INTRODUCTION

• Black men who have sex with men (BMSM) have disproportionately high HIV prevalence in the US.
• HIV/STIs among sexual networks, infrequent HIV testing, and late HIV diagnosis relate to increased vulnerability to HIV for BMSM.
• Few studies have investigated factors related to HIV sexual risk behavior among BMSM.
• We examined the extent to which socio-cultural and psychological factors related to HIV sexual risk behavior among 1,522 BMSM in 6 U.S. cities (Atlanta, Boston, New York City, Los Angeles, San Francisco, Washington, DC).

METHODS

HPTN 061 (HIV Prevention Trials Network) is a feasibility study of a multi-component HIV prevention intervention for BMSM. BMSM were recruited directly from the community or through referral by their sexual partners (Index Participants).

Index participants were defined as participants who were: (1) HIV infected and unaware of their infection; (2) previously diagnosed with HIV infection but were not receiving HIV care and having unprotected sex with partners who were HIV negative or HIV unknown status; or (3) HIV uninfected.

Eligibility Criteria for Participation in the Study:
(1) Black, African American, Caribbean Black, or multi-ethnic Black
(2) A man or male at birth
(3) At least 18 years of age
(4) Reported at least one instance of unprotected anal intercourse with a man in the past six months
(5) Resided in the metropolitan area and did not plan to move away during the time of study participation

At enrollment, participants used ACASI to complete socio-cultural, psychological, and behavioral assessments.

HIV testing was performed at baseline by study site staff. HIV test results were confirmed by Network Lab.

Baseline ACASI measures included:
• Socio-cultural factors (perceived racism, perceived homophobia, internalized homophobia)
• Psychological factors (depression symptoms, social support)
• HIV sexual risk behavior (unprotected anal intercourse, both insertive and receptive [URAI, UIAI]) with the last male partner.

RESULTS

DEMOGRAPHIC PARTICIPANT CHARACTERISTICS (N=1,522)

> Median Age
40 (Range=18-68)

> Sexual Identity
41% (n=621) (Gay)
39% (n=588) (Bisexual)

> High School or Less Education
52% (n=792)

> Income
<$10,000=38% (n=566)

> Unemployed
78% (n=1,184)

> Household Status
(Living Alone)=33% (n=506)

> HIV Status:
HIV Negative=75% (n=1,148)
HIV Positive=22% (n=329)
HIV Status Unknown=3% (n=45)

> City:
Atlanta=19% (n=288)
Los Angeles=18% (n=279)
Boston=15% (n=235)
San Francisco=13% (n=195)
New York=20% (n=306)
Washington, DC=14% (n=219)

> HIV Sexual Risk Behavior:
UIAI=50.4% (755)
URAI=27.8% (n=415)

DATA ANALYSES

For HPTN 061, 1,553 BMSM were enrolled into the study.
We conducted secondary analyses on 1,522 participants who identified as biologically male (transgender participants were excluded from the analyses).
Univariate and multivariate logistic regression models were used to assess baseline socio-cultural factors, psychological factors, and HIV sexual risk behaviors (UIAI and URAI).

CONCLUSIONS

In the current study, the multivariate regression analyses indicated that:
1) BMSM who reported URAI with their last male sexual partners were more likely to have lower internalized homophobia and to be HIV positive at enrollment than their peers.
2) BMSM who were HIV positive at enrollment were less likely to report UIAI with their last male sexual partners than their peers.

These findings indicate the critical need for HIV prevention strategies that address different kinds of culturally specific psychosocial stressors related to stigma for BMSM.

Interventions need to consider the varied experiences related to the impact of homophobia on health related behaviors and practices for BMSM.