

Black Gay & Bisexual Men Coping with More Than Just A Disease

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In the press to help those coping with the many demands of the AIDS epidemic, it is sometimes difficult to be cognizant of the ways in which ethnic, cultural, or class differences lend their own nuances to this disease. Like others, Blacks, when affected by AIDS, struggle with profound psychosocial disruption. But they may also experience the pervasive burdens of discrimination in their everyday living, more limited financial resources, inadequate health insurance and access to state-of-the-art health care, and family and community responsibilities present before the disease.

The negative effects of these stressors along with the occurrence of AIDS can be subtle. For example, it is not uncommon for people to assume that problems of ill health, suffering, pain, worry or anxiety will benefit from a smile, a pat on the back or words of encouragement. Yet, if these very gestures are experienced as patronizing or perceived as offered in the place of real efforts to ameliorate the individual's suffering, they are not comforting. Rather, they serve to remind the individual of the pervasive nature of social inequalities, even at times when there is little reserve to overcome them.

For Black gay and bisexual men, HIV disease presents not only a serious health threat, but also highlights existing sociocultural factors that shape their experiences in the world.¹ Attributions for the causes of common frustrations in coping with AIDS are more complicated for these men: Am I being treated badly or unfairly because I have AIDS, because I am gay or bisexual, or because I am Black? Will the Black heterosexual community help me in my fight for care and treatment? Will the overall White gay community ignore my needs when it advocates for care, services and access to experimental drugs? Understanding the cultural relativism of AIDS is important in developing appropriate counseling, care and prevention efforts.

Epidemiology of AIDS

It has been said that AIDS represents a set of overlapping epidemics each with its own particular characteristics. But, one common reality among these is that, with the exception of infections attributed to blood transfusions or HIV-infected blood products for treatment of hemophilia, AIDS in the United States has disproportionately affected Blacks.²

In the United States, among gay men with AIDS where homosexual sexual behavior was thought to be the risk behavior that led to HIV infection, 13.2 percent were Black. Yet only 10.6 percent of the male population over the age of 12 is Black.³ Whites account for 76 percent of AIDS cases in homosexual men,

but represent 85 percent of males over age 12. Since there is no empirical evidence to suggest that Black males are more likely than White males to engage in male homosexual behavior, it is clear that even among gay men, Blacks are overrepresented in diagnosed AIDS cases. This pattern of overrepresentation of Black males is also seen among AIDS cases in bisexual men, with Blacks accounting for 28 percent of cases.³

Intravenous (I.V.) drug users have also received a great deal of attention from the media as the major source of HIV infection in the Black community. Most often the female prostitute is the focus of this concern. Frequently overlooked are the gay and bisexual men who also are I.V. drug users. Here, too, Black gay and bisexual men are proportionately overrepresented. Blacks account for 22 percent of homosexual male and 34 percent of bisexual male I.V. drug users.³

Assistance to Black gay and bisexual men should flow from an understanding of how race, ethnicity, culture and class function on a daily basis for these men.

In some of our intervention efforts, Black gay and bisexual men who use I.V. drugs, may fall between the cracks. Their treatment needs are often not well met in gay-oriented programs that do not understand or focus on issues associated with intravenous drug use or that are not ethnically sensitive. On the other hand, drug treatment programs have in some cities been reluctant to take HIV seropositive individuals. Also, some drug programs embrace philosophies that are perceived by potential clients as homophobic.

Similarly, Black men who do not self-identify as gay, but who do have sex with men, may be especially reluctant to seek AIDS-related services from organizations that do not share their ethnic or cultural perspectives, or understand their sexual activities. Requesting services from such organizations may force the individual to label his behavior as reflecting a group identification that he does not feel. It is important to remember that risk-related behavior is not always associated with a person's self identification. Black men may engage in same-sex sexual behavior either as a function of membership in the gay or bisexual community, or in response to situational circumstances, for instance experimenting with sex, hustling to support a drug habit or being imprisoned.

