



Special Double Issue

HIV COUNSELOR

PERSPECTIVES

Gay Men, HIV, and Sexual Health

Early last year, the Centers for Disease Control and Prevention (CDC) released new data that showed that men who have sex with men in the United States are 44 times more likely than other men to contract HIV, and at least 40 times more likely than women to contract HIV.¹ This means that while HIV can affect anyone, in the United States gay and bisexual men are the people most likely to be living with HIV.

This issue of *Perspectives* will examine which men who have sex with men are most at risk for HIV, look at some of the “social determinants” of HIV disease for gay and bisexual men, and discuss how HIV and STD prevention fit into the larger movement toward sexual health for gay and bisexual men.

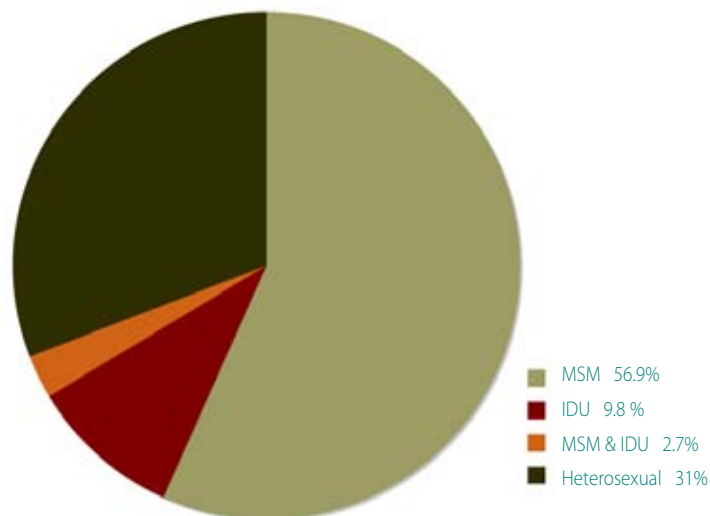
Gay Men and HIV

Not only are gay and bisexual men more than 40 times as likely to contract HIV as are other men and women, they are the only HIV transmission category where diagnoses are increasing.² New HIV diagnoses among men who have sex with men grew by 17 percent between 2005 and 2008,³ whereas

rates among injection drug users and heterosexuals declined or remained the same. Men who have sex with men who do not inject drugs make up more than half (56.9 percent) of new infections in the United States. (An additional 2.7 percent of new infections were among gay men who also use intravenous drugs, bringing the total to 59.6 percent of all new infections.)⁴

Men of color, particularly Black men, are the most severely and disproportionately affected among gay and bisexual men, just as they are among all American men. The graphic on p. 2, titled “Rates of New Infections Among U.S. Men,” shows the rate of HIV infection by race/ethnicity in the United States. As you can see, among U.S. men of all sexual orientations, the rate

New HIV Infections by Transmission Category



In 2009 (the latest year for which data were available) almost 60 percent of new HIV infections were estimated to have occurred in men who have sex with men (including both MSM who injected drugs and those who did not). Note: percentages add up to more than 100%.

Centers for Disease Control and Prevention. *Basic Statistics: Statistics and Surveillance*. Atlanta: Department of Health and Human Services, 2011. <http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivaidssexposure>.

for Black American men is 115.7 per 100,000, while for Latino American men it is 43.1, and for White American men it is 19.6. Black men who have sex with men make up one in five new HIV diagnoses in the United States. Young Black men who have sex with men are especially vulnerable, and are the subject of the second article in this issue: “Young Black Gay and Bisexual Men,” on p. 7.

The HIV/STD Connection

In addition to HIV, gay and bisexual men are also especially vulnerable to sexually transmitted diseases (STDs). For example, the CDC reported that in 2009, 62 percent of new syphilis infections occurred among men who have sex with men (up from only 4 percent in 2000).⁵

People who are living with an STD infection such as syphilis, gonorrhea, or herpes are more

likely to contract HIV as well, for a few reasons. STDs like syphilis and herpes that cause ulcers or lesions on the genitals or in the vagina or rectum allow HIV to enter a person’s bloodstream.⁶ Sexually transmitted diseases can also cause the immune system to send white blood cells to the site of the STD infection. Since these are the cells that HIV tends to infect, the person becomes more vulnerable to HIV when he is exposed.⁶ HIV-positive men who have gonorrhea have also been found to have higher concentrations of HIV in their semen than HIV-positive men who do not have gonorrhea, making it more likely that they could transmit HIV to partners during unprotected sex. [For a fuller discussion of the HIV/STD connection, please see the Winter 2009 issue of *Perspectives*, titled “Update on STDs Other Than HIV.”]

