

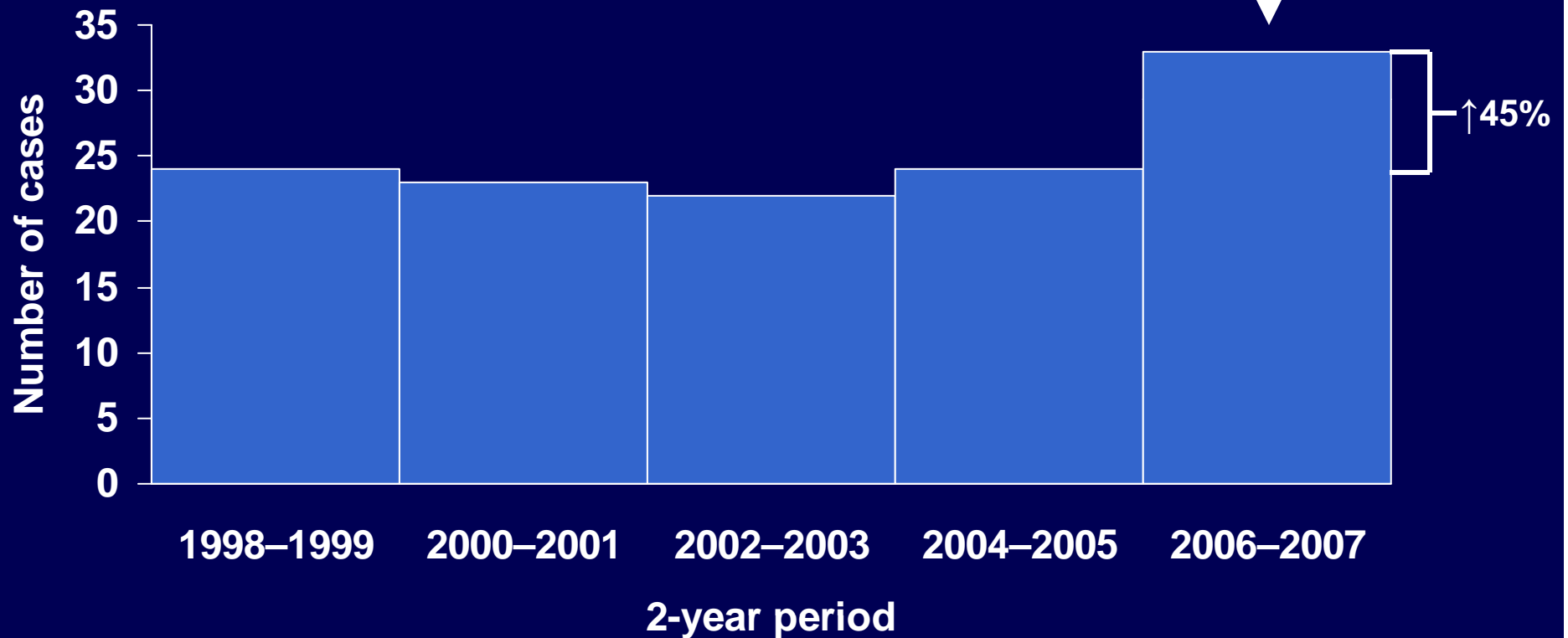
**Preventing HIV among AA MSM in  
the Deep South in a context of  
stigma, homophobia, poverty and  
high STD rates.**

**Leandro A. Mena, M.D., M.P.H.  
Associate Professor of Medicine  
University of Mississippi Medical Center**

# Background

- **Fall 2007: An increased in number new HIV diagnosis was noted among young black MSM at the local STD clinic**
- **Jan–April 2008: MSDH and CDC conducted epidemiologic investigation**

# Cases of newly diagnosed HIV infection among black MSM aged 17–25 years, Jackson, MS, area\*



\*Hinds, Madison, and Rankin Counties

# About Jackson, MS

- State capital
- Largest metropolitan area in MS
- Hinds County 66% AA
- Hinds County HIV disease case rate 53/100,000 population, compared with 22.2/100,000
- 17 colleges and universities in metropolitan area



# **Background: HIV among Black MSM**

- **Black men who have sex with men (MSM) disproportionately affected by HIV infection**
- **HIV prevalence among black MSM in some cities as high as 46%**

## **Background: HIV in the South**

- **More new AIDS cases diagnosed in the South\* than in all other US regions combined**
- **This burden likely a result of a number of social, cultural, economic, and political factors**
- **Few HIV-related studies have focused on young black MSM in Mississippi**

\* Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Virginia, West Virginia, Maryland, Tennessee, Texas, Washington, D.C.

