Literature Review- Leadership Development HIV Prevention on for Young MSM of Color


This article looked at the association between perceptions about condom use among one’s peers, beliefs about new HIV treatments, and HIV sexual risk behavior among YBMSM (aged 18-25) in Atlanta. The results of the study showed that 30% of the participants reported unprotected anal intercourse in the three months prior to the study. Stronger peer condom norms predicted less-frequent risky sexual behavior. Contrary to expectation, belief in less threat of HIV because of the presence of effective HIV treatments was not associated with risky sexual behavior. These findings suggest that changing peer norms for condom use may reduce sexual activity that puts YBMSM at risk for HIV.


This article explored racial/ethnic differences among YMSM (aged 23-29) in use of, perceived importance of, and satisfaction with HIV prevention services. No racial/ethnic differences were found in use of a health care provider or in testing for HIV. Compared to white YMSM, Black and Hispanic YMSM had equal or greater use of, perceived importance of, receipt of, and satisfaction with HIV prevention services. This means that experience with HIV prevention services does not explain higher HIV rates among Black YMSM.

This report indicated that the majority of men living with HIV/AIDS in the U.S are men who have sex with men. Part of addressing the HIV epidemic has been effort to effectively produce prevention for positives. This report explored high-risk sexual behavior among HIV positive men who sex with men (MSM). In May 2000–December 2002, HIV-positive MSM were interviewed in a behavioral surveillance survey at surveillance sites in 16 states. A total of 2,491 HIV-positive MSM were interviewed. An initial interview was conducted with follow-up interviews during the first 12-months after their HIV diagnoses. The findings in this report indicated that more then half of the MSM in the study reported mostly oral sex and some oral sex with a man during the first 12 months after diagnoses. The remaining reported either being abstinent or having sex with a woman. With respect to risk of HIV transmission 14% of the men in the study who had sex with a negative partner reported no condom use while 25% of men who had sex but did not know their partners’ HIV status reported no condom use. This report indicates that knowing one’s status and partner status could have a potential positive impact on HIV transmission. In addition effective prevention strategies from the public health community must be addressed in order prevent transmission among HIV serodiscordant partners.


This article detailed that Black MSM faced the highest rates of both HIV prevalence (46%) and unrecognized HIV infection (67%) when looking at MSM overall. HIV prevalence and unrecognized HIV infection were also found to be highest among younger MSM, making Black YMSM the demographic with the highest prevalence HIV rate and the highest unrecognized HIV infection rate.


This article explores epidemiological research (specifically a case control study) conducted by the North Carolina Department of Health in conjunction with the CDC on HIV risk among YBMSM (aged 18-30), comparing transmission among college students versus non-students. The research
found that among YBMSM, both students and non-students had high rates of HIV. Sexual risk behaviors for all three groups (HIV+ YBMSM, HIV- YBMSM students and HIV- YBMSM non-students) were similar. Fewer college students than non-students identified as gay or bisexual or disclosed their sexual identity to most people. Qualitative interviews were conducted and reasons stated for the high rates of HIV among YBMSM included: 1) a lack of sustained prevention efforts targeting YBM, 2) low perceived risk of contracting HIV and 3) believing that one can ascertain one’s partner’s HIV status through physical characteristics and appearance. Consistent with this, most of the men interviewed (70%) felt that it was unlikely that they would be infected with HIV.


This article looked at differences in HIV prevalence between YMSM (age 15-22) who do not disclose their sexual orientation (nondisclosers) and those who are more open about their sexual orientation (disclosers), using results from the Young Men’s Survey. Among YBMSM, the prevalence of HIV infection was 14% among disclosers while it was 24% among nondisclosers. Compared with disclosers, nondisclosers engaged in less sexual behavior with men and more sexual behavior with women, reported less use of HIV testing services and were consequently less aware of their HIV status if infected. YBMSM nondisclosers were more likely to perceive themselves at not at risk for HIV than nondisclosers of other racial/ethnic backgrounds. Approximately one in five YBMSM nondisclosers was infected with HBV.


