

Psychosocial Issues & HIV Health Disparities Among MSM of Color and the Need for REM Researchers

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Overview:

- HIV among ethnic minority men with data from the *MAALES Project* & the *Men's Health Project*
- Need for Racial and Ethnic Minority (REM) Investigators

Background-Men

- Minority men who have sex with men & women (MSM/W), including gay and non-gay identifying, are affected by high rates of HIV/AIDS.
- The exposure category of “men who have sex with men” (MSM) continue to represent the largest transmission route among men (CDC, 2005).
- Complex socio-cultural, behavioral, & ethnic values and beliefs may create barriers to lowering risk practices.
- Although the MSM term, coined by public health professionals to capture bisexually/homosexually active men who did not label themselves as “gay/homosexual”, widespread recognition of this population has only occurred in the last few years.
- Issues differ for gay and non-gay identifying men.

- Black MSM are more likely than MSM of other ethnic groups to be bisexually active/identified, & less likely to disclose their bisexual/homosexual activities.
- In a study conducted in LA County with heterosexually identified Black men (Wohl, et al.), approximately 31% of HIV-positive men and 16% of HIV negative men reported engaging in anal intercourse with male partners.
- In the 25-city National HIV Behavioral Surveillance Survey (NHBS), 14% of Black MSM compared to 8% of Latino, and 4.2% of White MSM reported sex with women in the prior 12 months.

- Unfortunately, these studies rarely describe the complex socio-cultural reasons/issues surrounding sexual behaviors and identification.
- Cultural/ethnic stereotypes about male sexuality and gender based social expectations, may also create barriers to lowering risk practices (i.e., what it means to be a “black male”).
- **Double Minority** = racial/ethnic minority + sexual Minority
- **Triple Minority** = racial/ethnic minority + sexual Minority + possibly HIV infected

Purpose of the *Men of African American Legacy Empowering Self (MAALES) Project*

- Explore perceptions of African American MSM/W regarding:
 - cultural & sexual identity
 - perceptions of masculinity
 - sexual activity after HIV diagnosis.
- Role of psychotherapy and/or group therapy among this population?

Methods

- After receiving University IRB approval, three 90-minute focus groups were conducted.
- Recruitment fliers were posted in three community-based organizations in LA County.
- Participants were compensated \$40 for their time.
- Inclusion Criteria: (1) Male; (2) Aged 18 years or older; (3) African American/Black; (4) Sexually active with at least one male partner in the prior 12 months; (5) English-speaking and; (6) Non-gay identifying (identified with either no-label or with a term other than “gay” --i.e., straight, heterosexual, bisexual, DL, etc.)

• Twenty questions were framed to identify and explore 6 major topics:

1. Race & gender expectations for African American men
2. The influences & motivators on sexual and health-seeking behaviors
3. Nuances & techniques for describing same-sex behaviors and identities
4. Condom use behaviors and attitudes
5. Experiences of living with HIV/AIDS
6. Ideal strategies for engaging African American men in HIV risk-reduction programs

Results

- Age ranged from 22 to 59 (mean age = 42 years)
- Education: 20% completed college
- Employment: 40% had some employment
- While all screened as non-gay identifying, at post:
 - **Gay, queer or homosexual (30%)**
 - Bisexual (40%)
 - Heterosexual (14%)
 - Same gender loving (10%)
 - Down low or DL (3%)
 - No label (3%)

- Remember, an entry criteria is sex with a male partner
- At post:
 - 53% reported sex with just male partners
 - 37% reported sex with both male and female partners
 - 2 participants reported sex only with women
 - 1 participant reported no partners in the previous 12 months

- Social stigma was associated with being identified as gay—issues of **race and gender** were interwoven.
- African American men are socially and culturally expected to be “strong Black men...we are expected to be husbands, fathers, role models, leaders-positions of power and **strength**.”
- These men believed that it was important to speak of **past** or current relationships with women-necessary to maintain “heterosexual image”.

• “...they don't want others to know that they mess around...I don't want my girl to see me with someone like that, or whatever the case may be. And then if someone says something off the record, they be ready to fight...because somebody might, you know, say something derogatory, call them a punk, or whatever the case may be, and then they feel as if they have to defend their manhood...”

• Example of discomfort with same-sex relationship:
“...I can't see myself in a loving, caring relationship with a man, I cannot see, I can't, you know, as holding hands, being a married man. I cannot see myself being that, but I can see myself having sex with a man all the time.”

The Importance of Family & Children

- African American men are expected to have children.
- Emotional security associated with family—while sex with men may be more physically pleasurable, being with women was more emotionally fulfilling / supportive.
- Considering the social, economic, and perceived racial discrimination they face, African American MSM/W may not want to risk loss of a valuable supportive & protective factor--the family.

Issues Surrounding Safe Sex

• Meaning of condom use

• “...if you're having sex with a woman, you equate a condom with maybe protection from [having] no children. So, you equate condoms with money...So, with men [male partners]...its health. With women, condoms prevent us from having children... money [paying child support]...”

