Science to Community

Study of HIV Sexual Risk among Disenfranchised African American MSM

Prevention #8

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Main Findings

- African American MSM living in one of San Francisco's poorest neighborhoods are extremely vulnerable for sexual transmission of HIV.
- Nearly 50% are HIV positive.
- These men report extremely high levels of substance use and related problems.
- High levels of concomitant substance use and unprotected anal intercourse are common.
- Despite almost universal understanding about HIV transmission via injection drug use, these men may be less certain about sexual transmission.

Background

HIV transmission is disproportionately on the rise among economically poor, African American men who have sex with men (MSM) in the United States[1]. Although this trend has been observed for over a decade[2-4], prevention efforts have apparently been unable to adequately address the needs of this population. Existing support systems for MSM have often failed to consider cultural and family differences, perceptions of sexual orientation, economic disparity, and differential access to education and information among African American MSM[5].

Disenfranchised African American MSM are often isolated both by homophobia in the African American community and racism in the predominantly white gay community[6]. In addition to this, many African American MSM self-identify as either bisexual or heterosexual, thus possibly eluding HIV prevention efforts which target gay men[4,7].

The crisis of HIV in the African American community and in communities of color cannot be separated from the crises of poverty, racism, and drugs[8]. The presence of crack and other drugs plays a continuing role in the social disintegration of many of these communities. However, relatively little is known about the role of substance use in HIV sexual risk behaviors.

Study History

The Tenderloin Evaluation Study-I (TES-I) was part of a collaboration between the San Francisco AIDS Foundation and UCSF Center for AIDS Prevention Studies. The study's main objective was to evaluate the Black Brothers Esteem (BBE) Program—an HIV prevention program targeting disenfranchised African American MSM living in the Tenderloin (TL) neighborhood of San Francisco. The TL is one of the most impoverished neighborhoods in the City, where men face violence, poverty, and drug addiction on a daily basis. BBE provides a safe space for these men to meet one another through large socials, workshops, drop-in groups, and counseling.

As part of a larger program evaluation, we conducted two cross-sectional studies—TES-I between February and May 1999 and TES-II between February and May 2000—and measured program participation, demographic, HIV sexual risk, and psychosocial variables. We also conducted in-depth interviews between February and December 2000 with men who did and did not participate in BBE. The interviews were designed to elicit information on the context of sexual behavior, the meaning of sex, substance use, beliefs about HIV/AIDS, and HIV risk.

Taken together, these data:

- provide important information about the extent to which the BBE program reached the target population, allowing us to chart changes in HIV sexual transmission behavior and program attendance over time
- will allow us to determine the reasons why some men choose to attend BBE while others do not
- provide up-to-date information about this vulnerable population of MSM in San Francisco.

Introduction

TES-I was designed to answer many questions about the characteristics, risks, and health needs of one of the most disenfranchised sub-populations of MSM in San Francisco. In the following pages, we present key findings on sexual, substance use, and HIV transmission behavior.

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Methods

A convenience sample (n=238) of low-income African American MSM living in the TL was recruited between February and May 1999. Men between the ages of 18 and 65 who had had any sex with another man in the past six months were eligible. They were recruited via street outreach and flyers posted in health clinics, bars, SRO hotels, and shelters. The survey measured demographics, substance use patterns, and sexual and HIV transmission behaviors. The survey was interviewer-administered by trained staff and took approximately 75 minutes to complete. Participants received a $25 cash payment.

Of considerable concern from an HIV prevention standpoint is the substantial number of men who engage in unprotected anal intercourse without knowledge of their partner's HIV serostatus.

Key Results

• Demographics

Age

- Men ranged in age from 22 to 65, with a mean of 40

Economic

- 38% had attended some college or professional school
- 36% had graduated high school
- 63% earned less than $10,000 per year
- 28% were currently homeless
- 66% lived in a single room occupancy (SRO) hotel or a shelter

HIV Status (self-report)

- 43% HIV-positive
- 50% HIV-negative
- 7% did not know or declined to answer

Social/Family

- 62% attend church services at least weekly
- 68% are involved in church or religious activities
- 51% spend most or all of their free time by themselves
- 37% of their mothers and 47% of their fathers are deceased

Conclusions

This is a relatively well-educated group of men. Most everyone in the sample has been tested for HIV, and almost half are HIV-positive.

These men do not appear to be very connected to family or friends, often primary sources of support in the African American community[9]. A number are connected in some way with the church, which is known to play a significant role in the African American community as a source of authority and information[10]. However, this has sometimes been an impediment to spreading knowledge of HIV risk reduction because of homophobia[9,11]. These institutions must push past homophobia since they can play an important role in the distribution of information about HIV transmission in this community. The effectiveness of these churches in addressing various public health needs has already been demonstrated[11].

• Sexual Identification and Sexual Behavior

- 43% identified as gay
- 42% identified as bisexual
- 10% identified as heterosexual
- 5% identified as "other"
- Approximately half had sex exclusively with other men in the past six months, while the other half reported sex with both men and women, or with men, women, and transgender persons
- One-third reported having a relationship with a primary male partner, 76% of which were African American
- The median number of male sex partners was two
- 73% had anal intercourse with a primary partner, of which 63% engaged in unprotected anal intercourse
- 55% had anal intercourse with casual partners, of which 30% engaged in unprotected anal intercourse
- 23% reported unprotected anal intercourse with a male sex partner of serodiscordant or unknown HIV status

Conclusions

The fact that a large percentage of men in our study identified as bisexual or heterosexual is consistent with other samples of African American MSM[8,12]. However, a high proportion of the men we studied is having sex exclusively with other men. Since more than half of our sample does not identify as gay or bisexual, these men might elude HIV prevention messages targeting gay or bisexual men.

