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# Conservative protestants and engagement with sexual minorities living with HIV: the role of disgust and recategorizing contact

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#### ABSTRACT

Conservative Protestants in the United States have historically distanced themselves from gay men, lesbians, and transgender persons living with HIV based largely on fears of moral contamination which are propagated by disgust. We argue how disgust can implicitly reify social divides that engender condemnation and subjugation. However, we will propose that it is achievable to safeguard the traditional tenets of sexuality and gender among conservative Protestants *and* actively oppose misapplications of those tenets to exclude persons living with HIV. We will support our thesis by describing the work of a medical clinic founded on conservative Protestant ideology that serves hijras and kotis living with HIV in India. We will introduce how applications of recategorizing contact, cognitive consistency, and cultural scaffolding are formative in maintaining one's ideological integrity without enacting exclusion based on fear and disgust.

#### ARTICLE HISTORY

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**KEYWORDS** Disgust; HIV; hijra; koti; stigma; India

The first documented cases of pneumocystis pneumonia, a mysterious lung infection among five sexually active gay men in the United States (US) in 1981 spurred global fear to a condition later named Acquired Immunodeficiency Syndrome (AIDS). The fear of exposing one's body to a viral infection that cripples the immune system has divided those who live with the human immunodeficiency virus (HIV) that causes AIDS and those who do not. Fears of contagion and beliefs about HIV transmission shaped both pubic engagement and avoidance of persons living with HIV (PLHIV). Protestants in the US who ideologically adhere to fixed gender categories of male and female, and sexual relationships within a monogamous heterosexual marriage (herein conveniently referred to as Conservative Protestants) have historically distanced themselves from persons who have acquired HIV through behaviour they deemed as immoral - most notably extramarital heterosexual activity.<sup>1</sup> Men who have sex with men (MSM) in particular were therefore regarded as deviant and ultimately culpable for contracting the virus. Gay men, lesbians, and transgender persons (herein referred to as GLT)<sup>2</sup> living with HIV are clearly distinguished from persons or victims who innocently acquired HIV (e.g., hemophiliacs, children born to mothers with HIV, iatrogenic HIV transmission). Central tenets of Biblical literalism, the belief that select biblical texts represent God's literal admonishment against homosexuality, and the perceived threat that GLT persons pose to society's moral fabric – specifically to the centrality of the nuclear family – have been formative in Conservative Protestants' avoidance and denunciation of this group (Burdette, Ellison, & Hill, 2005). Preserving the old sexual order and denunciating sexual behaviour outside a monogamous, procreative, heterosexual marriage and gender roles have arguably been motivated by fear of encroaching religious and ethnic outgroups, and the perceived threat that "non-normative actors" undermine traditional values (Griffith, 2017, p. xi).

It is timely to address the views of Conservative Protestants towards GLT persons living with HIV, because as a group, Conservative Protestants have been a mainstay in American public life and continue to influence in varving degrees the construction (and deconstruction) of in- and out-groups. It is not our intention to reduce the broad swath of Christian responses to HIV to Conservative Protestants, lest we diminish the work of Christians across the denominational and theological spectrum who renounced vitriolic narratives about persons living with HIV. Rather, we propose that Conservative Protestants in the US have distanced themselves from GLT persons living with HIV based chiefly on their fears of moral contamination which are expressed and propagated by disgust. The various ways disgust is enacted converges on discrediting and devaluating persons (regardless of intention), and when internalised can heighten their vulnerability to depressive symptoms and other mood related symptoms (Ille et al., 2014; Powell, Simpson, & Overton, 2013; Ypsilanti, Lazarus, Powell, & Overton, 2019). Among persons living with HIV, for example, perceptions of being the object of disgust or stigma are associated with negative emotional, behavioural, and help seeking outcomes (Earnshaw & Chaudoir, 2009; Miller, Varni, Soloman, DeSarno, & Bunn, 2016).<sup>3</sup>

