by promiscuous sexual activity, such as having various sex partners.

They said that the old perception of HIV or AIDS as scary and disgusting has been rooted in society for a long time and has never been truly accepted by Thai society. These perceptions caused participants not to disclose their HIV test results to others because they were afraid of being rejected by society.

> *The old perception of HIV or AIDS is that it's scary, and people should stay away from people with HIV. This has been rooted in society for a long time, and AIDS has never been truly accepted by Thai society. People are afraid of getting infected by people with HIV and assume they engage in disgusting behaviors, like having various sex partners. Therefore, I hide my HIV test result from other people.* (ID8)

Some participants also reported that HIV is typically not accepted by Thai society. It is harder for lesbian, gay, bisexual, or transgender (LGBT) people to be accepted by Thai society because they are judged as having promiscuous behavior. Therefore, they hide their HIV status.

> *Since I am LGBT, I am even worse in their view. People would see us as getting HIV through promiscuous behavior. People are still not open to LGBT people. Having the infection shows that we have a problem. We can't tell anyone about it.* (ID2)

***Sub-theme 1.2: Self-loathing.*** One participant who could not accept his HIV status had negative feelings about himself. He felt dirty and disgusting. He felt getting HIV was a huge mistake, and he had hurt himself by not protecting himself. He had malicious thoughts about transmitting the disease to others. His rationale was that since he got the infection from someone else, he should also continue to transmit it to others.

> *I didn't take good care of myself. I misbehaved by not taking medication, or sometimes forgetting to take medication. I disliked and hated myself. I felt like I was a disgusting person. I was upset that I had made a mistake and got the infection. I thought if someone could do this to me, why shouldn't I do it to others?* (ID2)

***Sub-theme 1.3: Hopelessness.*** Some participants reported that they wanted to commit suicide after learning about their infection. They felt that they had disappointed their families. They got infected and did not have a job. They did not want to live anymore since they felt that having HIV was the biggest mistake of their lives.

> *I didn't want to live anymore. It was so wrong. What a terrible mistake. I was discouraged. I didn't want to be here. I didn't want to live. I wanted to die.* (ID3)

> *At the beginning, I had suicidal thoughts. Yes, I wanted to commit suicide. Well, it's like I disappoint them (parents) on everything. I still had no job and yet got an infection.* (ID8)

**Theme 2: Accepting the truth of having HIV**

To overcome spiritual distress and suffering from being HIV positive, the participants had to accept the truth that they could not change their HIV positive test results. Some participants began to accept their HIV status when they were faced with complications from opportunistic infections and hoped to survive. They accepted the truth of being HIV positive by acknowledging previous misbehaviors, disclosing their HIV status, and seeking ways to remain healthy.

***Sub-theme 2.1: Acknowledging previous misbehaviors.*** Some participants indicated that they had to accept their HIV positive test result because they had risk behaviors that would cause them to be infected with HIV. These risk behaviors included having sex with multiple partners, not practicing safe sex, and indulging in drinking alcohol which impaired their judgment.

> *I was not surprised after the doctor told me my test result. I doubted myself before I was tested for HIV. I think I was infected by my partner because I had sex being unprotected. I was not concerned with using condoms because I trusted in my partner…I trusted he didn't have other partners.* (ID7)

*I am not surprised by my test result because I doubted myself before I was tested for HIV. Before I was infected, I had many partners and had unprotected sex with them by not using a condom. I was not concerned with using condoms because sometimes I craved sex without using a condom, and sometimes I drank alcohol until I lost control. I accepted these actions as the cause of my HIV infection.* (ID8)

***Sub-theme 2.2: Disclosing their HIV status***

Participants accepted their HIV status by disclosing their HIV test results to their parents because they already have a close relationship with them. They believed that their parents provide the most important support for them. After their parents knew about their HIV test results, their parents advised them to take care of themselves, took them to hospital appointments, gave inspiration for them, and reminded them to strictly follow the ART drug regimen.