Unprotected anal intercourse is occurring more with primary partners than casual partners. Of considerable concern from an HIV prevention standpoint is the substantial number of men who engage in unprotected anal intercourse without knowledge of their partner's HIV serostatus.

• Knowledge, Attitudes, and Beliefs about HIV Transmission

Sexual Transmission

- 50% agree that "HIV can be transmitted more easily to the receptive partner when an insertive partner is HIV+ during anal intercourse"
- 51% agree that "it is easy to get HIV during intercourse with casual female partners"

Sexual Self-Efficacy

- 73% agree with the statement, "You are able to avoid behavior that may put you at risk for HIV transmission"
- 46% agree that "during really hot sex, you are not able to stop doing risky things"

Injection Drug Use Transmission

- 97% agree that "it is easy to get HIV through sharing needles with people when doing intravenous drugs"
- 87% agree that "using 'rigs' or needles that have never been used by anyone else does decrease the chances of HIV transmission through intravenous drug use"

Conclusions

Despite almost universal knowledge of the means of HIV transmission via injection drug use, these men may be less certain about the risks of sexual behavior.

• Substance Use

Most of the men reported drinking alcohol and/or using recreational drugs.

Alcohol

- 80% drank alcohol in the previous six months
- 20% reported frequent heavy drinking (defined as 5+ drinks at one sitting more than once a week)
- 52% reported three or more alcohol-related problems (e.g., tried to reduce or cut down your drinking, but were unable to do so)

Recreational Drugs

- 84% used recreational drugs
- 69% use drugs weekly
- 36% reported a history of injection drug use

Sex and Substance Use

- 34% reported engaging in anal sex under the influence of alcohol or drugs
- 27% exchanged sex or money for drugs
- 10% engaged in unprotected anal sex for drugs or money

Type of drug used past 6 months

	(%)
Marijuana	60
Inhalant Nitrite	10
Crack	54
Cocaine	16
Methamphetamine	22
Ecstasy	4
LSD	2
Barbiturates	11
Methadone	4
Heroin	8
Opiates	13
Party drugs	0.4
Viagra	0.8
Other	6

Conclusions

Almost all of the men drank alcohol and/or used recreational drugs; many of them reported psychosocial problems associated with their substance use, placing them at risk for addiction. There is also a very high prevalence of concomitant substance use and HIV sexual transmission.

A substantial body of literature suggests there is an association between substance use and unprotected anal intercourse[13,14]. However, most of what is known has looked at largely white, middle-class samples; very little is known about the role substance use has in HIV sexual transmission among disenfranchised African American MSM. The following analysis describes the differences between men who have a greater versus lesser vulnerability to HIV transmission.

• Correlates of HIV Sexual Risk Taking

Comparisons were made between *higher risk men* (those reporting unprotected anal intercourse with an HIV serodiscordant/serostatus-unknown partner) and *lower risk men** (unprotected anal sex with an HIV seroconcordant partner or no unprotected anal intercourse).

Because the data are self-reported, we do not assume **no risk among this group; however, if partners are truly seroconcordant, no transmission can occur.*

Table 1: Significant correlates of HIV sexual transmission

	Higher Risk (n=45)	Lower Risk (n=138)
% HIV positive	56	32
% who had unprotected anal intercourse in exchange for money or drugs	77	12
% who had anal intercourse under the influence of alcohol or drugs	82	57
% who used ecstasy (past 6 mos.)	9	2
% who used cocaine (past 6 mos.)	27	14
% who reported 3+ drug problems related to their substance use	86	71

[significant at $p \leq .05$]

Table 2: Predictors of HIV sexual transmission

	Odds Ratio (95% C.I.)
Any cocaine use	3.2 (1.1, 9.2)
Any ecstasy use	12.1 (1.7, 84.5)
Anal sex under the influence of alcohol or drugs	11.0 (4.0, 29.9)

Conclusions

HIV-positive men are more likely than HIV-negative men to engage in the behavior most associated with sexual transmission of HIV—unprotected anal intercourse with partners of unknown or discordant serostatus. Engaging in unprotected anal intercourse under the influence of alcohol and/or drugs is a significant factor related to HIV transmission. Substance use and abuse feature prominently, and may be the fuel that continues to drive HIV transmission among this population. Interventions must be developed targeting HIV-positive men, in particular those who engage in unprotected sex while under the influence of alcohol and/or drugs.

Recommendations

The following must be considered when developing HIV prevention programs for disenfranchised African American MSM:

- Acknowledge and address the complexity surrounding sexual orientation and sexual behavior. Heterosexual/bisexual MSM are not likely to respond to interventions for gay men.
- Increase knowledge about the sexual transmission of HIV.
- Health departments, community-based organizations, and substance abuse treatment agencies must work together and devote increased time, labor, and money to the needs of this population.
- Increase research aimed toward understanding the barriers to HIV/AIDS prevention.

Lessons Learned

Barriers to recruitment and interviewing of low-income MSM were not encountered in the course of conducting this study. In fact, our recruitment and interviewing team completed data collection within four months. Anecdotal reports from the interviewers indicate that participants felt the study was important for them personally and that they have few places to talk about their experiences free of bias and judgment as afforded by confidential research. Monetary incentives were also an important factor.

Surprising Results

Contrary to our expectations, we found this sample of men to be relatively well educated. Almost everyone had been tested for HIV, and almost half are infected. Many are hooked into the health care system and social work case management system for HIV, where mental health or substance abuse issues can be addressed. It is within these systems that many of these men can be reached for interventions.

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