# **Background: Sexual Risk Behavior**

- **Unprotected anal intercourse (UAI) a demonstrated risk factor**
- **Condom use often differs by partner type (main vs. casual) and situation**
- **Multiple factors influence risk behavior**

# **Background: Preventive Care**

- **Access to and utilization of health care can lead to:**
  - **HIV testing**
  - **HIV prevention counseling**
- **Routine HIV screening recommended in health care settings**
- **Discussing sexual behavior or identity with provider may improve provision of appropriate services to MSM**

# **Background: Discrimination**

## **Stigma and discrimination:**

- **Have individual and social consequences**
- **Can act as impediments to HIV prevention and linkage to care and treatment**
- **May be based on race and/or male-male sexual behavior**

# Objectives

- **Characterize the extent of newly diagnosed HIV cases among young black males**
- **Understand risk factors for HIV infection in this population**

# Investigation Methods


## Main Components:

- Case-Control Study
- Qualitative Assessment

## Objectives:

understand  
risk behaviors

- ***MMWR Weekly report***



**MMWR**<sup>TM</sup>  
**Morbidity and Mortality Weekly Report**  
[www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

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<p><b>National Black HIV/AIDS Awareness Day – February 7, 2009</b> February 7 is National Black HIV/AIDS Awareness Day,</p>	<p><b>HIV Infection Among Young Black Men Who Have Sex with Men – Jackson, Mississippi, 2006–2008</b></p>
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**Accessible at [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)**

# **Case-Control Study**

# Why Do a Case-Control Study?

- **Compare people with HIV infection (cases) to people without HIV infection (controls) who are otherwise similar**
- **Identify factors that may be related to HIV infection**

# Case Definition and Recruitment

- **Case definition:**
  - HIV-infected, diagnosed 2006–2008
  - Black males aged 16–25 years at diagnosis with history of male-male sex
  - Living or diagnosed in Jackson area
- **Case recruitment:**
  - Identified by surveillance reports
  - Recruited by phone, mail (and e-mail), in person

# Control Definition and Recruitment

- **Control definition:**
  - Self-reported negative HIV test in past 6 mo
  - African American males aged 16–25 years
  - Male-male sex in past year
  - Living in Jackson area
- **Control recruitment venues:**
  - STD clinic
  - College campuses
  - Internet
  - Bars/clubs
  - Shopping malls
  - Special event

# Case-Control Survey Instrument

- 30 minute self-administered survey



# Case-Control Survey Instrument

- **Demographics**
- **Health care utilization**
- **Drug and alcohol use**
- **Sexual behaviors and disclosure**
- **Venues, travel, group identification**
- **Prevention exposure and HIV knowledge**

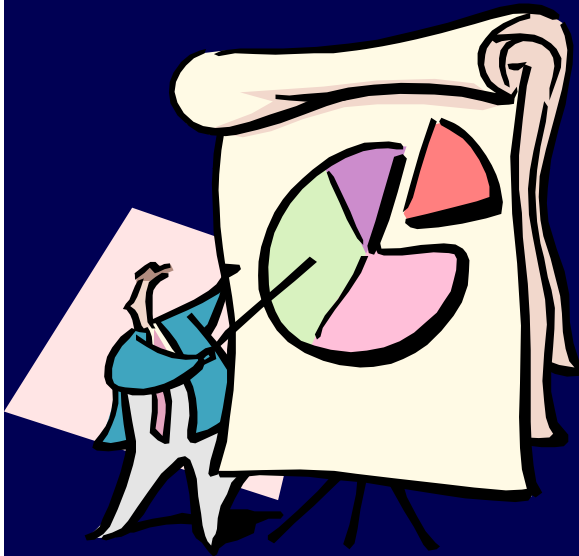
# Recall Period



- Cases were asked about the 12 months prior to their HIV diagnosis
- Controls were asked about the 12 months prior to interview

# Statistical Methods

- Describe cases and controls
- Compare cases with controls to determine differences
- Logistic regression analysis