*I disclosed my HIV test results to my parents first. I think that they are my main encouragement. They take care of me, take me to check-up appointments, and encourage me to live on. When they take care of me and encourage me, I feel that I am an important person to my parents. I will live a long life for their sake.* (ID2)

*After knowing about my test result, I didn't know who I could consult. I called my parents first. I think they don't tell my testing to others. After my parents knew about my test result, they cried and told me that we couldn't change the test result, we must accept it and continue life to the future.* (ID3)

***Sub-theme 2.3: Seeking ways to remain healthy***

Participants sought treatment to avoid future complications and continue living a healthy life. They received the ART treatment from the hospital clinic. They know that HIV is an incurable disease, and they will need to take medication regularly for the rest of their lives to prevent HIV from being full-blown AIDS. They understood that receiving ART medications would increase their antibodies and prevent complications.

*At first, I felt sorry for myself, then, I had to accept the truth that I was infected and must receive treatment. At least, I could be treated and avoid complications. If there's any complication, just treat it. I need to accept it and live on.* (ID2)

*I went to the hospital to receive ART treatment. The nurses told me that taking ART medications helps to increase antibodies. If I did not take ART medications regularly, I would become thinner, dark skinned, fatigued, and be skin on bone. I need to stay healthy for a long time. So, I must take ART medications regularly.* (ID3)

**Theme 3: Increasing good karma to prolong life**

Some participants who believed in the reciprocal law of karma focused on increasing their good karma by refraining from transmitting HIV to others and avoiding drinking alcohol to reduce risk behavior. They believed that refraining from transmitting HIV to others and avoiding drinking alcohol to reduce risk behavior helped to increase their good karma. This belief supported their life to be healthy and prolonged.

***Sub-theme 3.1: Refraining from transmitting HIV to others.*** Some participants believe that they were infected with HIV because their bad karma meant receiving it from other. If they transmitted HIV to others, they will increase their bad karma. On the other hand, they will have good karma that prolongs their life if they do good deeds. Therefore, they refrained from transmitting HIV to others by practicing safe sex and avoided having sex.

*Because I don't want to hurt the people with whom I have sex. I think, If I hurt them, I will get bad karma in my life. It looks like I kill them. It seems like I kill the living life. After I do that, it makes me stressed about my behaviors. Therefore, I decided to use a condom all the time when I had sex or try to avoid having sex. I think it is good for my life.* (ID3)

> *I received this infection as my karma, and I don't want to transmit it to anyone else. I don't want to pass on the karma so that I won't transmit it to others. My mother frequently admonished me to avoid transmitting HIV infection to others because it decreases the bad karma of my life. I refrained from transmitting to others by using condoms whenever I had sex and tried to avoid having sex. I think good karma should help me to prolong my life.* (ID7)

One participant reported after learning that he was HIV positive, he did not have any interest in sex and tried to avoid having sex.

> *After knowing that I was infected, I didn't seek anything like that* (sex). *As for sex partners, if I really had sexual desire, I would just masturbate. That's it. I don't want to transmit the virus to others. If I have sex with the others, it looks like I kill them because they don't know my HIV testing. They didn't know they were infected with HIV from me. I think if I do that, It is my bad karma.* (ID8)

***Sub-theme 3.2: Avoiding drinking alcohol to reduce risk behavior.*** The participants reported that they tried to avoid drinking alcohol to increase their mindfulness which helped reduce risk behavior. They only drank when socializing with friends and not too much. They thought that drinking alcohol was the cause of losing mindfulness which led them to do risky behaviors for HIV infection:

> *I just drink occasionally, like at a party with friends, just to socialize with them. Sometimes I have to drink, but not too much. Before I was infected, I have drunk too much until I couldn't control my mindfulness. After I was infected, I tried to avoid drinking. I think it is good for my life and to decrease my sin.* (ID8)

**Theme 4: Gaining spiritual well-being to live with HIV**

Many participants stated that the important things supporting them living with HIV include gaining spiritual well-being by having a spiritual anchor, having life goals, living with hope, and living in the moment.

***Sub-theme 4.1: Having a spiritual anchor.*** Many participants indicated that they grew up participating in Buddhist activities cultivated by their parents and grandparents since they were young. When they were confronted with a life-threatening crisis, particularly HIV infection, they turned to Buddhist activities by going to the temple to make merit, respecting Buddha, and praying or practicing meditation. These activities helped increase their peace of mind, relieve suffering, and promote positive thoughts and good decisions.