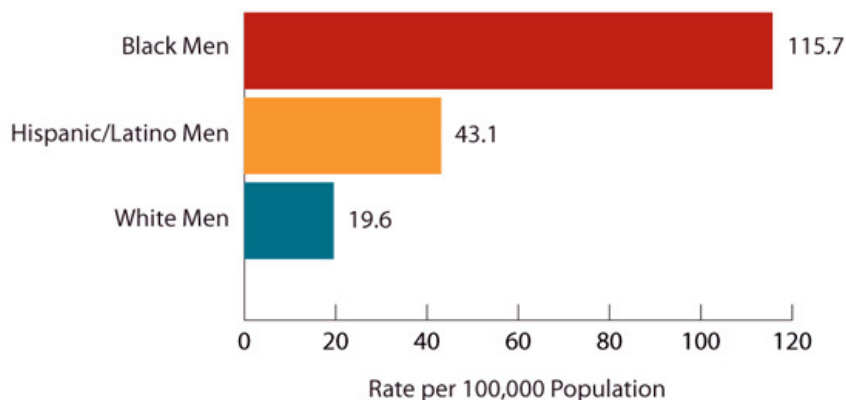
Why Talk About Sexual Health?

Given the statistics on HIV among men who have sex with men, it is easy to understand why there has been a renewed call for awareness of gay and bisexual men as a population that is vulnerable to HIV infection. It is also true that a generation of gay and bisexual men has grown up and grown older with HIV/AIDS as a serious threat to health, intimacy, and sexual expression.

While education is critically important, especially for younger people, those who are newly coming out, or those returning to the dating pool, information alone does not lead to behavior change. Some experts believe that gay men have grown tired after 30 years of messages about condom use, and that the very fact that the gay male community has become so closely identified with HIV disease may itself be part of the problem. After all, if gay men’s lives and sexuality are most often discussed in the context of HIV risk, it sends a message that to be a sexually active gay man is to be at risk for HIV. This can be problematic: while it is important to acknowledge that men who have sex with men as a group are disproportionately vulnerable to HIV infection, for some men the close association between gay identity, gay sexuality, and HIV may lead to a sense of fatalism—“I’m gay, so it’s only a matter of time before I get HIV.”

Therefore, along with HIV and STD prevention efforts, there is also a movement to address broader concerns of MSM communities, including the importance of sexual health. The World Health Orga-

Rates of New Infections Among U.S. Men



It is estimated that one in 16 Black men will be diagnosed with HIV at some point. This rate is six times as high as that for White men, and three times as high as that for Latino men. For 2006, it was estimated that Black men who have sex with men represented 63 percent of new infections among all Black men, and 35 percent among all MSM.

Centers for Disease Control and Prevention. *HIV Among African Americans*. Atlanta: Department of Health and Human Services, 2010.