We are not proposing that fear of moral contamination and disgust are sine gua non to all forms of ideological disapproval or even dislike of GLT persons living with HIV. Rather we propose the merit of considering how disgust can conceivably undergird acts of social distancing that stigmatises GLT persons living with HIV in the US. If their perception and treatment of GLT persons are indeed borne from disgust, this reifies the stigma perceived and experienced by persons living with HIV. In this paper, we will however argue that it is achievable to safeguard the traditional tenets of sexuality and gender among Protestants who hold a conservative sexual ethic and actively oppose misapplications of those tenets (e.g., exclusion and disapprobation of PLHIV). We will support our thesis by drawing on the disciplines of mental health, social psychology, legal philosophy, and public health, followed by describing the work of a medical clinic founded on conservative Protestant ideology, that serves hijras and kotis living with HIV, a community in Delhi, India that carries a multiplicity of social differences, the most observable being fluid gender expression.<sup>4</sup> By adapting a theoretical review and a single case-study approach (Flyvbjerg, 2006), we will specifically discuss how recategorizing contact, cognitive consistency, and cultural scaffolding can be formative in maintaining one's ideological integrity without excluding others - ideas that warrants further empirical support. More broadly, this paper contributes to an extensive literature on the aversive mental health outcomes of stigma on GLT persons living with HIV by considering how upholding traditional teachings of sexuality and gender can be decoupled from the enactment of disgust and avoidance among pockets of conservative Protestants. To do so, we will introduce how a group of theologically conservative Indian Christians promote mental health and well-being among hijras

and kotis living with HIV by sustaining deep engagement within the community thereby denunciating disgust and fear of moral contamination of any form.

## Perceived threat of moral contamination

Negative attitudes towards GLT persons are often not simply an expression of general negativity, but can be normative emotional responses elicited when a group perceives overt or tacit threats (Dovidio, Gaertner, & Saguy, 2009). Realistic threats are ones posed against a group's power or resources, and symbolic ones threaten a group's religious or collective worldview (Filip-Crawford & Neuberg, 2016). Some have argued that PLHIV are excluded from society-at-large principally because MSM are regarded as deviant and a moral affront to religious ideology and moral values (symbolic attitude), and less so as a contagion threat (instrumental attitude; Pryor, Reeder, & Landau, 1999). As Treichler (1999) aptly described, "the major risk in acquiring AIDS is being a particular kind of person rather than doing particular things" (p. 20). Social psychologists have shown that when people perceive a threat to their sacred values, they protect themselves from being exposed to impure thoughts and behaviours by intuitively distancing themselves from those who subscribe to those views (Tetlock, Kristel, Elson, Green, & Lerner, 2000).

Recent studies have drawn theoretical parallels between the fear of pathogenic infection and moral contamination, arguing that response to threats of infectious disease also shape the same patterns of behaviour that undergird prejudice towards GLT persons. People holding negative views of sexual minorities could arguably adapt an analogous pathogen-based model of homosexuality (Filip-Crawford & Neuberg, 2016). To the extent that prejudice and animus towards sexual minorities can be explained as a fear of spreading same-sex orientation or ideology, anti-gay sentiments can reasonably be understood as attempts to prevent, contain, treat, or eliminate the threat of homosexuality (Filip-Crawford & Neuberg, 2016). Avoidance of socialisation and exposure to pro-gay ideology (prevention), social exclusion of sexual minorities (containment), therapeutic interventions to reduce same-sex attraction (treatment), and violence against sexual minorities (eradication) are select examples of behaviours to ward off a pathogen threat (Filip-Crawford & Neuberg, 2016). This was consistent with the dominant rhetoric in the mideighties on sexual promiscuity and perversion among "voracious gay men" which framed HIV as a gay disease (Petro, 2015). Experimental studies provide further evidence that politically conservative and religious groups are more sensitive to disgust towards GLT persons which in turn promote outgroup exclusion (Terrizzi, Shook, & Ventis, 2010). As noted earlier, the diverse representation of Conservative Protestants in the US precludes a general pronouncement that fear of moral contamination belie all forms of animus towards GLT persons living with HIV. However, it is important to recognise when and how this fear is stirred and perpetuated. These are considerations to which we now turn.