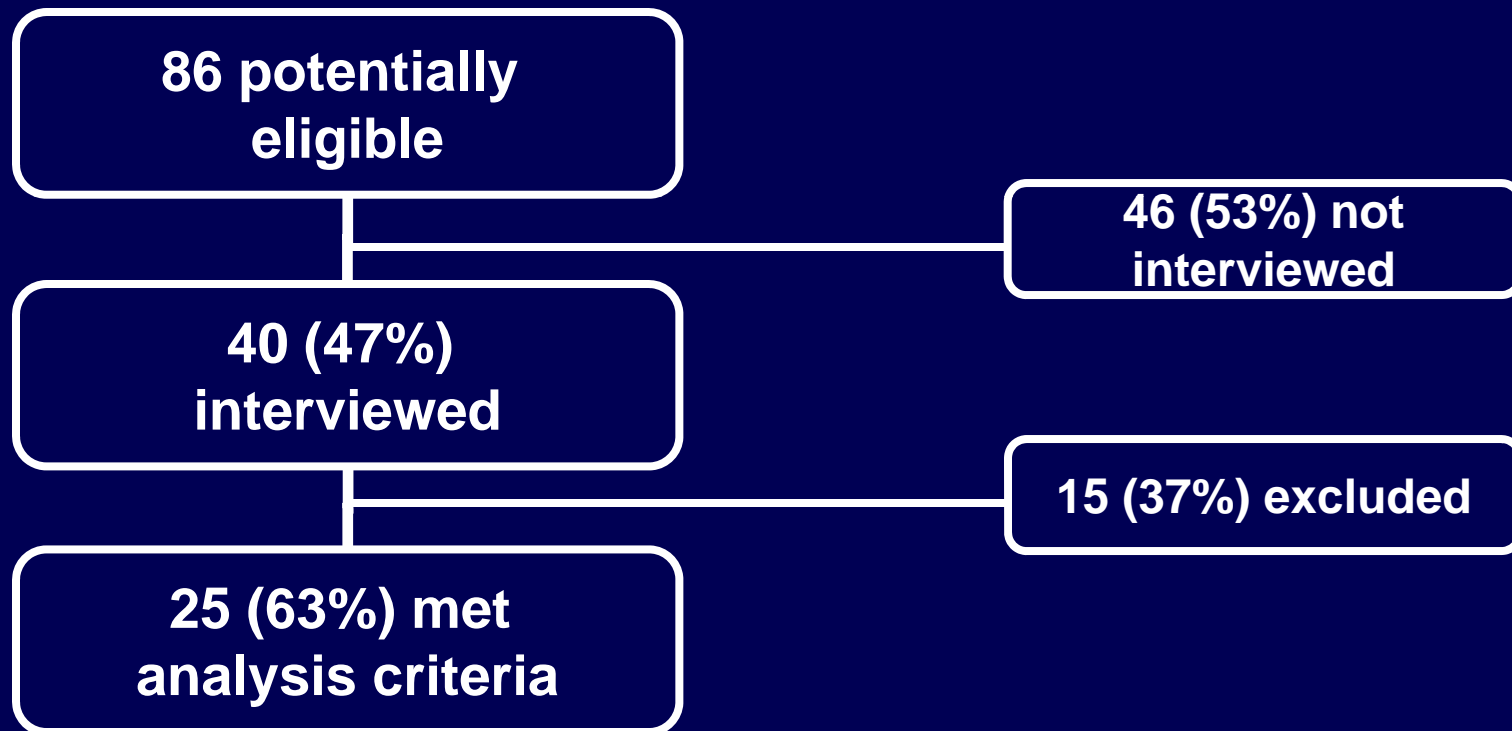


# Case-Control Study: Limitations



- Small sample size
- Results may not be generalizable
- Recall bias
- Selection bias
- Misclassification bias

# Case Population



# Control Recruitment

- 936 individuals were screened for eligibility
- 95 were eligible

<b>Recruitment Location</b>	<b>Controls</b>	
<b>Bars and Clubs</b>	<b>32</b>	<b>(34%)</b>
<b>STD Clinic</b>	<b>24</b>	<b>(25%)</b>
<b>College Campuses</b>	<b>23</b>	<b>(24%)</b>
<b>Shopping Malls</b>	<b>12</b>	<b>(13%)</b>
<b>College testing program</b>	<b>2</b>	<b>(2%)</b>
<b>Special Event</b>	<b>2</b>	<b>(2%)</b>

# Case-Control Results: Demographics

	HIV+ cases (n=25)	HIV-controls (n=85)
Median age (range)	22 (19-24)	20 (18-25)*
College student	16 (64%)	77 (91%)*
Relationship status		
Single	15 (60%)	77 (91%)
Long-term relationship with woman	1 (4%)	0
Long-term relationship with or married to a man	9 (36%)	7 (8%)*
Divorced	0	1 (1%)