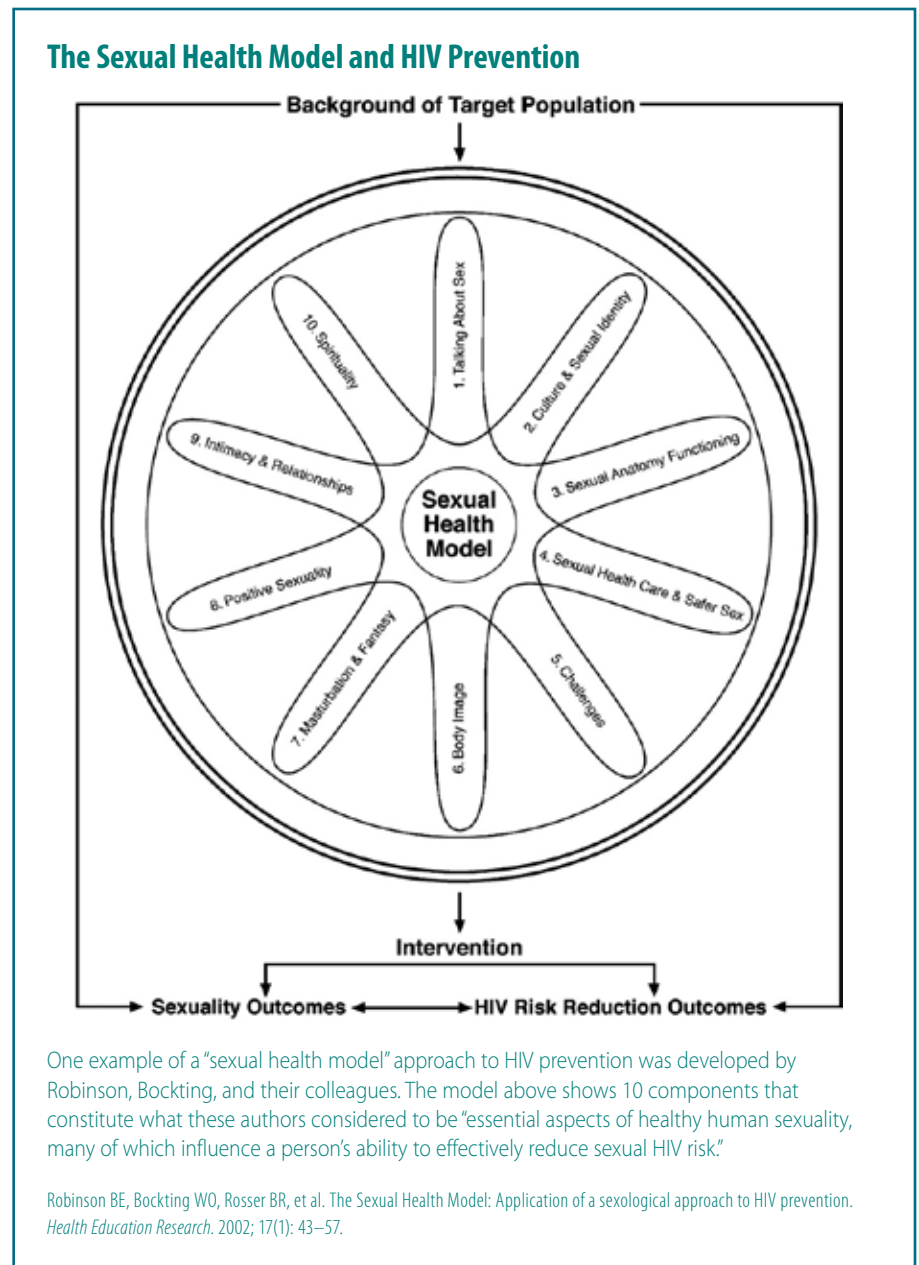
nization defines sexual health as “a state of physical, mental, and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.”⁷

The CDC, along with several other federal agencies, has embraced the idea of moving toward an HIV prevention approach based on promoting sexual health among MSM.^{8,9} A key feature of such an approach is that it defines health as more than the presence or absence of disease, although preventing and treating HIV and other STDs are still critical components to maintaining sexual health.⁹

Sexual health models take into account the whole person, including the importance of pleasure and intimacy. Further, they reflect an understanding that HIV and other STDs can have a negative impact on both mental and physical health, including causing people to experience guilt and shame about sex, and to experience reduced sexual pleasure.⁹ These approaches also recognize the interpersonal component of HIV and other STDs—for example, that HIV and other STDs contribute to stress in relationships, and often cause people to experience stigma and discrimination.⁹ Stresses related to stigma and discrimination can also create conditions that promote disease, as discussed below.