#### **Disgust & avoidance**

In *Purity and Danger*, Douglas (1966) argued that "rituals of purity and impurity create unity in experience" and helps maintain order in our environment (p. 2). Categories of contaminant and pure are governed by rules of avoidance and rituals of separation (Douglas, 2003). These categories are reinforced over time and we filter or distort that which 198 👄 E. KANG ET AL.

challenges our established assumptions and systematic ordering of ideas. Douglas argued that "it is only by exaggerating the difference ... that a semblance of order is created" (p. 4). However avoidance is also predicated on *disgust*, an intuitive emotion that minimises one's exposure to perceived pathogens and is often "impenetrable to conscious explanation" – it does not adhere to legal standards (Nussbaum, 2004) or empirically justified health concerns (Giner-Sorolla, Kupfer, & Sabo, 2018, p. 224). Rozin and Fallon (1987) described disgust as a type of rejection motivated largely by the "origin of the item or its social history" rather than by the objective properties (p. 24). Russell and Giner-Sorolla (2013) reviewed decades of experimental studies that support their argument that moral disgust is a "unreasoned emotion," one that is largely learned and referenced as "moral dumbfounding" (Haidt, Koller, & Dias, 1993). In other words, individuals are not compelled to justify their moral disgust, rather they rely on their reflexive emotions to explain and justify their disgust of others (Haidt, Rozin, McCauley, & Imada, 1997).

Although, disgust has played an important evolutionary role in helping us navigate away from real danger (e.g., advising children not to play with excrement) a strong line is taken against disgust when it is employed as a means to exclude and demonise people who embody the dominant groups' fears. As Nussbaum (2004) stated, our ingrained need to distance ourselves from our animality propels us to identify a group to "bound ourselves *against*, who will come to exemplify the boundary line between the truly human and basely animal" (p. 107, italics added by author). Gay men and lesbians have conceivably been seen as contaminants and reminders of our own animal vulnerabilities. Therefore, borders of the body are erected and policed to prevent the contaminant from crossing over and reducing ourselves to the status of an animal – our primal human fear. This thread of reason hardly serves as sufficient grounds for social rules that subordinate people without substantive risks of harm. As Giner-Sorolla et al. (2018) clearly stated, "(a)s a factor that can influence legal, health, and social decisions, disgust often has effects that are socially undesirable, in that they do not follow legal standards for judgment, scientifically justified health concerns, or social standards of fairness" (p. 276).

Disgust becomes problematic when used to denigrate and exclude others (Nussbaum, 2015). Although "disgust is not the only mechanism of stigmatisation. It is, however, a powerful and central one, and when it is removed, other modes of hierarchy tend to depart along with it" (Nussbaum, 2010, p. 17). It is noteworthy that disgust does not necessarily accompany rage and vitriol – in fact it seldom does. A covert form of disgust, for example, relies less on an attribution of grossness and more on embodying "disgustimbued exclusions" to separate the perceived contaminant group from the general population (Redding, 2017, p. 17). Based on the 1988 National Survey of Adolescent Males (1,800 15–19-years old) in the US, for example, 89% described sex between two men as "disgusting" and only 12% were comfortable befriending someone who was gay (Marsiglio, 1993). More broadly, studies also indicated that in the US, gay men evoked qualitatively and functionally negative reactions compared to racial minorities, feminists, and Fundamentalist Christians (Cottrell & Neuberg, 2005). Specifically, participants reported greater disgust towards gay men and higher perceived threat of contamination compared to other groups. The extent to which disgust influences moral judgment particularly towards sexual minorities is notable in light of findings that higher disgust sensitivity is associated with implicit negative moral evaluation of sexual minorities (Cunningham, Forestell, & Dickter, 2013; Inbar, Pizarro, & Bloom, 2009; Inbar, Pizarro, Knobe, & Bloom, 2009).

