LITERATURE REVIEW: AFRICAN AMERICAN HETEROSEXUAL MEN AND HIV


This article detailed the results of a case-control study of African American men and women throughout North Carolina. The case subjects were African Americans who were recently diagnosed with HIV and who reported contracting HIV through heterosexual contact to the health department. The control subjects were randomly selected individuals who were age- and gender-matched to case subjects. In the analysis, it was discovered that both male and female case subjects were more likely than control subjects to lack health insurance, stable housing, sufficient food, and to be incarcerated. Male case subjects reported higher numbers of lifetime and recent sexual partners than both male control subjects and female case and control subjects. The number of lifetime partners variable was strongly skewed in this case. Male case subjects were also more likely to test positive for syphilis. The article concludes by hypothesizing that a core group of men may be contributing disproportionately to heterosexual HIV transmission within the African American population.


This article explores the racial disparity in heterosexual transmission of HIV and specifically focuses on the nature of sexual relationships that differs between White and Black heterosexuals. The authors postulate that it is not that Black heterosexuals have a higher number of sexual partners, but that Black heterosexuals are more likely to have concurrent sexual relationships, which speeds the transmission of HIV through social networks, with Black men being the heterosexual group most likely to report concurrency, nearly one-third (31%) reporting concurrent sexual relationships in the past year. The cause of this is theorized to be the lower male-female sex ratio among African Americans, resulting from high mortality and incarceration rates among Black males, and especially Black male youth.

This presentation reviewed and summarized data around the role of incarceration on HIV risk behavior from the 2004 FACT Study. The study concluded that recent incarceration is associated with elevated heterosexual risk for HIV among men. Specifically, the study found that recently incarcerated men were less likely to use condoms with non-main female sexual partners, more likely to trade sex, more likely to have sex with anonymous partners, and more likely to use drug during sexual encounters. The study also found that homelessness predicted heterosexual risk independent of incarceration history. These results suggest a need for more HIV prevention interventions targeting men who are exiting jail or prison, or who have a recent history of incarceration.


The title of this article accurately sums up the results of the research study- HIV+ Black men who held one of two HIV conspiracy beliefs were less likely to maintain adherence to their antiretroviral treatment regimen at one-month follow-up. The two beliefs, that HIV is manmade (genocidal conspiracy theory) and that people who take antiretroviral drug treatments are government guinea pigs (treatment conspiracy theory) were both related to treatment nonadherence at the bivariate level, but only the belief in the treatment conspiracy theory was associated with treatment nonadherence at the multivariate level.


This article presented the results of a study examining the link between adolescent perception of their likelihood of dying young and engagement in risk behaviors. Black youth (25.7%) reported the second highest perceived risk of early mortality (operationalized as dying before age 35), coming behind Native American youth (29.1%). This perceived risk of early mortality was associated with involvement in risk behaviors and predictive of a higher rate of HIV/AIDS diagnosis in young adulthood.

This article explored two theoretical frameworks, masculinity ideologies and sociocultural context, posited as important in understanding condom use among African American heterosexual males. The article summarizes the context of African American heterosexual male sexual activity by discussing earlier ages of first sexual contact, higher numbers of sexual partners and higher rates of herpes and bacterial STIs, despite higher reported rates of condom use.


This article presents the results of a study in which 684 African American males, nearly all first-year college students, mainly from South Carolina, were given the AIDS Prevention Survey. The results revealed differences in risk perception and behavior on the basis of religious affiliation, with males who reported belonging to a major denomination reporting significantly lower STI treatment rates than males who reported other or no religious affiliation. Respondents reporting belonging to other than a major religious denomination also reported lower concern about AIDS.