> *I go to the temple to make merit for peace of mind. I want to feel gradually relieved and satisfied with the merit. It helped me concentrate and figure things out. I had more concentration.* (ID3)

> *I love to pay respect to Buddha. I feel calm, and I do not overthink when I'm at the temple. Sometimes when I was discouraged and couldn't figure things out, I just went to pay respect to Buddha, and my mind was at peace. I felt relieved. It's like there is something I could turn to as a spiritual anchor.* (ID9)

***Sub-theme 4.2: Having life goals.*** The goal for the participants in this study was to have a better life, particularly for those born into low-income families. The participants aimed to study hard, graduate, and work to support their parents and family, who motivated them to take good care of themselves to achieve that goal.

> *It just helps push me to survive. Because my family is not wealthy, I can't die if my parents still haven't achieved a better life. I use this as*

*motivation to take care of myself to live my longest and do my best every single minute.* (ID8)

*I have a dream. My dream is to take care of my family for a better life. I have a chance to study for a bachelor's degree. After I finish my study, I will support my parents and family to have a good life. When I think of my family, I have an inspiration to take care of myself to achieve my dream.* (ID9)

***Sub-theme 4.3: Living with hope.*** One of the main reasons for the participants to live as healthy a lifestyle as possible is the hope there might be a medical cure for HIV/AIDS in the future. They will be healthy enough to receive this treatment when this day arrives. This hope encourages them to live with hope in their daily life and take good care of themselves.

*There must be hope. I don't expect too much since I'm aware of the reality. The doctor explained that it's incurable, but I still hope for a better tomorrow. Things must get better, I hope one day HIV will have a cure, I hope one day the doctor will discover a cure for HIV, It motivates me to move on and take care of myself.* (ID5)

*I've lived and struggled with the hope that one day I might recover. I think it's important to maintain hope. People said we have to live with hope. I hope one day the doctor will discover a medicine to cure HIV. Although it is a little hope, it makes me live with hope.* (ID8)

***Sub-theme 4.4: Living in the moment.*** Some participants reported that they had to live normally as much as possible with no stress. They try to live happily every day. They tried not to think about their infection and their past. They lived in the present and make the best of today. They indicated that those living with HIV should focus on the future and focus on having a positive purpose in life rather than feeling worried about their past life or previous bad experiences.

*I did not think about the bad experience in my previous life. I did not stress about my past life. I do everything in my present life to be well. I did not think about the past, but I focused on the present and the future. I think we should not discourage ourselves, but we should tell ourselves to fight. We have to live for the future and the present and do our best every day.* (ID3)

*Just live happily and do your best every day. Don't think about anything beyond that. You can plan on your life, but just make the best of today. I'm now living a happy life.* (ID7)

## Discussion

This study is one of the first of its kind to qualitatively explore spirituality among YMSM who were HIV-positive, based on their perspective of Thai culture and the core values of Buddhism. Findings presented four major themes: experiencing spiritual distress following HIV diagnosis, accepting the truth of having HIV, increasing good karma to prolong life, and gaining spiritual well-being to live with HIV.

Experiencing spiritual distress following HIV diagnosis consists of fear of stigmatization, self-loathing, and hopelessness. Young MSM living with HIV experienced fear of stigmatization because societal stigma and discrimination against MSM are still widely prevalent in Thailand, especially HIV infection among MSM face a double stigma.[18] Moreover, MSM with HIV infection were perceived as having promiscuous behavior, which is unethical and immoral, and does not follow the five moral precepts from Buddhist teaching on ethics, particularly the third precept, which is refraining from committing sexual misconduct.