• “...if I use a condom with a man, then I might have to face the fact that I am gay...that I thought about having sex with a man and planned it out...so I am gay...if I don't [use a condom], then it [sex] just happened and I don't have to think about it...”

Discussion

- Fear of additional stigma to being African American—being a sexual minority and possibly being HIV-positive, presents potential rejection from family, friends, and religious communities. Threat of losing support and protection of family or religious standing within a cultural context where family and church buffer against racial and socioeconomic oppression, may be particularly untenable for NGI African American MSM/W.

Men's Health Project

- African American and Latino MSM with histories of **child sexual abuse (CSA)**, an important predictor of high-risk sexual behaviors, and who are already infected with HIV, are particularly vulnerable populations for high-risk sexual behaviors and negative psychological sequelae such as depression.

Methods

- The *Enhanced Sexual Health Intervention for Men* (ES-HIM), guided by cognitive-behavioral approaches, the Social Learning Model, and the efficacious *Women's Health Project* (Wyatt, Longshore, Chin, et al., 2004), was designed for HIV positive gay and non-gay identifying African American and Latino MSM with histories of CSA.
- A randomized controlled trial examining high-risk sexual behaviors (i.e., unprotected sex, multiple partners) and psychological distress such as depressive symptoms, were compared among intervention and control groups with pre-post testing from 1999-2005.

- The trial compared two 6-week, 120-minute sessions, a sexual risk reduction intervention (ES-HIM) and a comparison standard health promotion condition (HP).
- HP focused on general health issues such as diet, exercise, medication adherence but minimal sexual risk reduction themes.
- All sessions were implemented by ethnically matched male health educators.

RESULTS

- Sample included 137 men: 89 African American & 48 Latino HIV positive MSM with histories of CSA.
- ES-HIM (n=62, 36 AA & 26 Latino) versus HP (n=75, 53 AA & 22 Latino).
- Demographics-No significant differences on:
 - *Age*: ES-HIM (43.4 yrs) vs. HP (44.1 yrs)
 - *Education*: ES-HIM (12.2 yrs) vs. HP (12.6 yrs)
 - *Employment-Predominantly Unemployed*: ES-HIM (88.7%) vs. HP (83.9%)
 - *Income*: mean monthly income of \$907

Relationship Status: Both groups were predominantly single: ES-HIM (87%) vs. HP (73%)

CSA was an entry criteria; 44 also had ASA:

- One incident = 52%; More than one = 48%
- **Rape (Anal Penetration): 87%**
- Mean number of incidents = 1.7
- Mean age of first incident = 10.6 years
- Extrafamilial abuse = 73%
- ***Sexually active with another male was an entry criteria but 47% of ES-HIM and 39% of HP also reported sex with female partners.***

Pre-Post analysis

- Number of Sex Partners in last 30 days
 - At baseline: ES-HIM (3.48) vs. HP (5.69)
 - At post, only ES-HIM decreased (2.03) significantly at post-test ($p < 0.001$)
- Index of Sexual Risk was developed using 10 sexual & drug behaviors (scores ranged from 0-10)
 - At baseline: ES-HIM (2.22) vs. HP (2.05)
 - At post, only ES-HIM (1.11) decreased significantly at post-test ($p < 0.001$).

Depressive Symptoms (CES-D)

- At baseline: ES-HIM (25.8) vs. HP (20.6)
- At post: ES-HIM (16.6) vs. HP (19.5%)
- Only ES-HIM decreased significantly at post-test ($p < 0.01$).
- This intervention focused on perceived male roles and culture, the effects of coercion in relationships, and the importance of condom use in personal protection and protection of partners.
- Emphasis on these topics may have contributed to it being efficacious at decreasing number of sex partners, high-risk sexual and drug behaviors, and depressive symptoms.

The Need for REM Investigators

- A recent analysis of NIMH initiatives entitled, *Racial/Ethnic Diversity in the Mental Health Research Careers*, emphasized a shortage of minority researchers in the United States who applied for funding (National Advisory Mental Health Council, 2001).
- African Americans, Latinos, and American Indians, who collectively comprised 24% of the U.S. population, submitted only 5.2% of all applications to NIMH
- With only 3.9% receiving funding.

- Representation for Asian/Pacific Islanders who made up 3.7% of the population, was slightly better at 5.5% of NIMH grant recipients
- This disparity in the submission and funding of grants by African American and Latinos in particular is also reflected in funding patterns by *NIH Institutes and Centers*.
- African American and Latinos are over-represented in those at most risk for and living with HIV/AIDS in the US and Southern California (California Department of Health Services, 2006).

What Does All This Mean?

- Understanding how NGI African American MSM/W form and define their sexuality may have a significant affect on sexual decision-making and overall lifestyle choices.
- Policy needs to address this overrepresentation of racial and ethnic minority (REM) individuals living with HIV/AIDS and the under-representation of HIV/AIDS researchers from REM groups.