

HIV Prevention among Men Who Have Sex with Men: Risk Issues among African American, Latino and Young Men

(from a CDC Satellite Broadcast on May 17, 2007)

[Announcer] *This podcast is presented by the Centers for Disease Control and Prevention, CDC, safer, healthier people.*

[Announcer] After the airing of this Satellite Broadcast in May 2007, CDC issued a revised 2005 HIV/AIDS Surveillance Report (June 2007). Some of the data cited in this broadcast have been updated. The revised report can be found at www.cdc.gov/HIV/datarevision.htm.

[Moderator/Dr. Rob Janssen] African-American MSM are especially impacted by the epidemic and, in this next segment, we'll hear from CDC behavioral scientist Greg Millett on factors involved in the disproportionate impact of HIV among black MSM. Then researchers Rafael Diaz and George Ayala will discuss cultural and social factors placing Latino MSM at risk for HIV. I think you will agree that the factors that they discuss have important implications for other MSM as well. Then we'll visit a community based organization, here in Atlanta, to discuss HIV prevention with young MSM.

[Greg Millett/CDC] We know from the literature that there are several factors that are contributing to the disproportionate impact of HIV among black MSM. The first one is HIV testing. Even though black MSM are just as likely to ever have an HIV test, compared to MSM of other races and ethnicities, we test less frequently. And black MSM also have high rates of unrecognized infection. And we certainly know from the literature that men who do not know they're HIV positive, engage in higher rates of sexual risk behavior than men who do know they're HIV positive. The second reason for the disproportionate rates among black MSM, are higher rates of sexually transmitted diseases. You find in comparative studies in the literature, from the '80s until now, that black MSM are more likely to be infected with STDs such as Syphilis, Gonorrhea, Chlamydia as well as Hepatitis B. And we also know that if you have an STD you're more likely to acquire HIV if you're HIV negative and more likely to transmit HIV if you're HIV positive. The third reason for the higher rates of HIV prevalence among Black MSM than other MSM are sexual networks. We also know from the literature that men who are younger, who have sex with partners who are older, are more likely to become infected with HIV and you find that same dynamic taking place with young black MSM where they're more likely than young MSM of other races and ethnicities to have sex with older partners, which means that they're more likely to become infected. Another issue with sexual networks is that black men are more likely to have sex with other black male partners and when you have an HIV prevalence rate in the community of one in two men, they're more likely to come in contact with a partner who is HIV positive. The last reason for high rates of HIV seropositivity among black MSM compared with other MSM is access to anti-retroviral medications. We know that HIV positive individuals who are on ant-retroviral medications are less infectious than individuals who are not and when you check out the literature, you find out that black MSM are less likely to be taking anti-retroviral therapy compared with other MSM. And you find that same pattern despite the fact that black MSM have comparable rates of

health insurance. If they're not on anti-retroviral therapy, Black MSM who are HIV positive are more likely to transmit HIV to their HIV negative or unknown partners per act of unprotected anal intercourse. We know definitively looking at the research literature, that there are several things that are not contributing to the disproportionate impact of HIV among black MSM and the first is sexual risk. Whether you're looking at unprotected anal intercourse, number of male sex partners or commercial sex work, black MSM engage in comparable, if not lower, rates of those activities compared to other MSM. The second is substance use. Black MSM generally engage in comparable or lower rate of substance use compared with other MSM including methamphetamine as well as poppers or amyl nitrates, which are highly associated with HIV infection among MSM. The only substance that black MSM are more likely to use compared with other MSM is crack cocaine. The last thing that we know that's not contributing to high rates among black MSM is non-disclosure of sexuality or non gay identity. We already know from the literature that black MSM are less likely to identify as gay and they're less likely to disclose their sexuality, but neither is associated with high-risk sexual behavior among MSM. Recent studies suggest that MSM who do disclose their sexuality and MSM who do identify as gay are more likely to engage in high rates of unprotected anal intercourse, have a higher number of sex partners and they're more likely to be HIV positive. There are several implications for reducing HIV infections among black MSM. The first thing is we need to encourage HIV testing and screening annually for black MSM, as well as STD screening. The second thing that we need to do is among those men who are HIV positive, make sure that they are connected to care so that they are on anti-retroviral therapy and less likely to be infectious to their sexual partners. And the last, is that we need to make sure black MSM engage in more vigilance when it comes to risk behaviors compared with other MSM, since we have such a high background prevalence of HIV in our communities.

[DR. Rafael Diaz] For the past 15 years, George Ayala and myself have been engaged in a series of studies with Latino men who have sex with men, most of them gay and bisexual identified, and the theme of our research has been that we have actually examined HIV risk, not from the point of view of the problem within the individual something that is lacking within the individual, but actually as a product of social and cultural factors that produce that risk. At the beginning, when we began our studies, you know, men would say they could be safe, you know, many times in many situations, but those same men, though, had the knowledge, the skills, the motivation to protect them self, couldn't be safe in other situations. So, we began investigating what those situations were. The most important finding of the research is that those situations are produced by social discrimination, such as histories of homophobia, experiences of racism, financial distress, force migration, the kind of forces that have shaped the lives and the sexuality of Latino gay men. So for us or situations, what they do, is they constrain the possibility of choice and the possibility of protecting yourself. You know, so we examined those situations.