In this brief letter to the editor, the authors highlight an overlooked piece of data from a report by McQuillan et al. presenting correlates of HIV infection gleaned from analysis of the NHANES conducted from 1999 to 2006. The multivariate analysis showed that, among Black men, lifetime number of sex partners was not positively associated with HIV infection when controlling for other risk behaviors such as history of homosexual contact or injection drug use. The authors proceed to mention that this is consistent with other research that has demonstrated a lack of association between number of sexual partners and prevalent HIV infection, especially when controlling for such proximal risk factors. The letter concludes by asserting that this information serves as evidence that penile-vaginal intercourse among adults is not a significant mode of HIV infection, pointing instead to other behaviors such as history of anal intercourse, homosexual contact or injection drug use as driving the heterosexual HIV epidemic among Blacks.

This article compared the rates of different sexual risk covariates (e.g., condom use, number of sexual partners, age of first sexual intercourse) in African American men who have sex with men (MSM) and men who have sex with women (MSW). All study participants were enrolled at historically Black colleges and universities (HBCUs). While African American MSM were more likely to engage in sexual risk behaviors, rates amongst MSW were still high enough for concern. Over one-third of African American MSW (34%) did not use condoms consistently, 43% had more than one partner in the past three months, 4% had a history of sexually transmitted disease, and 16% had used a substance before having sex. Nearly a third (32%) of the African American men who have sex with women had their first sexual act before or at the age of 13. This suggests that HBCUs are an important venue for HIV prevention efforts.


This article analyzed changes in HIV prevalence and risk over a three-year period among African-American men and women in NYC. The results found that women’s infection rates increased more than men’s, multiple partners was a significant heterosexual risk indicator for both women and men and purchasing sex increased infection odds among heterosexual men. In this three-year period, male heterosexual exposure was found to have increased from 9.5% to 10.6%. Irregular condom use was found in 95% of all heterosexual men and in 71% of all heterosexual men with more than one sexual partner. Finally, the study found that heterosexual risk among men increased over the three-year period, as did co-occurrence of heterosexual risk factors.


This article described the prevalence of crack cocaine use is HIV+ individuals after diagnosis and its correlation with risky sexual activity. The study included participants from 12 states, three-quarters of whom were male (75.5%) and almost half of whom were Black (48.3%). The study found that Black heterosexual men who used crack after diagnosis were more than three times as likely to exchange sex for drugs or money than Black heterosexual men who used crack before
but not after diagnosis. For Black heterosexual men, crack use after diagnosis was predictive of unprotected sex with causal partners, higher numbers of sexual partners and exchanging sex for drugs or money.


This article presented the results of a focus group with 16 African American men, aged 32-55, enrolled in a drug treatment program in Philadelphia. The results of the study showed that African American substance-abusing men perceived themselves as being at risk for HIV infection, but lacked information about HIV prevention. The need for interventions that teach communication and negotiation strategies was also expressed by the men.


This slide set presented information from the HIV/AIDS Surveillance Report focusing on rates of HIV/AIDS among different racial/ethnic groups. Of interest is a slide that portrays the proportion of AIDS cases among adult and adolescent males by transmission category. Looking at the graphic, roughly a quarter of Black males living with AIDS in 2006 were infected with HIV through heterosexual contact. The proportion of men living with AIDS who were infected through heterosexual contact was greater among Black men than men of any other racial/ethnic group.


This surveillance report from 2008, the most recent CDC surveillance report to date, estimates the number of African American males infected with HIV in 2007 through heterosexual contact to be 3,245. AIDS diagnoses among heterosexual African American males during this period totaled 2,915. The total number of African American males living with an HIV diagnosis in 2007 was estimated to be 35,661, and of these 24,861 were living with AIDS.

This factsheet from the CDC summarizes research articles and other information about male circumcision in the U.S. and its impact on HIV prevention. Since Klimarx et al. (2007) presents more recent data on the role of circumcision in HIV prevention, this summary will focus on the information on circumcision in the U.S., especially as it related to Black/African American men.

The first relevant study examined NHANES data to determine rates of circumcision among different racial/ethnic groups. While white men reported the highest rates of circumcision (88%), Black men followed (73%), not far from the national average of 79%. Another study, this time of the National Inpatient Sample, found that circumcision was more common among newborns born in the Northeast or Midwest, to families of higher socioeconomic status, and who were Black/African American. Another study analyzed infant circumcision rates, as reported in the National Hospital Discharge Survey. The analysis showed that in the period from 1979 to 1999, the overall proportion of newborns who were circumcised remained the same, but the proportion of Black newborns circumcised increased from 58% to 64%.