Self-loathing may reflect the spiritual distress of YMSM living with HIV. A lack of self-care such

as lax medication adherence described by one participant demonstrated internalized feelings of self-hatred for his condition and failure to protect himself. Self-loathing and inability to accept his condition also translated into anger which manifested as "revenge" ideation; this is the desire to transmit the virus to others by having unprotected sex with many different partners. Self-forgiveness was necessary for the participant because forgiveness is associated with higher self-esteem and self-respect. A previous study found that self-forgiveness leads people living with HIV and AIDS to acceptance of HIV status, promote seeking medical care, and eventually gain the confidence to disclose HIV status to friends and families.[27]

It is not surprising that feelings of hopelessness, anger, and self-loathing were also accompanied by suicidal thoughts. Because they perceived HIV infection as a deadly and incurable disease, participants had no reason to take care of themselves. Some participants had suicidal thoughts because they blamed themselves for their HIV infection. They felt that it was the biggest mistake of their lives and disappointed their families. This reflects Thai culture, where most parents wish for their children to get good jobs after graduating from university. This expectation made YMSM feel that they had no future once diagnosed with HIV, resulting in hopelessness and negative expectations for the future.

Accepting the truth of having HIV is a step towards processing their diagnosis. However, it does not necessarily come immediately after the diagnosis. Accepting the truth of having HIV and adapting to it contributes to long-lasting lifestyle changes.[28] The participants accepted the reality of their situation by acknowledging their previous misbehaviors, disclosing their HIV status, and seeking ways to remain healthy. They disclosed their HIV status and sought help from their parents. Participants looked upon their parents for spiritual support after they were diagnosed with HIV because they trusted and believed that their parents were important supporters who could accept their HIV infection, not disclose their HIV status, and help them solve the problems in the crisis. Parents who are spiritual can influence their children by providing a model of how spiritual beliefs and practices are important for coping with difficult life situations and creating pro-social values in the community.[29]

The participants who believed in the law of karma were dedicated to not committing any sins by refraining from transmitting HIV to others and avoiding drinking alcohol to reduce risk behaviors. Some participants tried to increase their good karma by following the five precepts, particularly the precepts related to risk behaviors for transmitting HIV to others. Refraining from committing sexual misconduct and consuming alcohol or intoxicants are the two precepts of the five precepts of Buddhism towards virtuous behaviors *(sila)*.This finding supports the importance of spirituality in positively influencing HIV prevention activities of black and Latino MSM by enabling them to make better decisions regarding HIV prevention and helping them avoid deviant or risky behaviors.[10] This is taking responsibility toward other people, which is an important attribute of spirituality for YMSM living with HIV in the Thai context where stigmatization of HIV remains. Also, it will minimize the negative image and stigmatization of YMSM living with HIV.[29]

In this study, spiritual well-being among HIV positive YMSM consisted of having a spiritual anchor, having life goals, living with hope, and living in the moment. This study found that the spiritual anchor of participants was performing Buddhist activities such as paying respect to Buddha, merit making, praying or practicing meditation. Performing Buddhist activities helped the participants increase their peace of mind, relieve their suffering, and promote positive thoughts and good decisions. Having life goals and achieving these goals has been identified as an essential attribute of spirituality for people worldwide.[30] Life goals help individuals know what and whom they live for. The life goals for some participants emerged from a perceived need to make a better life for themselves and their significant others. Living with hope for a better life

may produce more effort to a positive expectation for the future and encouragement to fight and move on. Participants hoped for a cure for HIV so they would finally be free from their condition. It is why they intend to take good care of themselves and be healthy. Living in the moment helped the participants to reach their goal of living a normal life and experience living in harmony with HIV infection.[29]

## Limitations

There are some limitations on research participants who self-identified themselves as MSM. They were recruited from only a tertiary hospital in lower northern Thailand. Therefore, the data might differ in other MSM groups living in other settings and other regions. Moreover, the data were collected through a purposive sample of Buddhists, so our findings might differ from HIV infected YMSM in other religions.

## Conclusions and Implications for Nursing Practice

This study was strengthened using qualitative analyses to explore the complex themes that accompany spirituality, which can be difficult to uncover using quantitative analyses. The findings provide valuable insight for nurses to understand the spirituality of YMSM living with HIV in Thai context. Spirituality of Thai YMSM living with HIV related to religious beliefs and practices, particularly Buddhist practices and Buddhist doctrines. This study also highlights the role of spirituality in reducing risk behaviors among YMSM living with HIV. The knowledge gained from the findings support nursing practice for those who provide care for YMSM living with HIV. Nurses and other health professions should not focus only on medical, pharmacological, and therapeutic realms but also should include psychosocial and spiritual dimensions that enable YMSM living with HIV to cope with social stressors and daily life with HIV. Moreover, nurses should develop models or interventions to support YMSM living with HIV to reduce risk behaviors and promote spiritual well-being by using religious teaching and religious practices as a guideline.