The Larger Context

The fact that gay and bisexual men have an extremely high rate of HIV and other STDs is related



to a number of social factors—including discrimination and marginalization—and not just to individual risk behavior.⁹

The CDC has recognized the diversity and complexity of the many factors that affect gay men’s health by covering not just HIV and other STD prevention resources in their Gay and Bisexual Men’s Health website, but also topics like stigma and discrimination, suicide and violence prevention, mental health, and substance

abuse.¹⁰ These factors in turn are influenced by larger “social determinants of health”: the social, policy, economic, and health care factors that greatly influence health inequities.¹¹

One risk factor that many men who have sex with men have in common is homophobia—that is, negative social attitudes toward homosexuality. Negative attitudes about homosexuality can harm gay and bisexual men’s health in several ways. Fear of rejection

by family members and friends can make some men unwilling to talk about same-sex sexual activity. This means that an important part of their lives is a secret from friends and family, thus diminishing their social support, which is related to good health.¹²

Discrimination in employment can put health insurance at risk, while fear of discrimination by

status and discussing risk reduction with sexual partners.

Ilan Meyer of Columbia University has developed a model of “Minority Stress,” explaining how the effects of homophobia and discrimination work to undermine the overall health of gay and lesbian people. Meyer describes four different, but interrelated, “stress processes”: concrete experiences

increase a feeling of social isolation and emotional distress, possibly leading to a variety of health and mental health problems.^{13, 15}

Because of the wider social context in which these problems occur, some experts are calling for larger-scale societal interventions, such as legislation to reverse laws and policies that discriminate against gay people or diminish the value of same-sex relationships.¹⁶ Interventions are also increasingly being targeted at helping families, schools, and churches to accept their gay members.^{16, 17, 18}

The stigma and discriminatory consequences of racism, economic inequities, and belonging to a sexual minority interact in complex ways to create special risks of negative health outcomes, including HIV, for many MSM of color.¹⁹

For example, despite no greater reported “risk behavior” (condom use, substance use, number of sexual partners), Black MSM have incredibly disproportionate rates of HIV infection.²⁰ According to 2005 National HIV Behavioral Surveillance statistics, HIV

Both stigma against gay men and HIV-related stigma add to the problems people sometimes have in disclosing their HIV status to partners.

medical providers can also discourage gay and bisexual men from accessing appropriate health care, including STD and HIV screening.¹² This makes it more likely that men who have sex with men will not know their HIV status, and may be more likely, if infected, to pass HIV and other STDs along to others. Both stigma against gay men and HIV-related stigma further add to the difficulties people sometimes have in disclosing HIV

of discrimination based on sexual orientation in the world; the stress of expecting such events to occur (which creates anxiety); concealment of one’s sexual orientation (and the constant fear of discovery and discrimination); and internalizing (or starting to believe oneself) the negative social messages about gay people.^{13, 14} The stress that the gay and bisexual people experience as a result of these forces can erode self-esteem and

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prevalence was 46 percent in Black MSM, compared with 21 percent in White MSM. New research on sexual networks suggests that, despite reduced behavioral risk, racism directed toward Black partners within the broader MSM community creates a restricted sexual and romantic “dating pool” for Black MSM, increasing the odds of contact with an HIV-positive partner with each new sexual encounter at a higher rate than other MSM communities experience. At a 2010 Boston conference on gay men and sexual health, Meyer discussed how racism in MSM communities, along with both a social and internalized experience of homophobia, are related to problems like lower participation in prevention interventions.^{18,21}

All of these factors—both societal and interpersonal—combine to create what some researchers call a “syndemic”: a set of problems that occur together and amplify each other’s effects.¹⁵ For example, research in the Urban Men’s Health Study, which con-

ducted a telephone sampling of 2,881 men who have sex with men in Los Angeles, San Francisco, Chicago, and New York, revealed that substance abuse, a history of childhood sexual abuse, partner violence, and depression were all associated with each other.²² In turn, both partner violence and the use of multiple drugs were significantly related to being HIV-positive, while a history of childhood sexual abuse, partner violence, and use of multiple drugs were each significantly related to “high-risk” sexual behavior defined as unprotected anal intercourse with someone of different or unknown HIV status.