This article found that HIV+ Black males and females were more likely than other HIV+ males and females to want and intend to have children. HIV+ Black males were the most likely to expect to have children in the future, followed by Black females.

This article presented the results of in-depth qualitative interviews with 25 high-risk heterosexual couples, including HIV-serodiscordant couples, all of whom were participating in a female condom trial in Hartford, CT. Participants described nonuse of condoms as an important strategy in finding and maintaining a primary relationship, establishing trust and intimacy. Participants shared that they were aware that not using condoms put them at risk for HIV and other STDs, but that love and other emotional needs outweighed these health concerns. To negotiate these issues, participants engaged in harm reduction strategies including condom use until serostatus was established, discussing sexual and drug use histories, disclosing HIV test results, and establishing condom use until monogamy was agreed upon.


This article presented the results of a RCT exploring the efficacy of an intervention targeting heterosexual African American men who were recently diagnosed with an STD. The intervention entailed a personalized, single-session intervention facilitated by a lay health adviser; control was the standard of care following STD diagnosis. The men who received the intervention were less likely to acquire a subsequent STD and were more likely to report condom use at last sexual act, fewer recent sexual partners and fewer overall acts of unprotected sexual intercourse. These men were also rated more highly on a 9-point scale measuring condom application skills.


Presenting the results of a study exploring condom use among men involved in concurrent sexual partnerships according to the results from the 2002 National Survey of Family Growth, this article examined the dynamics of concurrent sexual partnerships among men of different racial/ethnic groups. The study concluded that while Black men and women in the U.S. experience higher rates of HIV and other sexually transmitted infections, Black men in concurrent sexual relationships were more likely to use condoms than men from other racial/ethnic groups.

While not touching upon the factor of race/ethnicity, this commentary lamented the absence of gender-specificity in HIV/AIDS prevention interventions targeting heterosexually active men. With masculinity absent as a sociocultural factor from all relevant prevention interventions, the commentary offers guidelines for incorporating theories of masculinity into the research and development of future HIV/AIDS prevention interventions.


This article reviews the results of focus groups and structured interviews conducted with African American men on the topic of masculinity and its relationship to health behaviors, especially sexual health behaviors. The results of this qualitative study indicate that sexual activity is a critical component in the construction of masculinity for Black men, and that this aspect of masculinity influences the use and avoidance of HIV testing. The article closes with an analysis of Black masculinity within the framework of hegemonic masculinity, suggesting the need for a new formulation of Black masculinity.


This article presented a systematic review of RCT studies examining the efficacy of interventions to prevent HIV/STI transmission in heterosexual men. Few of the studies reviewed specifically targeted African American heterosexual men. One, a 1995 study by O’Donnell et al in the Bronx, looked at a video-based educational intervention on condom acquisition and found that while condom acquisition was significantly different in the intervention group, condom use was not necessarily different among the groups. Another study (1994) by Malow et al in Louisiana explored culturally sensitive HIV risk-reduction interventions within drug-abuse treatment programs, specifically targeting cocaine-using black men. In this study, rates of multiple partners fell significantly (from 75.5% to 47.5%) three months post-intervention. Higher self-efficacy, sexual communication skills and condom use skills were also reported among the intervention group. A third study (1999) by Wagstaff et al in Pennsylvania looked at the effectiveness of different educational sessions in influencing STI rates and found lower rates of gonorrhea,
African American Capacity Building Initiative (AACBI), A program of Harm Reduction Coalition