\* p<0.05

# Case-Control Participant Characteristics: Sexual Identity

	HIV+ cases (n=30)	HIV- controls (n=95)
Gay/homosexual	19 (63%)	56 (60%)
Bisexual	7 (23%)	25 (27%)
Straight	3 (10%)	6 (6%)
Questioning	1 (3%)	4 (4%)
Don't identify as any	0 (0%)	2 (2%)

# Qualitative Assessment

# Why Do a Qualitative Assessment?

- **Qualitative assessment:**
  - Aims to gather an in-depth understanding of behavior
- **Our objective:**
  - Provide context for behaviors that may affect HIV transmission, including risk behaviors and perception of risk

# **Qualitative Assessment: Methods**

- **Recruited cases and controls from case-control study**
- **Individual interviews**
- **Recorded and transcribed**
- **Thematic content analysis used to code interviews**

# Qualitative Assessment: Limitations

- **Sample may not be representative of the population**
- **Bias**
  - **Sample**
  - **Methodology**

# Qualitative Assessment: Participant Characteristics

- **16 interviewed:**
  - **7 HIV-infected**
  - **Mean age: 22 years (range of 19-24)**

# **Case-Control and Qualitative Assessment Results**

- **Individual level: HIV risk behaviors**
- **System level: preventive care**
- **Community level: stigma and discrimination**

# **Analysis of HIV Risk Behaviors and Sociocultural Factors**

# Risk Behavior Results: Drug and Alcohol Use

	HIV+ cases (n=25)	HIV- controls (n=85)
Use of alcohol	15 (60%)	62 (73%)
Use of marijuana	10 (40%)	40 (47%)
Use of any other non- injection drug	1 (4%)	14 (16%)
Use of injection drugs	0	0

# Risk Behavior Results: Sexual Risk Factors

	HIV+ cases (n=25)	HIV- controls (n=85)
Median age at first sex with a woman (range)	15.5 (12–22)	15 (12–20)
Median age at first sex with a man (range)	17 (19–24)	17 (2–23)
Male sex partners during lifetime		
1	1 (4%)	3 (4%)
2-4	4 (16%)	17 (20%)
5-10	10 (40%)	31 (37%)
>10	8 (32%)	26 (31%)

# Risk Behavior Results: Sexual Risk with Main Partners\*

	HIV+ cases (n=25)	HIV- controls (n=85)	OR	95% CI
Any main male sex partners*	24 (96%)	74 (87%)	3.6	0.5-159
UAI with main partners	18 (75%)	35 (47%)	3.3	1.1-11.4
Did not ask HIV status of last main partner	9 (38%)	11 (15%)	3.4	1.04-11

\*"partners you have an emotional bond with and with whom you have regular sex, such as a boyfriend, girlfriend, spouse, significant other, or life partner."

# Risk Behavior Results: Sexual Risk with Casual Partners\*

	HIV+ cases (n=25)	HIV- controls (n=85)	OR	95% CI
Any casual male sex partners*	16 (64%)	53 (62%)	0.9	0.3-2.6
UAI with casual partners	12 (75%)	8 (15%)	<b>16.9</b>	<b>3.7-86</b>
Did not ask HIV status of last casual partner	6 (38%)	9 (17%)	2.9	0.7-11.8

\*“those people you have sex with every now and then or one-night-stands.”

# Risk Behavior Results: Partner Characteristics

	HIV+ cases (n=25)	HIV- controls (n=85)	OR	95% CI
Female partners	2 (8%)	18 (21%)	0.3	0.03-1.5
<b>Male sex partners aged &gt;25 years</b>	<b>15 (60%)</b>	<b>18 (21%)</b>	<b>5.6</b>	<b>1.9-16.3</b>
Black male sex partners	25 (100%)	85 (100%)	1.0	--
Non-black male sex partners	4 (16%)	11 (13%)	1.3	0.3-4.9

# Risk Behavior Results: Sexual Negotiation

	HIV+ cases (n=25)	HIV- controls (n=85)	OR	95% CI
Agree or strongly agree that, if a partner wanted to have unprotected sex, I would probably give in	8 (32%)	6 (7%)	6.2	1.6-24.3