This article was reprinted from MMWR 51, and explored unrecognized HIV infection among Black YMSM as HIV incidence among this demographic group are among the highest of all risk groups in the US. Data were taken from the CDC’s Young Men’s Survey (YMS), a cross-sectional survey of men aged 15-22 focusing on a variety of health attitudes and behaviors. The survey results indicated 16% of Black YMSM tested positive for HIV despite reporting that they were HIV-, and that nearly all of them (93%) were unaware of their infection. In fact, of the
HIV+ Black MSM surveyed, 71% felt that it was unlikely, very unlikely or that there was no chance that they were HIV+ and 42% perceived themselves as being at low risk for becoming infected with HIV.


This article described the results of a study exploring the use of gay-related Internet chat rooms among YMSM of color (age 18-24). Participants were mainly African American (53.6%), HIV- (57.6%) and looking for sex online (80.7%). Equal percentages of participants described themselves as being totally out and totally closeted (20.1% in each category). The majority of participants stated that they practiced safe-sex only (85.2%). Only 2 (1.9%) respondents indicated in their online profile that they were HIV+. (All data gathered on respondents was based on self-report in online profiles.) The results of this study will be used to inform a larger study, Project YEAH (Youth Empowerment Around HIV), which seeks to develop and implement outreach, care and HIV prevention programs targeting YMSM of color, ages 13-24, in Rochester, NY (through the Men of Color Health Awareness Project). Lessons significant to program development and implementation include: 1) the importance of confidentiality and anonymity to YMSM of color online, 2) the fact that Internet outreach is just as stressful and time-consuming as traditional outreach, 3) safety and guidelines for outreach staff are essential to establish before implementing Internet outreach and 4) investment in high-quality computer equipment and high-speed Internet is necessary for conducting Internet outreach.


This article explored differences in HIV prevalence and disease outcome among MSM of different racial/ethnic backgrounds and age categories. The research found that HIV diagnosis rates were higher among Black and Latino MSM than among White MSM, but that trends within age groups, where younger MSM had higher HIV diagnosis rates than older MSM, did not differ by race/ethnicity. Among MSM aged 13-29, HIV incidence rates increased. The percentage of MSM who did not have AIDS 3 years after HIV diagnosis was lower among Black MSM
than among White MSM (74.7%). Three-year survival after AIDS diagnosis was similarly lower for Black MSM than for White or Latino MSM.


Men who have sex with men (MSM) in the United States continue to be disproportionately affected by the HIV, especially African American MSM. This study examined the prevalence of unprotected anal intercourse among young 758 African American MSM ages 18 – 15 years old in Atlanta, GA. The method utilized was face-to-face interviews and questionnaires. The participants of the study were recruited from a variety of venues frequented by African American MSM including clubs, organizations, coffeehouses and public parks. The study measured their sexual behaviors in the past three months. 26.5% reported engaging in unprotected anal intercourse. 16.5% engaged in unprotected insertive anal intercourse, and 18.6% engaged in unprotected receptive anal intercourse. Participants who reported having main sexual partners were more likely than participants without main partners to have had unprotected insertive and receptive anal intercourse. The conclusion drawn was that there is a dire need for effective interventions that promote use of condoms and encourage MSM knowing their sero-status and carrying condoms as well as condom usage. Moreover that there is a correlation between social norms and sexual behavioral risk and that interventions should be designs to encourage positive norms around testing and condom use.


