



Is HIV Prevention Targeting Men “Living on the Down Low” an Effective Strategy for African Americans?

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Agenda

- HIV and Black MSM
- Social context of “Down Low” (DL)
- Major “DL” assumptions
- Conclusions
- Future Directions for HIV prevention

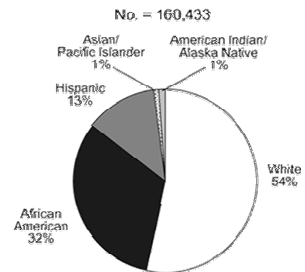
What is “Down Low”?

- Secretive; Undercover; Discreet
- An R. Kelly Song; a Pharcyde song; lyric of a TLC song
- A homosexual black man who doesn't identify as “gay”
- A bisexual black man
- A homo “thug”
- **** A married or coupled heterosexual-identified black man who has sex with men on the side and does not tell his female partner ****

HIV and Black MSM

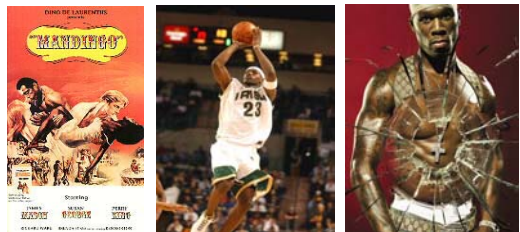
- 46% HIV prevalence (CDC, 2005)
- 14.3% HIV incidence rate (CDC, 2001)
- 73/84 new HIV diagnoses among young MSM from 2000-2003 were Black (North Carolina Dept. of Health, 2004)
- HIV racial disparity not explained by higher unprotected sex rates alone

Race/ethnicity of MSM living with HIV/AIDS at the end of 2003 (total no. = 181,206)



Social context of “DL”

Socialization of Black Masculinity



Socialization of “Gay” Identity



Major “Down Low” Assumptions

- Black MSM are more bisexually active and less “gay”-identified than other MSM
- A “Down Low” or non-”gay” identity means a higher risk of HIV
- “Down Low” Black MSM are the main reason for high rates of HIV among Black women

(Millet, Malebranche, Mason & Spikes, 2005)

Bisexual Behavior, “Gay” Identity, Disclosure and Black MSM

- **Black MSM more likely to identify as or report being behaviorally bisexual than White MSM**
(Montgomery 2003; Heckman 1999; Stokes 1996; Torian 1999)
- **Black MSM are less likely to identify as “gay” than MSM of other ethnicities**
(Young Men’s Survey, 2001)
- **Black MSM are less likely to disclose same sex behavior than White MSM**
(Stokes 1996; Kenamer 2000)

Disclosure and HIV Risk

- Compared with Black MSM who disclose their homosexuality (N=910), those who don’t disclose (N=199) were:
 - More likely to have multiple female sexual partners and reported unprotected anal and vaginal sex
 - Less likely to be HIV+
 - Less likely to have multiple male sexual partners and report unprotected anal sex with other men
- (MMWR, 2/13/04 – YMS Study)

HIV Risk and Black Women

- **Social**
 - Shallow pool of Black men
 - Sexual concurrent relationships
 - Situational sex
- **Behavioral**
 - Douching and enema use (vaginal flora)
 - Anal sex rates
 - High STI rates

(Adimora, 2002; Turner, 2002; Schwartz, 1997; Halperin, 1997; McCoombe and Short, 2004; Myron, 2004)

HIV Risk and Black Women

- (con’t)
- **Biological**
 - Genetic receptor predisposition (CCR5, CXCR4)
 - CCL3L1 protein gene abnormalities
 - Uncircumcised male sexual partners
 - Stage of infectiousness of male partners
 - Co-STI infections in sexual partners

(Gonzalez et. al, 2005; McCoombe & Short, 2004; Martinson et. al, 2000; Williamson et. al, 2004)

Conclusions

- HIV racial disparity continues
- “Down Low” theory problematic
- Sexual identity and disclosure does not predict safer sex among Black MSM
- Multiple factors influencing HIV epidemic among heterosexual Black women
- Extent of bisexual HIV transmission to Black women – we don’t know for sure

Future Directions

- Additional qualitative and quantitative research needed
- Probability studies of HIV risk among bisexually active Black men
- HIV prevention programs focused on sexual *behaviors*, not identities
- Studies on *facilitators* of health & HIV risk among Black men, not just *barriers*

HIV and Emerging Risk Factors

15, September 2005
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Understanding the Status of Black Men in America

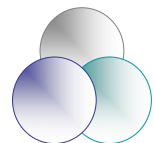
- Why are African-American men more likely to wind up in jail, or unemployed or in poorer health than white men?
- The same factors that increase these outcomes effect HIV/AIDS risk.