[George Ayala] And our research findings are very consistent with what prevention providers have been saying for many years. Latino gay men walk through the doors of their agencies and say, I've been through prevention workshops, I have this information.

But there are certain situations in which I find myself where all of that information just goes out the window. I forget those things. And our work is about trying to understand those situations. Social discrimination impacts HIV risk among Latino gay men by creating social isolation in the lives of these men and by creating poorer self-esteem. Men who feel socially isolated and who don't feel very good about who they are in the world, find themselves in risky situations. Men who participate in our research talk about experiencing discrimination and homophobia in main stream Latino communities. They also talk about experiencing racism from white gay men in main stream gay communities and the combined set of experiences create the social isolation. And men end up being at a greater risk for HIV.

[Dr. Rafael Diaz] One of the things that we have studied very deeply is the experiences of homophobia that men have had, how they have been called names been beaten up, they've been basically shunned out from family, from religion, from culture because of the fact that they're gay, they're homosexual and how that has impacted their sexuality. Where sexuality, first of all, is very silenced. It's kind of disconnected from the rest of who you are as sexual. It's something that happens outside of church, outside of society, outside of the family. Something you cannot bring to the, you know, Sunday dinner with your family and therefore it's sexuality that gets created and shaped by this kind of shame and guilt about it. So a lot of those situations that we see sex with people and strangers sometime inability to connect love with sexuality (inaudible) to alleviate a sense of guilt feel that you need to become uninhibited and so on are very connected in our research through the history of discrimination. One of the things that we studied was not only social discrimination, but what other factors that protect men that help men that really are factors of strength and resilience. We found actually four important factors. One of them, if men had experienced family acceptance at any level, even if it's just having one member of the family that they can talk to, that made an enormous difference for how men felt connected and felt with a sense of self-worth. Also having a good network of friends, a family of choice with a friendships network, boyfriends, lovers that really care for them, that mirror their strength. That's very important. Also, being involved in community activities and political activism, where men are not simply responding passively to discrimination, but really taking action through human rights kind of work. That really helped a lot. And finally, having people that they consider role models, you know, gay role models, Latino gay role models. They can be a Latino gay man and grow very healthily, very productively, very happily. That was really important. And as you can see, those four factors are factors of a social environment that mirrors, you know, that you are a really good person, that you really are connected, that you are cared for, that you're valued. And men take that and that becomes a really strong place where they can help, be protected.

[George Ayala] This was a very important aspect of our research. We found that men weren't simply the passive recipients of discrimination or the victims of adversity, but that men were finding ways to survive these things and to be stronger in the face of adversity. And I think that's a powerful message in the HIV/AIDS field. That we not just not simply focus on risk and the problems, but that we look to the strength and the

competencies and the assets that Latino gay men bring as we have conversations about HIV prevention.

[Jean-Paul Griffin/Atlanta CBO] Some of the major HIV risk factors and challenges for young MSM, is the lack of education. It's important for our young people to know that they need to use a condom consistently and correctly. That it's important to get tested for HIV and other sexually transmitted infections. It's important to recognize substance abuse as an epidemic in our community. It's important to understand that complacency and the superman complex is real. It is important that you understand that you can become infected with HIV and it's also vital for us to understand that the internet is a place where deception can occur and one needs to step away from the computer and engage in other ways to increase their communication skills. Some of the effective HIV interventions that Youth Pride conducts are through our My Life Program. My Life stands for Mobilizing Youth to Learn, Inspire, Facilitate and Educate about HIV. We use several different CDC programs, like the Empowerment Model, Many Men, Many Voices, Promise. And with those, we teach our young people how to have conversations about HIV in many different settings, some interactions one-on-one, some interactions in public places like our public transportation system. Getting on a bus and having an HIV conversation with a group of youth, so other people can hear. We provide HIV testing, free, consistently, every week to our young people, in a confidential fashion by our trained young people through our My Life Program. Having a young person test a young person is very comforting. Having your friend be able to share their experience with you is very comforting. And in our testing facility, it, again, is very comforting, you know, couches, relaxing, unlike any clinic I've ever been to and just having that atmosphere has increased our HIV testing and increased our knowledge surrounding HIV and increased the willingness of our youth to learn more about HIV and become empowered to take control of their lives.

[Dr. Edward Gray/Same Atlanta CBO] Youth Pride hosts monthly dances. We have about 200 youth at each one. We started offering HIV testing, thinking maybe one youth would come away with a test. Right now, we're over subscribed: we have 12 to 18 youth get tested. Why do they get tested during a dance? Well, it's convenient. They trust us, and we're able then to access them into further care.

[Announcer] *To access the most accurate and relevant health information, that affects you, your family and your community, please visit www.cdc.gov.*