Literature Review: African American Heterosexual Men and HIV

Last updated February 10, 2011

chlamydia and herpes at six month follow-up. A fourth study (1997) by Kalichman et al in Wisconsin examined the use of cognitive-behavioral skills training with using the HIV prevention paradigm with Black men and found no differences between groups. Some studies focused specifically on African-American/Black youth, such as an study by Jemmott et al. in PA looking at the impact of informational and skills building sessions on sexual risk behaviors. This study found that Black youth in the intervention had immediately improved AIDS knowledge, attitudes and intentions and that these favorable outcomes persisted at the three month follow-up. Reduced frequency of sexual activity, lower numbers of partners and lower frequency of condomless intercourse were all reported among intervention group participants at the three month follow-up. Another study (1995) by St. Lawrence et al focusing on behavioral skills training for low-income African American adolescents in Mississippi found that the intervention lowered the frequency of reported unprotected vaginal intercourse but found no difference in condom use, AIDS knowledge, condom attitudes, self-efficacy or risk personalization.


This article describes the results of qualitative research in Houston, Texas used to develop a culturally sensitive and developmentally appropriate videotape-based HIV prevention for heterosexual African-American men. The results of the focus groups revealed that low-income African-American men perceive HIV/AIDS as a threat to their community and that risk behaviors are precipitated by lack of knowledge, economic barriers (cost of condoms) and substance use (via sex while drunk/high or injection drug use). Incarceration and gang membership were also correlated with HIV risk, according to focus group participants. Furthermore, in the focus groups, the men revealed that they felt HIV training programs would be effective if they dramatized the effects of AIDS on infected people and addressed risk factors, condom skills and condom availability. Finally, the men stated they felt the programs should be run in African-American communities and should include condom distribution.


This article explored HIV risk among African Americans looking both at sexual and drug-injection networks as well as larger structural forces (e.g., residential segregation, racialized policing/incarceration, discriminatory medical and social services). Using this exploration, the
authors then offer some suggestions for new avenues in HIV prevention with African Americans. The first suggestion details the importance of STI screening and treatment as an HIV prevention effort, especially among injection and non-injection drug users. The next suggestion promotes social justice movements running parallel to HIV prevention efforts. The final suggestion is that community groups and health agencies should consider the establishment of HIV/AIDS impact (with a focus on racial/ethnic disparity) assessments as review criteria for community redevelopment proposals, police activities, and other community activities.

This article served as an evaluation of a prerelease HIV prevention intervention conducted with male prison inmates within two weeks of release. It found that men who received the intervention were significantly more likely to use a condom the first time they had sex after release from prison and were also less likely to have used drugs, injected drugs, or shared needles in the first two weeks after release from prison. Follow-up data were obtained for less than half (43%) of participants. More than half of the sample (50.5%) identified as African American.

This article described the results of a study on the predictors of condom use and HIV testing in African American heterosexuals who reported risk behaviors for contracting HIV. Data were taken from the National AIDS Behavioral Surveys. Of the African American respondents, 22% reported some risk for HIV infection (mainly sexual risk- 82%; IDU-1.3%) but not even a quarter of those at risk (24%) had been tested. Age, educational attainment and marital status were all significantly correlated with likelihood of testing. Looking specifically at African American males, about a quarter at risk had been tested (25.2%) and a large majority (80.3%) reported condom use less than half the time they have sex and over half (52.4%) reported no condom use during sex. Males were significantly less likely to use condoms than females and age was negatively correlated with condom use.

This article explored the extent to which HIV/AIDS is transmitted through heterosexual contact. The authors explain that the heterosexual HIV/AIDS epidemics primarily occur within the African American and Hispanic populations. Among male cases of HIV transmission through heterosexual contact, African Americans account for 71% of all cases. The authors further theorized that the heterosexual epidemic of HIV is severely underestimated, and that the high number of “undetermined” cases of HIV transmission hints at the greater role of heterosexual transmission of HIV.

This document detailed the results of a national study conducted by telephone in which the prevalence of stigma around AIDS was gauged and compared to rates from approximately five years prior. In the study, it was found that Black respondents tended to judge Black people living with AIDS (PWAs) more harshly than White PWA and that this trend was more pronounced among Black women than Black men. Whites were found to judge PWA equally regardless of race.