Collectively, these findings raise the question of how fear of moral contamination borne from disgust towards GLT persons living with HIV can be circumvented among conservative Protestants who espouse heteronormative and gender-binary mappings. To address this question, we will introduce and examine the work of Shalom, an HIV clinic operated by Indian Christians in Delhi.

# Shalom clinic: HIV services in North Delhi<sup>5</sup>

Since its inception in 2001, the organisational mission of Shalom has been to provide medical and supportive services for persons living with HIV in socio-economically disadvantaged communities in Delhi where high quality HIV care is inaccessible. Undergirding this mission are the teachings in the first four books of the Judeo-Christian New Testament Matthew, Mark, Luke, and John – to preferentially treat members of society who are vulnerable to marginalisation with dignity, as exemplified by the life of Jesus. Staffed by a team of Indian physicians, nurses, and community outreach workers, Shalom provides in - and outpatient medical services to persons with acute HIV-related illness at their 10-bed Health Centre located in North Delhi. The majority of patients are referred to Shalom by word of mouth and from government Antiretroviral Therapy (ART) Centres and other non-government organisations. In 2018, there were 249 inpatient admissions and 1,284 outpatient visits. Ancillary services that focus on the specific needs of children and adolescents (HIV Disclosure Support, Character Development and Life Skills Education), women (Income Generating Livelihood Program), and hijras and kotis (Home-Based Visitation) are provided in partnership with government hospitals and local churches. In 2018, 149 patients were cared for during 761 home visits. For hijras and kotis in particular who have been historically mistreated or denied services at government hospitals, Shalom filled a critical need in 2009, by launching a home-based programme to provide follow-up supportive care and outreach in communities not yet connected with care. Forty-five hijras and kotis received home-based supportive services in 2018.

The Western term transgender refers to people whose gender identity or expression differs from their birth sex, with the understanding that gender descriptions and terms vary across cultures especially for persons who identify outside the male-female gender binary. In India, for example, hijras are a structured community of feminine-identified persons who identify as neither man or woman (Nanda, 1990). Nor do they generally identify as the third gender, a category in opposition to the dual gender systems in North America (Reddy, 2005b). Their ambiguous gender identification and the "idea of bodily disfigurement" as a result of penectomy or castration (orchiectomy), have engendered perceptions of hijras as "dirty" and "having no sharam or shame" (Reddy, 2005b, p. 257). Hijras typically dress in women's clothing and earn a living by performing ritualistic ceremonies at weddings and childbirth (pan ki toil, khergalla); begging on buses, trains, and traffic stops (dingna); and sex work (khanjara). Their livelihood of blessing others for money depend on their physical presentation as distinct from men and women. Yet their gender liminality heightens their social discredibility. Hence, as Reddy (2005) has noted, "it is the visible fear of moral contagion that constructs hijra sexual stigma and social marginality in the public domain" (p. 259).

Although the Indian state recognises hijras as transgender, kotis have been categorised as feminine men who have sex with men (MSM). Kotis, who do not necessarily identify as

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transgender, occupy a more precarious standing in the overarching transgender/MSM categorical rubric (Duta & Roy, 2014). Kotis' feminised behaviour, desires, and sexual preferences (receptive anal intercourse with *pantis*, masculine men) have putatively marked them as "failed homosexual men" (Dutta, 2013, p. 504). This delegitimizing label coupled with their less structured supportive clan limit kotis' social mobility and citizenship in ways that are different from hijras.

In a meta-analysis of published studies between 2000 and 2011 assessing HIV prevalence among transgender women, the odds of being infected with HIV was 48.8 times higher among transgender women compared to all adults of reproductive age across 15 countries (Baral et al., 2013). Specifically in India, the estimated prevalence of HIV at three urban sexually transmitted disease clinics in Pune was 45.2% among hijras compared to 20% among heterosexual men and 18.9% among MSM (Sahastrabuddhe et al., 2012). Similar rates were reported among 4597 self-identified MSM in four southern Indian states where the HIV prevalence among hijras was 18.1%, and 13.5% for kotis. Syphilis prevalence was also highest among kotis and hijras – 15.8 and 13.6%, respectively (Brahmam et al., 2008).