This article explored data from the Young Men’s Survey, a multisite, venue-based survey of men aged 15-22 to examine possible correlations between race/ethnicity and HIV prevalence and risk behaviors. The article found that despite having the highest prevalence rates (16% vs. 6.9% for Latino YMSM and 3.3% for White YMSM), YBMSM were the least likely of all racial/ethnic groups to engage in potentially risky sexual and drug-using behaviors. Black and multiethnic Black YMSM were found to have earlier ages of first anal intercourse than White or Latino YMSM (16 vs. 17). However, YBMSM were found to have lower rates of unprotected anal intercourse, lifetime injection drug use and lifetime stimulant use, and were the least likely to
have sex with a nonsteady partner. YBMSM over 18 were also the most likely to test for HIV. Higher prevalence rates among YBMSM are consequently attributed to a greater likelihood of having older sexual partners as well as a greater likelihood of YBMSM to have Black sexual partners (and hence a sexual partner pool with a higher HIV prevalence). YBMSM also report higher frequency of anal intercourse and lower frequencies of oral sex and mutual masturbation. Finally, lower circumcision and CCR5 mutation rates among YBMSM might account for the higher HIV prevalence rate through higher infectivity.


This article (featuring our very own Darrell P. Wheeler!) reported the results of research conducted on YBMSM recruited through nightclubs in three North Carolina cities. The research investigated factors associated with engaging in unprotected anal intercourse (UAI). Nearly half the respondents reported UAI in the previous two months. YBMSM who strongly agreed that their male friends used condoms for anal sex were significantly less likely to report UAI. Recently incarcerated YBMSM were significantly more likely to report insertive UAI. YBMSM who reported experiencing racial discrimination and non-gay identified YBMSM reported more favorable peer norms for condom use. YBMSM who reported familial disapproval of being gay were more likely to have been incarcerated in the past two months.


This article explored research on the health and health behaviors of YMSM of various racial/ethnic groups. One of the research findings was that African American YMSM were less happy with their personal life than White or Latino MSM. African American YMSM were also more likely to be overweight (although Latino YMSM were more likely to be obese), due in part, no doubt, to the fact that African American YMSM were significantly more likely to report no fruit consumption and significantly less likely to report having exercised in the week prior to being interviewed. African American YMSM were also significantly more likely to report that they were not getting enough sleep.

Looking more specifically at sexual health, African American YMSM were significantly more likely to report a previous STI, specifically gonorrhea and chlamydia. They were also significantly more likely to report being HIV+ than Caucasian YMSM. African American YMSM
are particularly likely to lack insurance coverage and/or access to care. As a result, African American YMSM underutilizes necessary medical services.


This article presented an examination of the results of the 1998 Young Men’s Survey in New York City, which was a multistage probability survey of MSM aged 15-22 who attended public venues in NYC (which includes some MSM who live in New Jersey). The participants were all tested for HIV; seroprevalence among YBMSM was 18.4%, the highest of all racial/ethnic groups. Being older (age 19-22), Black or mixed race, or ever having had an STD were all associated with being HIV+.


This article examined the results of 76 qualitative interviews with YBMSM between the ages of 18 and 29 in Chicago and Atlanta. The interviews explored perceptions of community to determine the potential efficacy of a community-level HIV/AIDS intervention. Many men reported feeling marginal within both mainstream African American communities and gay White communities due to perceived homophobia and racism. Divisions among MSM groups, lack of settings for nonsexual interaction with other MSM, lack of positive leadership and negative attitudes towards homosexuality are cited as difficulties in recruiting YBMSM to participate in community-level interventions (CLIs). Consequently, it is important that CLIs include activities such as changing norms, increasing social support and building community so as to identify leaders, create new community settings and foster opportunities for dialogue.


In this report about the crises the African American community is facing as a result of the various issues that promote the marginalization of African Americans, HIV is highlighted as a particular issue impacting Africans more than any other racial group or
ethnicity in the US. While African Americans make up roughly 13% of the American population, they make up more than half of all HIV/AIDS cases in the United States. Some of the attributed factors as to why African Americans are over represented in HIV statistics have to do with other social issues experienced African-Americans such as poverty, homelessness, drug use, incarceration and risky sexual behavior. Lastly the report also suggested that homophobia is also a contributing factor that perpetuates stigma among Black men who have sex with men.