This article details the results of a study exploring the testing habits of heterosexual men and women in New York City. Male respondents were primarily Black (68.9%) and in their 40s (61%), and were asked about their last HIV test as well as their interactions with any of four traditional testing settings (homeless shelters, jails/prisons, drug treatment programs, and healthcare providers. Of the 410 men who participated in the study, only 31% had an HIV test in the past year, even though over 90% had encountered at least one of the four types of testing settings. In multiple logistic regression, recent HIV testing was associated with recent encounters with homeless shelters, jails/prisons and healthcare providers.

This article explores the efficacy of a video-based small-group motivational skills intervention (using the Information-Motivation-Behavioral Skills model) in reducing rates of unprotected vaginal intercourse and increasing rates of consistent condom use among heterosexual African American men. Condom use also increased in the control group, in which a video-based HIV education group was conducted, so sustained long-term change in condom use was not significant. Study participants were recruited from a county STD clinic in Atlanta and were generally lower class (annual income below $20000). Of these men, a large majority (82%) reported that they had been treated for an STD and a similar majority (81%) had been incarcerated. Most of the men (71%) had also exchanged sex for drugs or money. Nearly a quarter of the men had a history of substance use treatment. A small minority (16%) of the participants reported sexual activity with men as well as women and a similar minority (15%) reported lifetime use of injection drugs while more participants (25%) reported an IDU as a sex partner. Nearly all the men reported having obtained an HIV test, with half (50%) testing negative, 15% testing positive and the rest (35%) not knowing the results of their last test.

This PowerPoint presentation from the 2007 National HIV Prevention Conference reviewed existing data on the effectiveness of male circumcision in prevention HIV transmission. One article reviewed (Warner, L., National STD Conference 2006) discussed a retrospective study of heterosexual, non-IDU Black men in Baltimore. The study found that among those participants with known HIV exposure, circumcision was associated with reduced HIV prevalence.

This article was an exploration of the connection between sources of HIV information and risk behaviors among adolescent African American males (aged 16-22). Using the National Survey of Adolescent Males (NSAM), HIV/AIDS educational experience was correlated with HIV/AIDS risk behavior. The study found that adolescents who received HIV/AIDS information from churches were more likely to engage in risk behavior while those who reported receiving information from schools reported less engagement in risk behaviors. It is important to note that risk was operationalized as a six-point scale accounting for: drug/alcohol use at last intercourse, ever had gonorrhea, ever paid someone for sex, received oral sex from a female, how often high
when having sex and anal sex with a female. Vaginal sex with a female was likely left out of the risk equation as nearly all respondents (94.4%) reported having engaged in vaginal intercourse, with a mean number of 17.7 lifetime sexual partners.

This article presented the results of a qualitative review of research on sex and sexuality in which Black people in the U.S. participated as research subjects. The article found that contemporary sex and sexuality research targeting Black men and women focused on sexually transmitted infections, particularly HIV/AIDS and often pathologize Black sexuality as non-normative. The author concludes by positing that this non-normative portrayal of Black sexuality occurs, perhaps inadvertently, because researchers fail to discuss the structural issues that influence sexual decision-making and behavior.

While not focusing specifically on Black heterosexual men, the research detailed in this article included a representative sample (28%) of Black men, which merited its inclusion in this literature review. The study examined the condom use patterns of heterosexual HIV+ men using logistic regression analysis. The men in the study were more likely to use condoms during oral sex if they were younger, had lower CD4 counts, or had positive and optimistic attitudes about condom use (as measured by an attitudinal scale). Condom use during vaginal sex was similarly correlated with holding positive and optimistic attitudes about condom use. As a final note, unprotected vaginal sex was associated with longer-term relationships.

This article explored the role of bisexually active Black men in heterosexual transmission of HIV. The article explored the relative prevalence of bisexual activity among different racial/ethnic groups and also the predominance of exclusively heterosexual activity among African American males. In the article, the authors cited a study that found that 29.7% of exclusively heterosexual African American males engaged in high risk sexual activity.