Reporting a greater number of these psychosocial health problems was associated with increasing rates of higher-risk sex and increasing HIV-prevalence rates when compared with the group of men with no self-reported psychosocial health problems.²² The authors suggest that the effectiveness of HIV prevention efforts can be improved by addressing the mental health, violence, and substance

abuse problems that many MSM face, rather than focusing exclusively on HIV.

In addition, some researchers are calling for studies that investigate the resilience of gay men—rather than just focusing on their deficits.^{15,17,18} For example, the Urban Men’s Health Study cited above found that, of the men who reported three or more of the study’s psychosocial health problems (childhood sexual abuse, partner violence, depression, and using multiple drugs), 23 percent had recently engaged in higher-risk sex, and 22 percent were HIV-positive.²² While these rates are alarming, some researchers ask, “Why aren’t we studying the 77 percent of men who have avoided ‘high-risk sex,’ and the 78 percent who remained HIV-negative, despite having the same psychosocial health problems?”¹⁵ Similarly, researcher Ron Stall asks why researchers prioritize the study of men who “descend into problematic drug use” over the study of men “who resolve substance use careers on their own, or never/rarely use drugs in the first

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place?”¹⁷ Such a renewed focus on strengths-based research and interventions may re-energize HIV prevention efforts with men who have sex with men.

But What Can Counselors Do?

HIV test counselors can be aware of structural and social policy forces that shape the experience and

Counselors can support and acknowledge the resilience of their gay male clients. Ask clients how they got through a difficult time in the past, or how they made a behavior change that was important to them.

behavior of many men who have sex with men, but the HIV test counseling session itself remains an individual-level intervention, and an important one. How can counselors bring their understanding of the larger context of gay men’s lives, experiences, and sexual well-being into the counseling session?

- As with all clients, counselors should respectfully engage with their gay male clients, supporting and acknowledging their resilience. One way to do this is by asking clients how they got through difficult times in the past, or made a behavior change that was important to them. Follow this by then identifying and reinforcing the strengths that the client used during these times. Ask clients what their successes have been, both in terms of HIV prevention and other life goals. Note how preventing HIV could be related to other life goals for this person. Explore

how the client can build on past prevention successes, skills, and experiences.

- Help clients explore who in their community is supportive of their goals, including their goals for greater sexual health. Connection to community, particularly community that supports the whole person—including one’s sexual orientation—

can support resilience in the face of hostility and discrimination.

- Try not to use language that reduces HIV and prevention to “safe” or “unsafe” sex, or that discusses sex only in terms of “risk.” Realize that for most people, sex has many dimensions, which may include pleasure, intimacy, and a feeling of health.

- Understand that homophobia and HIV stigma have shaped many men’s experiences of their sexuality, and of what they can expect in terms of sexual health. Because homosexuality and anal sex are often stigmatized, many men receive few messages about their sexuality that are not tied to warnings about HIV and other health risks. As a consequence, they may accept anal problems like pain, bleeding, discomfort, or disease as a “natural consequence” of having anal sex, when, in fact, all are signs of physical damage that is unnecessary and can be treated.²³

- Encourage clients to access STD screening and treatment, since STD treatment is an important part both of HIV prevention and maintaining overall sexual health and well-being.

- Check your own assumptions—that gay men know, or don’t know, how to prevent HIV, or that that knowledge alone should be enough to change behavior.

- Notice any “HIV prevention fatigue” you may have—for example, assumptions that sexually active gay men will inevitably contract HIV, and that the best they can do is detect it early. Get your own support from peers, supervisors, and through good self-care.

- Remember that while the focus of the session is on HIV risk reduction, clients are whole people, and the contexts in which their behaviors occur are much larger and more complex than the counselor can grasp in 20 to 40 minutes. Respect that you have an important, and limited, role.