This article examined the influence of various factors on HIV testing among YBMSM (age 16-25) in three cities: Atlanta, Birmingham and Chicago. Among participants, age, knowledge of HIV treatments, knowledge of a comfortable place for an HIV test and social support were all positively related to rates of HIV testing. YBMSM with both main male partner(s) and non-main male partner(s) during the past year had significantly higher rates of HIV testing than men who had non-main male partners only. The strongest influence on HIV testing was knowledge of a comfortable place to get an HIV test.


This article explored the correlation between perceptions of lifetime risk and actual risk for contracting HIV among YMSM of different racial/ethnic groups (age 23-29). The research found that HIV-infected unaware YMSM were significantly more likely to be older (age 26-29), Black, Hispanic or mixed/other race, to report only having a high school education, to report UAI with male partners of unknown HIV status, and to perceive themselves at moderate/high lifetime risk for acquiring HIV. Of all these variables, moderate/high perceived lifetime risk was most strongly associated with being HIV-infected unaware. Among YMSM perceiving themselves at moderate/high lifetime risk, Black YMSM were proportionally more likely than White YMSM to be HIV-infected unaware (46.2% vs. 10.4%). Similarly, among YMSM who perceived themselves to be at low lifetime risk for acquiring HIV, Black YMSM were more likely to be HIV-infected unaware than White YMSM (20.9% vs. 2.3%). The findings suggest that among YBMSM, nearly half may be HIV-infected unaware.

This article described the results of a cross-sectional, observational research study among YMSM (aged 23-29) and explored how many individuals who disclosed being HIV-negative were actually HIV-infected and may have unintentionally exposed sexual partners. Of YBMSM who disclosed an HIV- serostatus, 24% tested HIV-positive. Correspondingly, 22% of the new partners of YBMSM were partners of HIV-infected unaware MSM who disclosed being HIV-negative. Of the new partners of YBMSM, one in five may have been exposed and nearly one in three may have been exposed by someone who tested over a year prior to HIV-negative disclosure. Among HIV-infected unaware YBMSM, nearly one-third (31%) disclosed being HIV-negative despite having last received a test over a year before HIV-negative disclosure, while 14% had last tested between 6-12 months before HIV-negative disclosure and 17% had tested less than 6 months before HIV-negative disclosure. Overall, HIV-infected unawares were more likely to be Black, to have obtained no higher than a high school education and to have engaged in receptive anal sex with another man in the previous 6 months.


This article examined HIV testing among YMSM in six different US cities and found that, of a sample of YMSM aged 23-29 who report never testing HIV+, 8% were HIV-infected. As this stratifies by race/ethnicity, 24% of African American participants were HIV-infected despite reporting that they had never tested positive in the past. The article also found that YBMSM, along with Latino YMSM, were the least likely to test because of perceived risk, despite being at the highest risk for HIV.

This article explored the magnitude and distribution of unrecognized HIV infection among YMSM (aged 15-29) and its correlation with behavioral risk factors. Of the YBMSM who tested HIV-positive, 91% were unaware of their HIV-infection. Infected-unaware YMSM were more likely to be older (aged 23-29), Black, mixed race or Hispanic, less educated and out of school. Black YMSM had nearly 7 times the odds of having unrecognized HIV infection than White YMSM. Many MSM with unrecognized infection misperceived that they were at low risk despite reporting multiple partners and considerable exposure risks.


This article presented the results from a study looking at HBV infection and vaccination rates among YMSM (age 15-22) in seven different US cities. Among YBMSM, HBV prevalence was 15%. Rates of HBV infection were higher among Asian, Black and mixed race YMSM than among White YMSM. Among YBMSM, 8.3% were immunized against HBV.


In this editorial, the author discusses how HIV prevalence among Black YMSM (14.7%) is significantly higher than the prevalence among other racial/ethnic groups. However, this disparity is not matched by similar disparity in rates of unprotected sexual activity (oral or anal). Four possible explanations are posited: bias in assessment of risk behaviors, increased prevalence of HIV among sexual contacts, increased infectiousness among sexual partners and increased physiological susceptibility to HIV.