Today, nearly 36 percent of all newly reported AIDS cases in the United States are among Blacks.⁴ And the future does not look promising, as the deceleration of syphilis rates noted among White gay men has not occurred among Black gay men.^{5,6}

Psychosocial and Sociocultural Risk Factors

Although statistics suggest that there is reason to be seriously concerned about the HIV threat to Black gay and bisexual men,

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we know very little empirically about their responses to HIV infection or AIDS. What we do know is that some Black gay and bisexual men, as a result of the various risks to which they are exposed because of the multiple social and behavioral community boundaries they may cross, are positioned at the crossroads of HIV transmission.¹ This occurs in several ways.

As men who have sex with other men, Black gay and bisexual men are often participants in the broader gay community in which ethnicity probably reflects the general U.S. population (approximately 84 percent White). In some communities, their contact with White men may more often be in the form of easier access to sex,^{7,8} since racism and classism may preclude other forms of socializing. This limited social interaction may reduce opportunities to share experiences that could lead to behavior change.

On the other hand, for those Black gay and bisexual men who are participants in the overall Black community, in which HIV infection occurs in more diverse segments than in the White community, there may be a greater chance of encountering HIV depending upon their pattern of I.V. drug use and heterosexual sexual behavior.

Finally, as a social grouping itself, Black gay and bisexual men may be more diverse than the White gay community.⁹ Some men may identify more closely with the Black community than the gay community; others find their primary emotional affinity with the gay community and not the Black community; and yet a third segment may identify with a growing Black gay men's community. To the extent that this diversity is reflected in behavioral diversity as well, the chances of potential HIV exposure may be increased.¹

For Black gay and bisexual men, multiple social groups may make it more likely that risk behavior, whether sexual or needle-sharing, may occur in the presence of HIV. These multiple social groups also have implications for the nature of their social support networks. Black gay and bisexual men may be nested within complex social support networks, which for some may be organized along ethnic, as opposed to gender or sexual orientation, dimensions. Advising some of these men to seek support primarily from other gay men at times of stress can underestimate the diversity of their support resources.

When AIDS Strikes

AIDS gravely taxes the social support network of anyone affected by the disease. For Black gay and bisexual men, the stresses to their support can be influenced by pre-existing sociocultural factors. For example, many AIDS service organizations are located primarily in White neighborhoods and run by Whites. For some Black gay and bisexual men, the burden of coping with AIDS must be shouldered along with the burden of exposing themselves to possible racism. In other words, racist behavior does not have to occur in order for stress to occur. The act alone of putting oneself in a situation where such behavior may happen can be stressful.

Special issues may also arise for Black gay men who are in interracial relationships. For example, healing behaviors, or those things that we do for ourselves and others when someone is sick in order to reduce the physical and emotional distress associated with illness, are often socioculturally based and drawn from our childhood experiences. In one case known to us, a Black gay man with HIV-related illness found that advice from his lover, who had been raised in a traditional White Protestant home, did not jibe with his own expectations of proper care. From the patient's perspective, his lover should have encouraged him to rest, eat traditional Southern food, and withdraw from the demands of the world. In contrast, his lover's advice was to keep active, maintain normal life habits, talk to friends, and minimize expression of distress. Obviously, discrepancies between partners' expectations about healing behaviors do not arise only in

interracial relationships, but they are perhaps more likely to occur here because of cultural and sometimes class backgrounds.

For some, the desire to reach out to family may generate a range of emotions related to the conflict between acquired and family ways of living. For example, a Black gay man, whose gay brother died of AIDS, described to the first author his mother's style of caring for her ill son. This included getting rid of her son's vegetarian diet and chasing away his gay friends, whom she did not know, since she perceived them as tiring her son. In their place, she invited friends from his early childhood over to visit. And, seeking redemption for her son, she sought assistance from the minister of her church, who also asked the women of the church to help provide respite care to the mother. As these women cared for the son, they prayed for him. Although the son, at times, was relieved that he was receiving care and was comforted by its cultural familiarity, he was also angry and sad about the loss of his gay lifestyle and friends.