Research Gaps

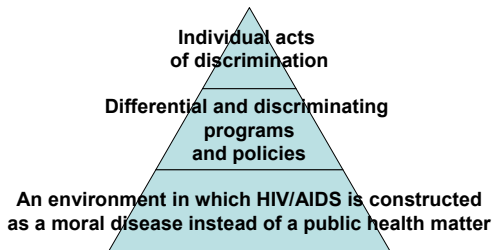
“...there are as yet undefined and unexplored race-specific risk factors that may include Black and Latino MSM’s experience of racism, homophobia, community, family structure, faith, poverty, and contact with the criminal justice system. Detailed [qualitative] studies that allow MSM to ‘tell their own stories’ will elicit these factors, allowing the design of culturally sensitive epidemiological and prevention research.” (Torain, et al, 2002)

Contextualizing This Issue

- Disease of marginalized groups
 - Economic and social conditions
 - Homosexuality and bisexuality
 - Substance use
- Reinforces social norms by defining deviance
- A manifestation of Power



Stigma Still Impacts Efforts to Prevent HIV/AIDS



Myths and Assumptions

- There are men who engage in sexual acts with other men, but who do not identify as GBT or Q.
- These “non-identified” men engage in behaviors associated with HIV transmission and infection.
- These men are becoming HIV infected and are infecting others (including and especially their female partners).

Myths and Assumptions

- There is utility in knowing and/or identifying as GBT or Q.
- Not identifying as LGBT or Q is “pathological”.
- Men of color – non-white men – are different from white men in their experiences as “non-gay identified” men engaging in sex with other men.

Myths and Assumptions

- With better understanding of this group we can intervene to reduce HIV and other STD transmissions and their health consequences.
- Not much has been documented in the HIV literature about these men and ways of reducing their risk for infection and/or transmission of the virus.

Myths and Assumptions

- These men identify with the “non-identified” and “DL” labels.
- These men want to be IDENTIFIED!

Views on Homosexual Labels and Homosexuality

- Views on homosexual labels and homosexuality:
 - Term “gay” did not fit, personally or socially;
 - “Gay” and “homosexual” inferred female or passive/submissive role(s);
 - Religious doctrine and religion impact this perception.
 - “Continual homosexual practice makes a person homosexual...occasional homosexual practice does not...”

Sexual Behaviors and Risk Taking

- Role of incarceration and other institutional settings (e.g., detox, rehab and shelters) on initiation to and continuation of same gender sex;
 - Curiosity and pleasure seeking;
- Role of drugs and finances;
 - “I had encounters with it too like drug related or you know, just to make me some money. You know, I didn’t really feel good about it, but, you know, I got something out of it.”

Initiation to Same Gender Sexual

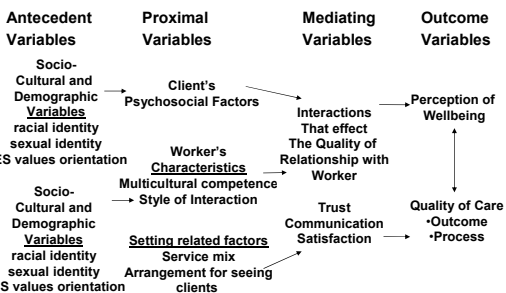
- Initiation to same gender sexual experiences represents paradoxical experiences:
 - Pleasure seeking
 - Social and personal conflicts
 - Bonding and distancing

HIV/AIDS Prevention

- Has to address sexuality of the man where he:
 - Needs to be safe and non-judgmental;
 - Needs to be presented in non threatening way – ways that are accessible without divulging same gender interests;
 - “... the gyms are full of men who are having sex with men and it’s sort of a natural meeting place. I can see two buffed guys, there’s a workout bench and weights and some tag line there saying, “Do you really know who your partner is?”

The Sexual Self

- Biology – the physical state (and understanding of)
- Sexual Orientation – intrinsic desires
- Sexual Identification – cognitive and social
- Sexual Behaviors – actions



Relationship as Intervention: A Socio-cultural model
 Daniel P. Wheeler, Ph.D., M.P.H.
 AIDS Education and Prevention, 17, Supp A, 102-115, 2005

The Role of Public Health

- Follows public health model: Host-Agent-Environment
- Environment must include attention to contextual factors at individual and systemic levels
- Roles of public health interventions/workers must be part of the intervention equation, and thus a focus for change

Major Recommendations

- Low same-gender disclosing thresholds
- Recognition of compartmentalized sexuality (identity vs behavior)
- Recognition of the historical and sociological aspects of this phenomenon
- Inclusion of pleasurable aspects of sex
- Recognition of indigenous leadership and talents
- Systems and providers creating receptive environments for the men not the labels

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Evaluations

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Thank you!

October 20, 2005

Health Literacy

Mark V. Williams, MD