This article examined risk for HSV-2 among YMSM using the results of the Young Men’s Survey (distributed to YMSM aged 15-29) specific to Baltimore. Of all the participants, 19.3% tested positive for HSV-2 antibodies. Predictors of HSV-2 seropositivity included HIV seropositivity, Black race, older age, more than 3 lifetime female sexual partners and recent receptive UAI with a man. Interestingly, the number of lifetime female, but not male, sex partners was independently associated with HSV-2 seropositivity. This has been hypothetically linked to
higher HSV-2 seroprevalence among Black women when compared to White women (over 50% vs. 20%), as seen in the NHANES-III survey, and assortative mating (Black individuals tending to choose Black sexual partners). Seroprevalence rates are also higher among women than among MSM, with Black and White MSM reporting lower HSV-2 seroprevalence rates (30% and 12% respectively) than their female counterparts. Additionally, Black participants were more likely than White participants to report more than 3 lifetime female sexual partners (48% vs. 36%).


This article examines the complexities around sexualizing as one means of social dominance by the dominant group in the United States. The author’s uses social identity, social comparison and relative deprivation to support the belief that African American men pose, a sexual threat to White men. According to the author the sexual threat that White men supposedly experience is related to social comparison whereby white men regarding athletics, sexual ability to obtain and satisfy partners as well as in “depictions of coolness”, experience inadequacies. The inadequacies serve as a catalyst for racist and oppressive reactions toward Black men thus perpetuating stereotyping which is considered a form of social dominance. Using the experiences of three Black men The author attempts to deconstruct sexual identity, attraction and activity as well as where they intersect for the purposes of clarifying behaviors that have been used to further the social dominance agenda.


Researchers looked at HIV prevalence as well as associated risk behaviors in one New York city subculture known as the “House Ball” community. Murrill et al. explain that this subculture was created and developed by LGBT’s African American’s and Latinos Murrill et al. say the Ballroom community function’s “as kinship system that is organized to meet the needs of its members…” (p. 1074). Murrill et al. reports on a confidential survey and HIV testing of 504 eligible participants who were enrolled in the study from June through December 2004. The survey and testing was carried out by 31 community based interns working with nine HIV prevention agencies. The results indicated that 86%
had intercourse with a male in the past year, 40% of the 86% reported unprotected sex. Thirty-eight percent reported using marijuana and 78% reported sex under the influence of a drug. The findings were that HIV prevalence and being unaware of HIV infection status were higher among Blacks.


This commentary explores the HIV epidemic in terms of its impact on BMSM and the social context mainly heterosexism and homophobia that contribute to the perpetuation of increased infection rates among BMSM. In addition the author sought to identify the current research on HIV interventions as well as the future research on HIV intervention. The conclusion identified that stigma around homosexuality have distinct effects on BMSM mainly that BMSM compared to their white counterparts believed that: they would experience negative consequences from families and communities as a result of being homosexual. 2. They would report sexual relations with female partner and 3. identify as heterosexual male. Moreover examining the lack of community level interventions that focus on structural and contextual factors the author calls for emphasis on these kinds of interventions to address the specialized needs of BMSM in order to reduce HIV prevalence.


The National Alliance of State & Territorial AIDS Directors (NASTAD) put together a synopsis of two briefs which captured the work NASTAD had done around HIV prevention HIV. The first brief examined the findings from targeted interviews on HIV prevention activities directed toward BMSM. Inspired by the findings reported by the CDC at the 2005 National HIV Prevention Conference establishing that 46% of BMSM were positive for HIV most of whom were unaware; NASTAD’s findings were that high rates among BMSM correlated with associated factors which needed to be addressed by community based organizations and Health departments.