Similar to research on public perceptions towards gays and lesbians, there has been recent studies that link disgust with attitudes towards transgender persons - both drawing on similar theories of how traditional gender roles and sexual scripts are challenged and one's "moral intuitions" are threatened (Ganju & Saggurti, 2017; Haidt & Hersh, 2001). In a nationally representative survey of 1020 American adults conducted in 2015, disgust sensitivity and authoritarianism<sup>6</sup> predicted opposition to transgender persons' rights to decide how they present and alter their bodies (P. R. Miller et al., 2017). Survey respondents also endorsed more negative attitudes and were less likely to support anti-discrimination initiatives for transgender persons compared to gay men and lesbians (Lewis et al., 2017). In India, kotis (Chakrapani, Newman, Shunmugam, McLuckie, & Melwin, 2007) and hijras (Thompson et al., 2013) are subjected to similar forms of exclusion and discrimination. How has Shalom defied the historical positioning of hijras and kotis to cultivate an institutional climate of proximity and embrace, the antitheses of distance and disgust? We propose that the adaptation of three theoretical principles – recategorizing contact, cognitive consistency, and cultural scaffolding (Dovidio et al., 2009; Gaertner & Dovidio, 2000) were essential to these efforts.

# **Recategorizing contact**

Intergroup contact is the sustained interaction between members of different social groups that gradually reduces negative prejudice and arguably disgust toward the outgroup as a whole. Allport (1954) proposed that the benefits of intergroup contact was best actualised when conflicting groups held relatively equal status, worked toward a common goal, and were supported by institutional norms. At Shalom, deep relational engagement with hijras and kotis not only reified the centrality of their beliefs to preferentially engage the poor and dispossessed, but it challenged and deconstructed negative perceptions staff may have held toward hijras and kotis. Brewer and Miller's (1984) decategorization model serves as a helpful reference in proposing that social contact reduces prejudice by differentiating and personalising out-group members. Meaningful connections challenge rigid categorizations that breed disgust. Hijras and kotis, for example, are less likely to be categorised by behavioural, physical, or sartorial stereotypes when deep sustained relationships are formed. Following a process of decategorization, hijras and kotis were recategorized such that shared identities emerge during intergroup contact (Pettigrew, 1998). When a superordinate group category describes both ingroup and outgroup, a collective sense of "we" reduces the salience of any perceived threat by "them" (Gaertner & Dovidio, 2000; Schaller & Neuberg, 2012). In Shalom's context, the collective group identity as divinely created beings outweighed differences in gender expression, class, and religion. Recategorization doesn't nullify multiple differences between hijras, kotis and the staff at Shalom, but the process "structures a group identification at a higher level of category inclusiveness" (Gaertner & Dovidio, 2000, p. 46). Staff members' cognitive reframing results in "stereotypic inconsistencies," of which they are motivated to make meaning (Crisp & Turner, 2011). Meaningful intergroup contact not only challenges scripts about the outgroup, but fosters creativity, flexibility and reshapes views of one's ingroup, "leading to a less provincial view of the outgroup in general" (Pettigrew, 1998, p. 72). Hijras and kotis similarly challenged and reframed negative views they carried toward Judeo-Christian HIV providers. While studies have collectively supported that positive intergroup contact facilitates more flexible and less rigid dogmatic thinking, the staff at Shalom remain avowedly conservative on sexual and gender ethics. The transformative nature of their relationships with hijras and kotis have re-aligned their doctrinal focus, from issues of gender expression to enacting a shared humanity with all persons seeking care. Staff and patients alike are not required to relinquish their own religious convictions to participate in common life, rather contradictory or distinct ideas and behaviours are held in tension even as people affirmed their own theological beliefs about gender.