Conclusion

While HIV is not a “gay” disease, gay and bisexual men still make up the largest proportion of those becoming infected in this country. Thirty years into the epidemic, it is clear that fresh approaches to HIV prevention among men who have sex with men are needed. These include approaches that emphasize the impact of homophobia and other social determinants of health on the health and well-being of gay men, and those that focus on achieving and enjoying sexual health as part of a fulfilling life. ■

Young Black Gay and Bisexual Men

Among gay and bisexual men, who already bear a disproportionate burden of HIV infection, some groups stand out as hardest hit. From 2005 to 2008, new HIV diagnoses increased by a greater percentage among MSM aged 13 to 24 years old than for any other age group.¹ And within the population of young MSM, the group most at risk for becoming infected is young Black gay and bisexual men.^{2,3}

Between 2001 and 2006, young Black MSM experienced the sharpest jump in HIV/AIDS diagnoses of any racial or ethnic group—a 93 percent increase. By 2008, Black young men who have sex with men represented nearly two-thirds (63 percent) of all HIV-positive MSM between the ages of 13 and 24 years old.^{3,4} See “HIV Diagnoses Among MSM Aged 13 to 24 Years, by Race/Ethnicity, 2009,” right.)

In Black and Latino MSM a greater proportion of new infections occur among young MSM aged 13 to 29 than in other age groups. In contrast, among White gay and bisexual men, the greatest proportion of new diagnoses occurs among men in their 30s and 40s.⁵ (See the graphic “New HIV Infections Among MSM, by Race/Ethnicity and Age Group” on p. 8.

What are some of the reasons that young Black gay and bisexual men are so severely affected? These young people are at the center of a number of develop-

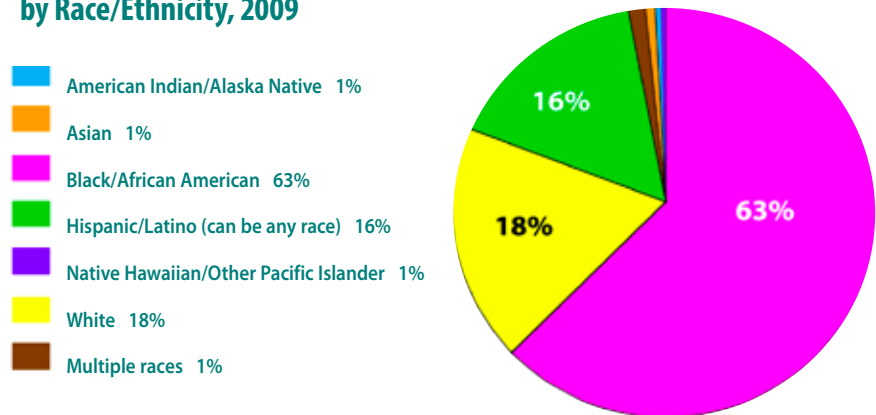
mental challenges, and social and health-related inequities that make them especially vulnerable to HIV infection. Their youth, their race, their sexual orientation, and their gender—and how each of these factors is treated by the larger society—all influence their risk for disease and their opportunities to enjoy physical, mental, and sexual health.

Health and HIV-Related Challenges. Health-related and HIV-related inequities are particularly stark for young Black MSM. Greater rates of poverty, for example, undermine access to health care, creating conditions that lead to negative health outcomes for Black youth. While Black Americans make up only 12 percent of the U.S. population, they comprise half of Americans living

with HIV, and almost half of new HIV infections each year.⁶ As discussed in the main article in this issue, “Gay Men, HIV, and Sexual Health,” this high prevalence of HIV, together with the effects of racism directed toward Black partners within the broader MSM community, creates a restricted sexual and romantic “dating pool” for Black MSM, increasing the odds of contact with an HIV-positive partner with each new sexual encounter at a higher rate than other MSM communities experience.^{7,8} This means that even with no greater “risk behaviors” than people of other races, Black people face a higher probability of becoming infected.^{9,10}

In addition, syphilis cases among young Black men 15 to 24 years old are increasing. Between

HIV Diagnoses Among MSM Aged 13 to 24 Years, by Race/Ethnicity, 2009



This pie chart displays the estimated percentages by race/ethnicity of young men who have sex with men (MSM) who were diagnosed with HIV infection during 2009 in the 40 states and five U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2006 (this does not include California). These data include people with a diagnosis of HIV infection regardless of stage of disease at diagnosis, and exclude men who reported sexual contact with other men and injection drug use. Hispanics/Latinos can be of any race. Note: percentages add up to more than 100%.