# Risk Behavior Results: Multivariate Analysis

	Adjusted OR	95% CI
Male sex partners >25 years	5.5	1.8-17.3
Unprotected anal intercourse with casual male partner(s)	6.3	1.8-22.3
If a partner wanted to have unprotected sex, would probably give in	5.0	1.2-20.6
In a long-term relationship with or married to a man	5.3	1.4-20.7

# **Risk Behavior: Qualitative Assessment**

# Risk Behavior Results: Perception of Risk

Lifetime chances of getting HIV	HIV+ cases (N=30)	HIV- controls (N=95)
Unlikely	16 (53%)	52 (55%)
Equally likely/unlikely	11 (37%)	39 (41%)
Likely	3 (10%)	4 (4%)

# **Qualitative Results: Discussing Sex and HIV**

- **Most discussed sex frequently with friends**
- **Some noted discussion of safe sex, including HIV**
  - **Risk behaviors**
  - **Sexual decision-making**
  - **Gossip: “he’s sick”**
- **Reasons for not discussing safe sex/HIV noted by few**
  - **Deliberate (elephant in the closet)**
  - **Assume friends know basics**

## **Qualitative Results: Reasons for Not Discussing HIV**

*“I mean, the only time we bring it up like we heard about, someone else. And ....we’ll talk about it like that moment or whatever. Then that’s it. But as far as like, HIV ....How you get it, all that stuff. We never talked about it. I guess I assume that everyone kind of has the basics about it. Oh well, no one ever brought it up.”*

# Qualitative Results: Concepts of Safe Sex

- **Most discussed “protection”**
  - **Self vs. others**
- **Condom use**
- **HIV testing and disclosure**
- **Few noted number of partners**
  - **Fewer partners or fewer concurrent partners**
  - **Abstinence (more theory, less practice)**

# **Qualitative Results: Barriers to Safe Sex**

- **Most discussed interpersonal issues**
  - **Poor sense of self-worth**
  - **Trust**
    - **Fidelity leads to complacency**
    - **To prove love**
  - **Ability to negotiate with partners**
- **Some discussed logistical/mechanical**
  - **“didn’t fit,” “unnatural,” “drunk or high”**
- **Few noted community norms**
- **Some discussed lack of motivation or control**

## Qualitative Results: Interpersonal Issues

*“He was so fine.....So like, with him I did kind of get stupid and go crazy....But....I guess it was just he's.....fine...I...just went out the window. Just like completely out the window.”*

# **The Role of Preventive Care in HIV Infection**

# Preventive Care Results: Healthcare Access and Utilization

	HIV+ cases (n=30)	HIV- controls (n=95)	OR	95% CI
Health insurance	12 (40%)	59 (62%)	0.4	0.2-0.9
Primary care provider	6 (20%)	58 (61%)	0.2	0.0-0.4
Saw provider during recall period	19 (63%)	72 (68%)	0.6	0.2-1.3

# Preventive Care Results: HIV Testing in a 2-year period

	HIV+ cases (n=30)	HIV- controls (n=95)
0 tests	7 (23%)	NA
1 test	5 (17%)	17 (18%)
2–3 tests	7 (23%)	43 (45%)
4 or more tests	11 (37%)	35 (37%)

\*During two years prior to diagnosis (cases) and two years prior to Interview (controls).

# Preventive Care Results: HIV Prevention Services

	HIV+ cases (n=30)	HIV- controls (n=95)	OR	95% CI
Advice on both HIV or STD prevention and testing	12 (40%)	65 (68%)	0.3	0.1-0.7

# Preventive Care Results: Discuss Sexual Identity with Healthcare Provider

	HIV+ cases (n=19)	HIV- controls (n=71)	OR	95% CI
<b>Discuss sexual identity with provider</b>				
Yes	9 (47%)	63 (89%)	Ref	Ref
No	7 (37%)	7 (10%)	<b>7.0</b>	<b>1.9-24.6</b>

Data may not total to 100% because missing responses are not presented.