# **Cognitive consistency**

Shalom's practice is principally held in accord with the leadership's belief in "the Godordained link between one's biological sex and one's self-conception as male or female" and does not support "self-conceptions that are at odds with God's revealed will" (Communication with Shalom leadership, July 2017). However, to deny hijras and kotis living with HIV of dignified services would be antithetical to Shalom's core interpretation of the religious texts. Rather than feeling constrained by their personal views about gender identity, the staff at Shalom are motivated to apply internal cognitive scripts that follow the exemplar of their faith tradition – Jesus of Nazareth – to discriminately engage persons at society's margins, the diametric of disgust. These internal scripts also motivate and propel staff to grapple with conflicts between internal ideology and praxis when they arise. There is a delayed urgency to attain closure and resolution (Kruglanski & Webster, 1996), which then permits deep examination of religious texts that unequivocally underscore a central historical tenet of Christianity to treat people with equity and compassion regardless of their social standing. This process delegitimizes and elides any act of exclusion by subordinating disgust and fear of moral contamination as failed acts of faith.

Clair, Daniel, and Lamont (2016) argued that the process of destigmatizing PLHIV required new and credible constructions that interact congruently with preexisting understandings and ideologies. Despite initial questions among some staff about how to engage hijras and kotis due to the pervasive socialisation to avoid them, there was no question 202 👄 E. KANG ET AL.

that one should engage. Their praxis was aligned with their faith paradigm, such that no proximal or distal threat was posed by interacting with hijras and kotis. As a staff member explained, Shalom has "reimagined" a space that hosts dual ideologies that remain distinctively subsumed under an all-encompassing identity such that "difference is not supposed to be reason for indifference" (communication with Shalom staff, 2017). The process of reducing or eliminating any dissonance between praxis and ideology that interfered with Shalom's work was actualised by the overarching institutional narrative that serving all persons living with HIV is a faith imperative.

# **Cultural scaffolding**

Sustained meaningful engagement with hijras and kotis with HIV required restructuring internal scripts and fostering broader cultural values and goals that support this process (Herek & Capitanio, 1993). Social institutions and milieu can foster or undermine the effects of intergroup contact because "society establishes the means of categorizing persons" and defining in- and out-groups (Goffman, 1963, p. 2). Despite the recent visibility of hijras in spheres of law, politics, and public health, their marginalised position remain fixed because of their asexuality (Dutta, 2012; Reddy, 2005a). The counter-institutional ethos at Shalom, however, is one of intentional inclusion that scaffolds the staff's work with hijras and kotis. There is an institutional will to foster a context where staff can navigate the complicated social and theological geographies of human worth and morality – ones that appear irreconcilable within the moral economy of disgust. It is arguably this process of negotiating ideologies of gender and sexuality within a theological framework of divinely bestowed worth that the ethos at Shalom acquires its force and influence. Acceptance of hijras and kotis is normative at Shalom such that fear of moral contamination and disgust become cultural outliers. A question that warrants future examination is whether this acceptance is generalised to staff's interactions with hijras and kotis outside of Shalom and the extent to which they challenge exclusionary practices towards gender non-conforming persons in society at large. A question that warrants further examination.

Previous experimental findings support that individual attitudes towards outgroups are more positive when immersed in a social context where consistent positive intergroup contact is normative (Christ et al., 2014; De Tezanos-Pinto, Bratt, & Brown, 2010). In fact, these findings suggest that being in a context where intergroup engagement is valued has positive effects above and beyond the effects of each individual's positive interactions – "positive intergroup contact is associated with reduced prejudice on a macro- and not merely microlevel, whereby people are influenced by the behavior of others in their wider social context" (Christ et al., 2014, p. 3999). Acceptance of hijras and kotis at Shalom was not propagated simply by individual initiatives. Rather, the leadership's prioritisation of enabling this collective effort was paramount to abating any vestiges of disgust or fear of moral contamination.