This article explored the connection between concurrent sexual partnerships and HIV rates among different racial/ethnic groups. The article presented the results of a study that found that HIV prevalence rates were positively correlated with high rates of concurrent sexual partnerships when assortive mixing by race (a tendency to engage in sexual activity almost exclusively with members of the same racial/ethnic group) co-occurred. The article concludes that the combination of these factors produced a 2.6-fold racial disparity in the epidemic potential among young African American adults (Black adults were more likely to be infected with HIV due to higher percentages of HIV+ individuals within their sexual networks).


This article examined the possible psychosocial predictors of sexual risk taking among HIV+ and HIV- African American men enrolled in the African American Health Project. This article found that high psychological distress, being HIV-, older age and low socioeconomic status (SES) were all predictors of sexual risk, as was having sex with both men and women (MSM/W). High psychological distress was the most consistent predictor of HIV risk regardless of serostatus or sexual orientation. Specifically looking at heterosexual African American men, socioeconomic deficits in education and employment and inadequate supports were also associated with engagement in risky sexual behaviors. HIV+ heterosexuals were underrepresented in the study sample.


This conference presentation offered reflections from a study on high-risk heterosexuals and HIV risk, focusing on the role of sex partner concurrency. While not exclusive to African Americans, the study did recruit from areas of New York City with high populations of African Americans, and the high percentage of study participants who identified as Black (74%) reflects this fact. Sex partner concurrency was widespread, with over two-thirds of this study sample sharing that had
sex with other people while in a sexual relationship with another person. This number was higher among males than females. Individuals who reported having concurrent sex partners were twice as likely to report having been diagnosed with an STI, which is unsurprising when considering that unprotected sex was also widely reported by study participants. Sex partner concurrency was associated with non-injection drug use and binge alcohol use, as well as having sex partners who also had concurrent sex partners.

This article explored the link between incarceration and sex ratio imbalances, as well as their respective correlations with racial/ethnic disparities in HIV/STI transmission. The article concluded that African American males in geographic regions with high incarceration rates and low sex ratios were significantly more likely to have multiple sex partners.

This research study explored the link between binge alcohol use and HIV/STI risk among heterosexual African American men. Using logistic regression analyses, significant associations were found between binge alcohol use and unprotected vaginal and anal sex with non-main female sex partners. Significant association was also found between binge alcohol use and involvement in sex trade. All of these correlations may ultimately help to explain the association of binge alcohol use with recent HIV/STI diagnosis.

This article presented the results of a study examining the connection between heterosexual anal sex, injection drug use and HIV among heterosexual Black men and women. The study recruited 909 Black men and women from areas of high poverty and HIV prevalence in Houston, Texas, who reported heterosexual sex in the past year. The weighted HIV prevalence rate was 2.4% among men, and HIV infection was not found to be associated with education, employment status, income and crack cocaine use. HIV infection was found to be associated with lifetime injection drug use and heterosexual anal intercourse, with individuals reporting both heterosexual
anal intercourse and injection drug use experiencing increased odds of HIV infection by a factor of 6.21.


This article presented the results of a study that explored the connection between traditional masculine gender role ideologies and sexual risk and intimate partner violence perpetration behaviors in young men’s heterosexual relationships. The study was conducted with 307 sexually active men aged 18-35 attending a community health center in Boston. The men all reported sex with a main female partner in the past three months, and while the study was mainly conducted with men who identified as Hispanic (74.9%), a significant minority of the men identified as Black (21.9%). Using logistic regression analysis to control for demographic variables, men in the study who reported adhering to more traditional gender ideologies were significantly more likely to report engaging in unprotected vaginal sex in the past three months and to report IPV perpetration in the past year.


This article explored heterosexual men’s attitudes towards the female condom. The participants were all heterosexual men, predominantly African American (50.7%) and with low income (median annual income= $12,600). While most men reported a willingness to try the female condom and had generally positive responses, there were some negative reactions centered on its “strangeness” and “bigness” as well as concerns about its efficacy in preventing pregnancy, HIV and other STIs, along with possible reduction in sexual pleasure.