2005 and 2009, the syphilis rate among these young men tripled, possibly contributing to HIV rates in this group. Similarly, as noted in the larger article in this issue, gay and bisexual men as a group have very high HIV and syphilis incidence and prevalence, so these youth belong to two high HIV-incidence groups.

Developmental and Social Challenges. Adolescence and early adulthood are times when experimentation is a normal part of psychological development, often including experimentation with drugs, relationships, and sex. Growing into a comfortable,

healthy sexual identity is challenging under the best of circumstances. Yet many sex education programs in schools (and many “facts of life” talks in families) do not effectively address the needs of sexual minority youth, leaving them unprepared to safely negotiate these new feelings, behaviors, and relationships. Young gay and bisexual men are also more likely than their straight counterparts to have experienced physical and sexual abuse, both of which are associated with physical and mental health problems.¹¹

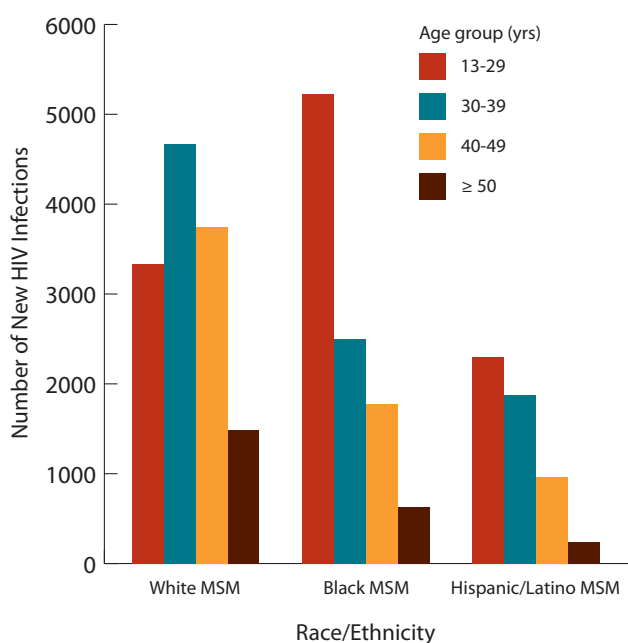
Socially, gay and bisexual youth often face bullying, harassment,

and other forms of discrimination by families and churches. Black youth also face racism and its multiple forms of discrimination, harassment, abuse, and marginalization. All of these forces create a feeling of social isolation that can be overwhelming.¹¹ School is a particularly important point of intervention with these youth, and the CDC has noted the importance of establishing safe and supportive school environments, providing professional development to school staff, and implementing school-based prevention interventions.²

HIV prevention services are needed to address all of the factors that put these youth at risk for acquiring HIV. The CDC is working to expand effective behavioral interventions with this population. Current CDC-designated DEBIs (Diffusion of Effective Behavioral Interventions) for young Black MSM include *Mpowerment*, a community-level intervention designed by and for young men ages 18 to 29, which has been shown to significantly decrease the incidence of unprotected anal intercourse among participants.¹²

The intervention is staffed by a core group of young gay men from the community, as well as paid staff. It is designed to build positive social connections and supports, reduce unprotected anal intercourse, and encourage HIV testing. These goals are achieved through formal and informal outreach, social events, and peer-led discussion and skills-building groups. There is also a social marketing component that advertises the project by word of mouth, and in gay community newspaper articles and ads.¹²

New HIV Infections Among MSM, by Race/Ethnicity and Age Group



For Black and Latino MSM, the greatest proportion of new HIV diagnoses occurs in 13- to 29-year-olds, whereas for White men, the greatest proportion of new diagnoses occurs in men in their 30s and 40s. So prevention with MSM of color also means focusing prevention efforts on young men. This chart shows data from estimates of new infections in 2006 (the last year for which data were available).

Centers for Disease Control and Prevention. *HIV Among Gay, Bisexual, and Other Men Who Have Sex with Men (MSM)*. Atlanta: Department of Health and Human Services, 2010. <http://www.cdc.gov/hiv/topics/msm/index.htm>.