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# จิตวิญญาณของเยาวชนชายที่มีเพศสัมพันธ์กับชายที่อยู่ร่วมกับเชื้อเอชไอวี: การวิจัยเชิงคุณภาพ

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**บทคัดย่อ:** จิตวิญญาณเป็นปัจจัยที่ได้รับการยอมรับว่าช่วยปกป้องการเกิดผลลัพธ์ด้านสุขภาพเชิงลบและพฤติกรรมเสี่ยงของผู้ที่อยู่ร่วมกับเชื้อเอชไอวี เพื่อจำกัดการแพร่กระจายเชื้อเอชไอวีในเยาวชนชายที่มีเพศสัมพันธ์กับชาย ความรู้เรื่องจิตวิญญาณถือเป็นสิ่งจำเป็นสำหรับการบริการด้านสุขภาพ การศึกษาครั้งนี้มีวัตถุประสงค์เพื่อศึกษาจิตวิญญาณของเยาวชนชายที่มีเพศสัมพันธ์กับชายที่อยู่ร่วมกับเชื้อเอชไอวีในประเทศไทย อายุอยู่ระหว่าง 20 ถึง 24 ปี โดยใช้วิธีการวิจัยเชิงคุณภาพแบบพรรณนา รวบรวมข้อมูลด้วยการสัมภาษณ์แบบเจาะลึกจากผู้ให้ข้อมูลจำนวน 10 ราย ณ โรงพยาบาลระดับตติยภูมิแห่งหนึ่งในเขตภาคเหนือตอนล่าง ตั้งแต่เดือน มกราคม ถึง สิงหาคม 2560 วิเคราะห์ข้อมูลเชิงคุณภาพด้วยการวิเคราะห์เชิงเนื้อหา

ผลการวิจัยแสดงข้อมูลเชิงลึกของมิติทางจิตวิญญาณตามมุมมองของชาวไทยพุทธ ที่สามารถนำไปใช้ในการส่งเสริมสุขภาพและปรับเปลี่ยนพฤติกรรมเสี่ยงของเยาวชนชายที่มีเพศสัมพันธ์กับชายที่อยู่ร่วมกับเชื้อเอชไอวี ผลการวิเคราะห์ข้อมูลสรุปได้ 4 ประเด็นหลักดังนี้ 1) ประสบความทุกข์ทางจิตวิญญาณหลังได้รับการวินิจฉัยว่าติดเชื้อเอชไอวี (กลัวถูกตีตรา เกลียดชังตนเอง และสิ้นหวัง) 2) ยอมรับความจริงของการมีเชื้อเอชไอวี (ยอมรับว่าเคยมีพฤติกรรมที่ไม่ดี เปิดเผยว่าตนเองติดเชื้อเอชไอวี และแสวงหาทางเพื่อมีสุขภาพที่ดี) 3) สร้างกรรมดีเพื่ออายุที่ยืนยาว (งดแพร่เชื้อเอชไอวีไปสู่ผู้อื่น และงดดื่มสุราเพื่อลดความเสี่ยง) และ 4) สร้างความผาสุกทางจิตวิญญาณเพื่ออยู่ร่วมกับเชื้อเอชไอวี (มีที่พึ่งทางจิตวิญญาณ มีเป้าหมายของชีวิต อยู่อย่างมีความหวัง และใช้ชีวิตอยู่กับปัจจุบัน)

ผลการวิจัยนี้สามารถนำไปใช้เป็นแนวทางในการพัฒนารูปแบบหรือโปรแกรมที่ส่งเสริมให้เยาวชนชายที่มีเพศสัมพันธ์กับชายที่อยู่ร่วมกับเชื้อเอชไอวีลดพฤติกรรมเสี่ยงของการแพร่เชื้อเอชไอวี และส่งเสริมความผาสุกทางจิตวิญญาณโดยใช้หลักคำสอนของศาสนาและการปฏิบัติทางศาสนาเป็นแนวทาง

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