# Preventive Care Results: Discuss Same-Sex Behavior with Healthcare Provider

	HIV+ cases (n=30)	HIV- controls (n=95)	OR	95% CI
<b>Discussed same-sex behavior with healthcare provider</b>				
<b>Yes</b>	<b>5 (26%)</b>	<b>19 (27%)</b>	<b>ref</b>	<b>ref</b>
<b>No</b>	<b>14 (74%)</b>	<b>52 (73%)</b>	<b>1.0</b>	<b>0.3-3.31</b>

# Preventive Care Results: Reasons for Not Discussing Same- Sex Behavior with Provider

	HIV+ cases (n=30)	HIV- controls (n=95)	OR	95% CI
Provider never asked	7 (37%)	24 (34%)	0.9	0.3-2.5
Did not feel comfortable	6 (32%)	16 (23%)	0.6	0.2-1.9
Nothing to do with reason for visit	5 (26%)	11 (16%)	0.5	0.1-2.2

# Preventive Care Results: Multivariate Analysis\*

	Adjusted OR	95% CI
Reported not having a primary care provider	3.5	1.04-11.4
Discussed sexual identity with healthcare provider	6.5	1.5-27.7

\*Controlling for college enrollment, participant age, and report of seeing a healthcare provider during the recall period.

# **Preventive Care: Qualitative Assessment**

## **Qualitative Results:**

### **Healthcare Advice and Information**

- **Most noted comfort with seeking advice or information from health care agencies and/or professionals**
- **Secondary sources of advice were family or friends**
- **Secondary source of information was the internet**

# **Qualitative Results:**

## **Healthcare Access and Utilization**

- **HIV+**
  - Referenced current care/treatment facility
- **HIV-**
  - Most discussed comfort with clinic
  - Some indicated comfort with testing in community settings (e.g., campus)
- **Reasons why YBMSM don't seek health services**
  - Don't want to know their status
  - Testing stigma

# **Examining Issues of Perceived Discrimination**

# Survey Findings: Perceived Discrimination

	Total (n=122)
<b>Felt discriminated against because of race or same-sex behavior</b>	<b>68 (56%)</b>
<b>-Because of race</b>	<b>19 (28%)</b>
<b>-Because of same-sex behavior</b>	<b>40 (59%)</b>
<b>-Because of race and same-sex behavior</b>	<b>31 (34%)</b>
<b>I have tried to stop being attracted to men</b>	<b>47 (39%)</b>
<b>if someone offered me the chance to become completely straight, I would accept it</b>	<b>19 (28%)</b>

# **Qualitative Findings: Community Attitudes**

- **Most expressed that black gay men are not accepted in the community**
  - **Especially the black community**
- **Reasons noted for non-acceptance**
  - **Faith and religious teachings**
  - **White man's disease, affront to black masculinity**
  - **“Effeminate” gay men set norm**

# Reasons for Community Attitudes

- *“I prefer that...even though you are gay...have some dignity in the community.....when you walk around in public have some dignity. Show.....like you gay but you still have manners and all that. ‘Cause that’s mainly what people in the [straight] community think. That...gay folk just have no manners. They have no sense.....they just act a fool in front of the public just to show attention.”*

# **Qualitative Findings: Discrimination**

- **All had experienced, witnessed, or heard about discrimination toward black gay men**
- **Responses to discrimination**
  - **Ignore or dismiss**
  - **Rage, pain or confusion**
  - **Acceptance/participation in discrimination**
- **Tolerance by specific groups or individuals, or relative to other place/time**
- **Faith teaching, religious leaders, and faith community in general identified as critical sources of discrimination**

# Survey Results: Faith and the Religious Community

	Total (n=122)
Religious/spiritual person	88 (73%)
Attend religious services at least once a month	84 (69%)
Felt that would not be accepted by religious community if aware of same-sex behavior	60 (50%)
--Among those who attend religious services at least once a month	37 (44%)

# **Qualitative Findings**

## **Faith Community**

- **Relationships with faith and the faith community**
  - **Faith leaders as sources of homophobia, although they should be promoting acceptance/tolerance**
  - **Hypocrisy (all sins not treated equal)**
  - **Few noted that they “respect” the discriminatory beliefs**

## Relationship with faith and the faith community

- *“It might be a sin. Or...if it is a sin, okay. The thing is you....I have to live my life. I.... know that....as a pastor it’s your job to then to lead me to the right way. But you’re not doin’ it....you’re not doin’ a good job when you tellin’ it’s a sin, it’s a sin. You know what I’m sayin’? Counsel me.”*

## **Conclusion**

- **Our findings provide insight into the challenging and critical task of decreasing the number of new HIV infections among AA MSM, especially in Southern states that may have similar demographic characteristics, cultural dynamics, and socioeconomic challenges.**
  - Reinforce condom use with all partners
  - Given early onset of risk behavior and sexual activity, interventions should begin early
  - Improve utilization of care for HIV prevention, testing, and treatment
  - Collaboration between CBOs, DOH, LGBT community to address stigma and discrimination, which impact HIV prevention

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