Belonging to two marginalized groups can undermine a sense of social support—from family, friends, school, work, and the community—which can increase risk for health and mental health problems. All of these problems are reinforced by the fact that both Black youth and gay youth, but particularly Black gay youth, have few favorable representations in the media.

Social marketing messages like those put on by Gay Men's Health Crisis through their Family Acceptance Project and their "I Love My Boo" campaign (see image, right) are designed to combat homophobia and promote self-acceptance and community connectedness. The words and images in the "I Love My Boo" campaign, for example, show young gay men of color, and depicts their sexuality (and safer sex practices) in the context of a loving, proud, trusting relationship.¹³ ■

Showing Loving Sexual Relationships Between Young Black MSM



In 2010, Gay Men's Health Crisis launched the "I Love My Boo" social marketing campaign, whose ads ran, among other places, in the New York City subways. The campaign is designed to make visible the many loving, trusting relationships between gay men of color, and to celebrate the strengths and resiliencies of these men. Many of the men depicted are young MSM.

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Test Yourself

Review Questions

1. In this issue of *Perspectives*, the term “sexual health” refers mainly: a) to the importance of HIV prevention; b) to not only HIV prevention, but also STD prevention and treatment; c) to an approach that takes into account the whole person (not just the presence or absence of disease) and includes the importance of pleasure and intimacy; d) to enjoying a fulfilling sex life without using substances to enhance it.

2. *True or False:* Some experts believe that discussing gay male sexuality solely in the context of disease may actually contribute to problems with HIV prevention for gay men.

3. According to the first article, men who have sex with men are how much more likely than other men to contract HIV? a) 40 percent more likely; b) 44 percent more likely; c) 40 times more likely; d) 44 times more likely.

4. New HIV diagnoses among men who have sex with men grew by 17 percent between 2005 and 2008, whereas rates among injection drug users and heterosexuals: a) declined; b) declined or remained the same; c) remained the same; d) also increased, but by a significantly smaller amount.

5. What proportion of MSM between the ages of 13 and 24 years old who were diagnosed with HIV in 2009 were Black? a) 63 percent; b) 66 percent; c) 44 percent; d) 33 percent.

6. *True or False:* The greatest proportion of new HIV diagnoses among MSM of all races are in men under 24 years of age.

7. Some of the reasons why young Black MSM may be especially vulnerable to HIV infection are discussed in the second article. These include: a) social and health-related inequities; b) age-related developmental challenges; c) a higher incidence of HIV-related risk behaviors; d) both a and b; e) both b and c; f) all of the above.

Discussion Questions

1. What are the greatest HIV prevention challenges you notice in working with men who have sex with men? Do you notice any of the ideas from Meyer’s Minority Stress Theory (such as experiences and fears of discrimination, feelings of having to hide same-sex feelings or activity, and internalizing negative thoughts about gay people) having an impact on how the MSM you see approach HIV prevention?

2. How do you believe that HIV test counselors can best support their clients in experiencing sexual health? Are there ways that this support would be different for MSM clients? For young Black MSM clients?

3. How can counselors acknowledge and support the resilience of their clients, including their young Black MSM clients?

Answers to Review Questions

1. c. 2. *True.*

3. d. 4. b.

5. a.

6. *False. In Black and Latino MSM, a greater proportion of new infections occur among MSM aged 13 to 29 than in other age groups. Among White MSM, the greatest proportion of new diagnoses occurs among men in their 30s and 40s.*

7. d.



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Executive Director:

James W. Dilley, MD

Editor: Robert Marks

Author: Michelle Cataldo, LCSW

Clinical Advisor: George Harrison, MD

Reviewers: Barbara Adler, LMFT, Francisco Nanclares, Jessie Murphy, MPH, Matthew Skinta, PHD, Dennis Fleming, MA

Design & Production: Lisa Roth

Proofreading: Suzy Brady, Lawrence Sanfilippo

Circulation: Stephen Scott

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Contact Us:

Michelle Cataldo, LCSW
UCSF AIDS Health Project, Box 0884
San Francisco, CA 94143-0884
415-476-2626
e-mail: michelle.cataldo@ucsf.edu

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