For Black men who turn to Black social networks, such as family, friends and community for assistance, there are other issues as well. One Black gay man with ARC, being seen in therapy by the second author, complained about the stress and fear he felt when he exhibited obvious signs of HIV infection—sweating profusely or frequently using the bathroom—during long community meetings where he was accepted as a presumably heterosexual single male. He was certain that these behaviors would identify him as HIV infected and, therefore, gay. Homophobia might then result in ostracism, undermining his years of efforts in community activism.

Still, not all Black gay or bisexual men in their interface with the overall Black community face the conflicts described above. Many have experiences of acceptance and strong support from family and community members. Poignant in the mind of the first author is a telephone call from a Black mother who wanted to meet the friends of her son who was dying of AIDS, friends whom she did not know. She took comfort in knowing how loved her son was by his friends. Equally comforting was the respite care and emotional resources his friends provided to her and her family both during his illness and after his death. Where there are so few bereavement and family counseling services for Blacks, the support of her son's diverse friends and caretakers was an important intervention for this woman's family.

It is critical that in planning and designing counseling, care and prevention efforts that the role of culture, class and ethnicity is understood well enough to provide effective services to meet the unique and diverse needs of Black gay and bisexual men. Cultural sensitivity means both listening to the diversity in these

The Black C.A.R.E. Project

As part of an effort to document the experiences of Black gay and bisexual men in coping with the threat of HIV infection, the authors have designed a national study of AIDS risk reduction in this segment of the Black community. They are striving to reach a diverse group of Black gay and bisexual men throughout the United States: men who are living in rural or urban areas, men who identify as gay, bisexual or heterosexual (if they engage in same-sex activities), men whose occupations range from never-employed to professionals, and men from the full age spectrum over 18 years old.

Information will be gathered using anonymous questionnaires. The success of reaching this diverse group depends on the participation of not only the Black community but also of both gays and heterosexuals from diverse communities and backgrounds. If you are interested in either participating in the study or disseminating questionnaires, contact Vickie M. Mays, c/o Black Community AIDS Research and Education (Black C.A.R.E.) Project, 1283 Franz Hall, Los Angeles, CA 90024-1563; (213) 825-9858.

men's experiences and becoming aware of how one's own cultural norms shape an understanding of others.

For those involved or interested in providing help to Black gay and bisexual men who are coping with HIV-related issues, effective support must embody an understanding of the realities of these men's everyday lives. The assistance should flow from an understanding of how race, ethnicity, culture and class function on a daily basis for these men. For those not familiar with Black gay and bisexual men's lives, this is a complex task that may require an inner searching and specialized training, such as supervision or consultation.

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A complete list of references is available from the authors: Vickie M. Mays, c/o Black C.A.R.E. Project, 1283 Franz Hall, Los Angeles, CA 90024-1563.

Diagnosis/Treatment/Prevention

The Risk of AIDS in Young Gay and Bisexual Males

Paul Gibson, LCSW

Young gay and bisexual males in the United States are becoming aware of and open about their sexuality at an earlier age than ever before. Yet, American society has refused to recognize the existence of homosexuality in the young and has failed to target this group for AIDS prevention efforts. The risk of HIV infection among these young people is directly related to difficulties they face in understanding their sexuality and in gaining acceptance and support from others.

AIDS is an accident waiting to happen to young people. Youth ages 15 to 24 currently account for 5 percent of AIDS cases in the United States, and young adults ages 25 to 29, most of whom were probably infected as youth, comprise another 16 percent of cases. Male homosexual behavior was the route of transmission for two-thirds of cases among youth, ages 15 to 24, according to the Centers for Disease Control (CDC).

Although 75 percent of adolescents engage in sexual intercourse by age 20, the sex-negative attitudes of earlier generations remain: sex is bad, dirty, hidden, and not to be discussed, planned for or desired. One result of these attitudes is "unconscious" sexual behavior, in which young people have sex without taking precautions, and without considering the consequences of these actions until later. This kind of sexual behavior contributes to more than one million unintended teenage pregnancies each year, and the highest rate of sexually transmitted diseases among any age group.