The second Brief published in 2007 focused on a survey of health departments and their prevention efforts specifically for BMSM. The findings from the survey of Health Departments came from 14 jurisdictions that were identified as “overlooked” as it relates to HIV research of BMSM. The barriers identified in the following topics include: issues related to Health Departments and CBO’s, issues associated with interventions as well as the lack of evidence based interventions for BMSM, the complexities around social networks, MSM and internet
websites, structural and psychosocial syndemic factors such as: stigma, racism class issues and homophobia. One of the noted challenges was in a general area of capacity building and the fear that a lack of recruiting and replenishing African American as well as Black and gay persons with the ability to do prevention work. The findings indicated that Health Departments and CBO’s can and should improve their response to the HIV epidemic particularly as it relates to BMSM


This article detailed the results of a spatial analysis conducted to map the availability of HIV prevention services to YBMSM (age 15-25) in Chicago. Through the analysis, it was discovered that there were low HIV service densities in the areas where YBMSM (especially those who engage in high risk activities) typically reside, suggesting a need for the utilization of spatial analysis techniques when planning HIV prevention service delivery.


This article explored the epidemiology of HIV and AIDS among adolescents and young adults (age 13-24). The research revealed that 83% of YMSM living with AIDS are Black or Latino. Looking at new HIV diagnoses, cases among YBMSM increased dramatically during the five-year study period from 954 in 1999 to 1333 in 2003. This increase is particularly notable among YMSM aged 20-24. It is unknown whether this increase is due to more testing or from a true increase in the number of new HIV infections; however, the increasing number of syphilis cases among YMSM points to the latter. The increase may result in part from a decreased perception of the severity of HIV/AIDS due to more effective antiretroviral treatments.


In this article the author contest the media driven assumptions about the “down low culture“ and its association high rates of HIV infection among African American women. Robinson presents three structural factors that he proposes have greatly influenced the disparities within the epidemic: 1. The design of law enforcement policies that result in criminalizing and incarcerating Black men thus marginalizing Black woman and MSM and reduces the opportunity for them to
find mates. 2 Romantic segregation—the assumptions that each race and ethnicity must respectively be with their own “kind” as well as the romantic pursuit of Black woman and MSM by other races and ethnicities, and lastly the historical impact of HIV’s original label GRID (gay related immune deficiency).


In an effort to strengthen HIV Prevention efforts the Center for Disease Control and Infection mandated that entities receiving government HIV/AIDS prevention funding develop a plan to incorporate advisory boards made up of community members who represent those populations at risk. The groups that are most targeted due to their high risk category are young people between the ages of 15 and 25 women of color and Men who have sex with men. Due to their risk category these groups are considered to be able to make significant contributions to the advisory boards that decide how HIV prevention funds should be utilized. Getting youth involved had proved to be a challenge, and as a result roundtables in several cities were designed. The CDC defined four concepts that would support these roundtables in getting the best planning out of the planning process: inclusiveness, representatives, parity and empowerment. This program is monitored through an evaluation card that focuses on nine areas of competency1. Clear focus on risky sexual behaviors 2. Culturally relevant activities 3. Theory-based-work. 4. Realistic time constrains. 5. Informed consensus 6. Variety of teaching methods. 7. Social issues addressed 8. Skills in communications and negotiation.


In this study, African American YMSM (aged 15-25) were more likely to test for HIV than YMSM of other racial/ethnic groups, with 84% of African American respondents reporting that they have ever tested for HIV and 33% reporting that they had recently tested for HIV. This is possibly attributed to public health appeals targeting this demographic group. Race and ethnicity were not significantly associated with testing outcomes despite significantly higher HIV rates among YBMSM.

This article looked at HIV prevalence and attempted to find risk behaviors associated with seropositivity among YMSM (aged 15-22) using data from the Young Men’s Survey. HIV prevalence among YBMSM in this study was estimated at 14%, while prevalence among YMSM who reported that they were mixed race with Black backgrounds was higher (16.9%). The factors most strongly associated with being HIV infected were being Black, mixed or other race, having ever had anal sex, or having had sex with 20 or more men. Specifically looking at YBMSM, the associated risks were having 5 or more sex partners.