This article was a review of the then-existing data on the extent of HIV infection, risk behaviors, AIDS prevalence and AIDS-related mortality in African Americans, as well as an outlet for suggestions on how to reduce exposure and infection in the population. The article details how the epidemic is most severe in African Americans when comparing them to other federally-recognized racial/ethnic groups, and especially Whites, with rates of infection, morbidity and mortality high, disproportionate and not significantly declining. Specifically looking at African-
American males, median number of lifetime female sex partners was higher, and age at first vaginal intercourse lower, than Whites. The article closes by lamenting the lack of effective behavioral interventions targeting African American males, suggesting that some interventions should target incarcerated male since more than a quarter (28%) of African American males will spend some time in state or federal prison.


This article detailed a qualitative study, the objective of which was to explore the risk behaviors of heterosexual African American men in South Carolina and Georgia. The study found that risk perceptions and behaviors among African American heterosexual men are influenced by culture through social networks, media and religious doctrine, among other vehicles. Factors influencing risk, as identified through focus group interviews, included the attractiveness of a sexual partner, being in love, personal satisfaction and pleasure, substance use, personal and vicarious experience and male libido.


This article presented the results of a research study looking at HIV rates and their relation to circumcision among heterosexual African American men attending STD clinics throughout Baltimore from 1993 to 2000. Looking at the 394 visits from patients with known exposure to HIV, circumcision was associated with lower HIV prevalence. Circumcision was not associated with reduced HIV prevalence among the 40,177 visits by patients with unknown HIV exposure while being older than 25 and diagnosis of an ulcerative STD was associated with increased prevalence. These results suggest that the findings from international circumcision studies can be generalized to the United States.


This article shared the results of a study examining voluntary HIV testing rates at STD clinics. Of the 52,260 patients tested for HIV, most were male, African American, heterosexual, and between
the ages of 15 and 34. Patients who were not tested were more likely to be infected with HIV than patients who were tested, regardless of demographic characteristics, risk behaviors, or STD diagnosis. This suggests that unrecognized HIV infection is highly prevalent and that HIV testing may not be reaching those individuals who are infected.


This article presented data from ethnographic and qualitative research projects among low-income African American males in the Baltimore/DC area. This article looked at how representations of African-American masculinities influence attitudes around safer sex and HIV/AIDS. In summary, Whitehead describes three aspects of African-American masculinities that could be related to HIV risk, and specifically condom use: paternity, sexual prowess and economic capability. He also places these aspects within historical (past and present) and sociocultural context.


This article details the results of a research study of couples, exploring the risk behaviors of each partner and perceptions of the other partner’s risk behaviors, as well as concordance between these responses. Of the 217 heterosexual couples who enrolled in the study, 3% of women and 14% of men were unaware that their partner had a concurrent sexual partner, 11% of women and 12% of men were unaware that their partner had ever injected drugs, 10% of women and 12% of men were unaware that their partner had recently received an STD diagnosis, and 2% of women and 4% of men were unaware that their partner was HIV-positive. Lack of awareness of partner’s risk behaviors among women was associated with increasing age, not being Black or Latina, and having a Latino partner, as well as a partner’s report that he was married and a high relationship satisfaction report from both partners. Among men, lack of awareness of partner’s risk behaviors was positively associated with partner’s age and having a partner who was formerly married. This information indicates a significant need for couples-based prevention interventions.


This paper reports the findings of a case-control study examining the association between high-risk activity during incarceration and HIV infection among HIV+ African-American men in LA. There was no association between anal sex during incarceration and HIV when controlling for anal sex while not incarcerated, with men with a history of incarceration reporting higher percentages of anal sex while outside of prison (45%) than while inside of prison (16%). IDU during incarceration was also not associated with HIV when controlling for IDU outside of incarceration. Increased time in jail/prison was associated with lower rates of HIV infection.


This article detailed the results of a case-control study exploring HIV risk among heterosexual African American men. According to the results of the study, increasing HIV risk was associated with lower age of first sexual encounter, a history of injecting drugs, and amphetamine and methamphetamine use. While this article included self-identified heterosexual men who had sex with other men, it holds important information for understanding HIV risk among heterosexual men who exclusively have sex with women.