The most rigidly enforced sex-negative value in adolescence is "not to be homosexual." Still, it was estimated in 1973 that 5 percent of males ages 13 to 15 and 17 percent of males ages 16 to 19 had had homosexual experiences. This suggests that more than one million young males may be at risk of HIV infection. Minority gay and bisexual male youth, particularly Blacks and Hispanics, may be at even greater risk. People of color comprise nearly half of AIDS cases in youth ages 15 to 24, and homosexual transmission accounts for 60 percent of cases among Black youth and 52 percent among Hispanic youth.

Effects of Sexual Orientation on the Risk of HIV Infection

Sexual orientation is often established by adolescence. Many youth have homosexual feelings prior to this point, but

have no content in which to put them. It is upon approaching adolescence that gay youth learn that they are among society's most despised.¹ Positive information about homosexuality that might challenge this message is seldom available in school, at home or in the media.

The primary adaptation for gay and bisexual youth is to hide sexual identity. Same-sex feelings are rarely discussed among adolescents. Gay and bisexual youth are one of the only groups of adolescents that does not have family and peer support, and often become withdrawn and feel isolated.

Gay and bisexual youth, unlike heterosexual youth, are not encouraged to develop relationship skills. They cannot date or show interest in peers to whom they are attracted. Heterosexual youth follow a courting process that may or may not lead to a sexual relationship. Gay male adolescents often use sexual behavior as a way to initiate contact and then try to build a social relationship from this contact.² This can place them at greater risk of HIV infection.

A 1987 study³ found that 96 percent of young gay males surveyed at a New York health clinic reported learning about their sexuality by having sex. Their early sexual encounters are often anonymous and, like their heterosexual peers, unprotected. Another 1987 study⁴ found that two-thirds of gay male teenagers surveyed in Minneapolis met their sex partners in bars or public places and knew them less than a week before having sex. The teenagers had an average of seven partners annually and nearly half reported a history of sexually transmitted diseases.

In later adolescence, many gay and bisexual males become more open about their sexuality, facing rejection from families and peers. This can result in serious psychosocial problems including higher rates of substance abuse and attempted suicide. Homophobia and violence, more common in response to AIDS, may force gay and bisexual youth to drop out of school, leave their families and move to new communities, where they become disproportionately represented in the homeless youth population.

The struggle for survival on the streets, where I.V. drug use and prostitution are more likely to occur, places young gay and bisexual males at even greater risk of HIV infection. The CDC reports that male homosexual transmission is a co-factor in 43 percent of AIDS cases among I.V. drug users ages 15 to 24. Intravenous stimulant use further increases the likelihood of unsafe sex among young gay males. Dependence on relationships with older men may place gay and bisexual youth at increased risk, particularly in urban areas with high rates of HIV infection.

Risk Reduction and AIDS Education

Continued neglect of young gay and bisexual males consigns them to a precarious future. Like most teenagers, gay adolescents believe they are immortal.² And, a study of gay men in San Francisco found younger gay males to be the slowest to change their risk behaviors. Gay and bisexual youth need to be targeted as a special population for AIDS prevention services and risk education. These young people are often afraid to seek out services designed for their heterosexual peers and are reluctant, like other youth, to use adult services. AIDS education for the young must be accompanied by education about and acceptance of homosexuality.

The ability of education to change behavior among youth rapidly dissipates in the absence of other services such as family and peer support, adult role models, employment, food and shelter.⁴ Schools should provide gay youth with information about who they are and a safe environment in which to receive an equal education. Peer support groups need to be created to assist gay youth in developing relationship skills that can prevent HIV infection. Service agencies need to reach out to gay youth and have gay-identified staff available. Homeless youth should have access to housing, vocational training, counseling and substance abuse services.

Finally, young gay and bisexual males should have access to HIV antibody testing services. Encouraging them to take the test,

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