Background

• Young black gay and bisexual men (YBGBM) are the group at highest risk for HIV in the US, with seroprevalence estimates of 17% (vs. 9%) for other gay/bisexual men and an estimated 4–5% annual incidence rate.

• If these rates continue, 60% of YBGBM currently 20 years of age will have HIV by the time they are 46 years old.

• Young black men in the US, regardless of sexual orientation, face considerable social, structural and psychological challenges due to the insidious legacy of racism.

• Many YBGBM face homophobia marginalization and social exclusion within the black community—the very place they turn to for support in order to deal with racism.

• This study examined if social and structural issues resulting from being a stigmatized sexual minority within a racial minority are related to sexual risk behavior for HIV.

• These data are part of a study being conducted in Dallas and Houston, Texas (populations over 5 million).

• Data are reported from the baseline assessment of a randomized, controlled trial of a community-wide, multilevel HIV prevention intervention for YBGBM.

Methods

• Following community mapping, venue-based sampling was used for the baseline survey.

• Most participants were recruited at bars and clubs that catered to YBGBM.

• Anonymous surveys were conducted March–June 2009.

• 666 men completed self-administered surveys on hand-held devices (PDAs).

• Men were paid $30 for participating in the surveys, which took an average of 26–30 minutes.

• Men ranged in age from 18–29 years, mean±23 years.

• Multi-item scales assessed many variables, including:
  – Experiences of racism in past year (e.g., “How often have you been teased or called names in the past year due to your race and/or ethnic group?”; range 9–36).
  – Experiences of homophobia in past year (e.g., “How often did you hear that gay people are sinners?”; alpha=.81).

• Socioeconomic distress (count of yes/no items; e.g., “Have you been treated as if you were ‘stupid’ or ‘talked down to’ because of your socioeconomic status?”). (i.e., “How often have you been ‘talked down to’ because of your socioeconomic status?”).

• Difficult sexual contexts:
  – Frequency of participation in difficult sexual situations (e.g., “How often have you been in a sexual situation in which you were having sex in a public place and were afraid of getting caught?”) (alpha=.81).
  – Frequency of participation in difficult sexual relationships (e.g., “How often have you been in a sexual situation with someone you really wanted to please?”; alpha=.78).

• One such approach may be the Mpowerment Project that is adapted for YBGBM (United Black Ellument, or U-BE).

• It is also likely to be helpful to build a community of young black gay and bi men who support each other in dealing with these issues and assisting them to develop effective responses to homophobia, racism, and economic hardships.

Results

• Analyses controlled for the minor but significant differences between the two communities.

• Sample
  – 75% identified as gay or homosexual, 24% bisexual, and 1% as something else
  – 17% had less than a high school education
  – 54% earned less than $20,000 in the past year
  – 50% had to borrow money in the past year
  – 33% had been incarcerated before
  – 13% had been homeless before
  – 36% of YBGBM engaged in unprotected anal intercourse (UAI), non-monogamous, or serodiscordant male partners in the past 2 months.

Step 1: Examined bivariate relationships that see Table 1. Every variable was related to UAI.

Table 1. Bivariate relationships between variables and UAI

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean for men who had UAI</th>
<th>Mean for men who did not have UAI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiences of racism</td>
<td>23.85 (1.21)</td>
<td>16.75 (1.21)</td>
</tr>
<tr>
<td>Experiences of homophobia</td>
<td>2.20 (0.43)</td>
<td>1.48 (0.34)</td>
</tr>
<tr>
<td>Socioeconomic distress</td>
<td>1.02 (0.18)</td>
<td>0.97 (0.18)</td>
</tr>
<tr>
<td>Had sex in difficult situations</td>
<td>0.69 (0.22)*</td>
<td>0.67 (0.22)</td>
</tr>
<tr>
<td>Had sex in difficult sexual relationships</td>
<td>1.10 (0.37)**</td>
<td>0.98 (0.37)**</td>
</tr>
<tr>
<td>Homophobia</td>
<td>2.43 (0.27)**</td>
<td>1.75 (0.27)**</td>
</tr>
<tr>
<td>Socioeconomic distress</td>
<td>9.87 (0.26)**</td>
<td>9.87 (0.26)**</td>
</tr>
</tbody>
</table>

Step 2: Examined racism, homophobia and socioeconomic distress as they relate to UAI in multivariate analysis (Figure 1). Homophobia and socioeconomic distress predict UAI, but experience of racism was no longer statistically significant.

Figure 1. Impact of Sources of Oppression on UAI

Step 3: Conducted mediational analyses to examine if the oppression variables relate to UAI through having sex in difficult relationships and in difficult contexts (Figure 2). Mediation analyses revealed that having sex in difficult sexual situations explained the effects of homophobia, but not socioeconomic distress.

Figure 2. Impact of Sources of Oppression and Difficult Sexual Contexts on UAI

Conclusions

• Homophobia, racism and socioeconomic hardships are all related to risky sexual behavior; however, when examined simultaneously, racism has less of an impact than the other two sources of oppression.

• Having sex in difficult situations and having sex within difficult sexual partnerships are also related to UAI but when examined simultaneously, difficult partnerships had less of an impact.

• YBGBM have a unique experience of homophobia and more have likely to have sex in contexts that are conducive to unsafe sex, leading to increased sexual risk behavior.

• Socioeconomic distress is related to unprotected anal sex, but is mediated by neither having sex in risky situations nor with difficult relationships.

• HIV prevention interventions have often solely focused on individual-level issues: beliefs about sexual safety, attitudes about safer sex and skills to use condoms—but these findings indicate the need to focus on poverty and homophobia as well as the context of sex. Where one has sex and with whom makes an impact on vulnerability to HIV.

• Homophobia and poverty are enormous issues that HIV prevention efforts may be unable to impact easily, but facilitating YBGBM’s empowerment—both as a community and as individuals—including raising men’s consciousness about these issues and assisting them to develop effective responses to homophobia and racism—is essential.

• Helping men overcome socioeconomic difficulties (e.g., job training, help to obtain more education) appears necessary. It is also likely to be helpful to build a community of young black gay men who support each other in dealing with these stressors.

• One such approach may be the Mpowerment Project that is adapted for YBGBM (United Black Ellument, or U-BE).