# Conclusion

Notwithstanding the different cultural and religious landscapes in the US and India, several noteworthy implications can be drawn from Shalom's work with hijras and kotis to

challenge emergent fears of moral contagion and perceived disgust that reify the subaltern status of GLT living with HIV. The underlying tenet of Shalom's work is to embody the teachings of Christ writ large to preferentially treat the dispossessed with dignity. This subsumes all persons irrespective of HIV-serostatus into a shared identity predicated on divinely bestowed worth that recognises group distinctive and permits them to thrive (Kang, 2015). This not only allows but mandates deep sustained proximity at individual and institutional levels. Home visitations, shared meals, social gatherings, and other acts of communal life collectively and gradually decategorized hijras and kotis into a higher level of inclusivity. Fear-based avoidance of contact borne from unreasonable disgust bear no legitimacy in this context. It may be a stretch to imagine such a narrative being played out in the US given the recent acrimonious socio-political climate. Yet, *lived* exemplars of this growing corpus of research do exist among countless unnamed clinics similar to Shalom who consistently denunciate disgust of any form through their proximity and common life with all people living with HIV.

# Limitations

Our narrative description of Shalom's institutional posture of proximity and deep engagement with hijras and kotis provides just one exemplar of how conservative theological views on gender and sexuality do not necessitate propagation of disgust and stigma. Although single case descriptions limit generalizability of observations across different geographic and cultural contexts, the chief aim of this paper was to invite further systematic inquiries on how fear of moral contamination enacted by disgust can stigmatise and compromise mental health among sexual and gender minorities living with HIV (Flyvbjerg, 2006; Ulriksen & Dadalauri, 2016). Notable areas for further inquiry include identification of specific theological tenets that challenge exclusion of persons living with HIV while preserving a conservative hermeneutic for understanding gender and sexuality; clarifying how individual factors and social conditions potentially interact to heighten disgust and stigma in unintentional ways; developing and evaluating interventions and institutional policies that challenge the reflexive nature of disgust.

Notwithstanding limitations of generalizability, this paper legitimates how disgust *can* implicitly reify social divides and perpetuate a fear of moral contamination that propagate condemnation and subjugation. This underscores the importance of examining the extent to which our avoidance and disapprobation of GLT persons living with HIV are based on reflexive intuition or ideological reason. This paper cautions against the former as the perils of disgust and fear of moral contamination lie not in simply perceiving social differences but in repudiating people on the basis of those differences – a peril that deserves our vigilant watch.

# Notes

 Definitions of Conservative Protestantism in the US have been equivocal (Woodberry & Smith, 1998). The authors recognise that that not all Conservative Protestants are conservative politically or theologically. We acknowledge the limitations of categorical labels such as conservative, traditionalists, liberal, and progressive, and appreciate the ideological spectrum that includes the "ambivalent middle" (p. xii, Griffith, 2017). 204 👄 E. KANG ET AL.

- The authors underscore the importance of acknowledging that gay men, lesbians, and transgender persons in the US cannot be reduced to a sexual orientation category. Rather their identities are inclusive of other axes including race, ethnicity, gender, religion, and class.
- 3. Noteworthy that a question on the commonly used Berger HIV Stigma Scale is "People I know think that a person with HIV is disgusting" (Berger, Ferrans, & Lashley, 2001).
- 4. Although hijra and kotis are commonly referenced as "transgender" or "third sex" in academic and political rubrics, we concur with Dutta's (2012) caution of subsuming local communities into an overarching transgender framework that risks reifying "preexisting hierarchies of gendered authenticity" (p. 499). While this point is not focal in this paper, the authors argue that it is an important one to bear in mind. As such hijra and koti will be specifically referenced.
- 5. The views expressed in this paper are solely the authors and do not necessarily reflect the official policy or position of the organisation.
- 6. Authoritarianism is defined as a disposition characterised by the degree of comfort with ambiguity, need for strong boundaries between groups, and value placed on traditional social norms (Miller et al., 2017).

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# **Disclosure statement**

No potential conflict of interest was reported by the authors.

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