SEXUAL HEALTH,
The Impact on HIV Prevention and Care
Amongst Black and Latino MSM

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SEXUAL HEALTH, *The Impact on HIV Prevention and Care Amongst Black and Latino MSM*

2. The HIV Prevention Paradox: Are we informing or are we further stigmatizing and pathologizing Black and Latino MSM?
3. Are we doing more harm than good, when we use social marketing that instills fear, anxiety, and shame?
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THE LOS ANGELES LGBT CENTER

Founded in 1969, the Los Angeles LGBT Center is the world's largest provider of programs and services for lesbian, gay, bisexual and transgender people.

The Center’s Health and Mental Health Services include:

• HIV/AIDS Specialty Care
• Primary Medical Care
• HIV/STD Testing and Prevention
• Mental Health Services
• Addiction Recovery Services
• Research
• Pharmacy

The Sexual Health and Education Program (SHEP) had more than 28,000 client visits in 2015.
LOS ANGELES COUNTY (LAC) IN COMPARISON TO SIX OTHER MAJOR METROPOLITAN AREAS

All six areas combined fit within the borders of Los Angeles County:

1. San Francisco (City and County)
2. The District of Columbia
3. Philadelphia
4. Houston
5. Chicago
6. All five boroughs of New York City
STATE OF HIV/AIDS IN THE BLACK AND LATINO MSM COMMUNITY:

“If current HIV diagnoses rates persist, about 1 in 2 Black men who have sex with men (MSM) and 1 in 4 Latino MSM in the United States will be diagnosed with HIV during their lifetime,” according to a new analysis by researchers at the Centers for Disease Control and Prevention (CDC).


Graph: amfAR Issue Brief, February 2015
HIV and the Black Community: Do #Black(Gay)Lives Matter?
"In one word, how does it make you feel to know that 50% of Black MSM and 25% of Latino MSM are projected to be diagnosed with HIV during their lifetime?"
The HIV Prevention Paradox:
“Are we informing or are we further stigmatizing and pathologizing Black and Latino MSM?”
STIGMA:

- “Stigma” (Social Stigma) refers to attitudes and beliefs that lead people to reject, avoid, or fear those they perceive as being different.

- "Structural stigma" shows up in the form of laws that discriminate against people and directly encourages social stigma, harassment, and violence.

- “Self-stigma” occurs when an individual buys into society’s misconceptions. By internalizing negative beliefs, individuals or groups may experience feelings of shame, anger, hopelessness, or despair that keep them from seeking social support, employment, or treatment for their health conditions.
STIGMA:
Stigmas experienced by Black and Latino MSM include:

- Racism
- Homophobia
- HIV-related (HIV, AIDS, and PrEP)
- STD-related
- Drug-related
- Sexual Deviance (Compulsion, Fetish)
- Sexual Prowess
- Gender Presentation (Masculine/Feminine)
- Sexual Positioning (Top, Versatile, Bottom)

- Physical Appearance
- Age
- Geographic
- Economic (Poverty)
- Faith-based
- Mental Health-related
- Healthcare-related
- Immigration-related
- Relationship-related

The practical and psychological burdens of stigma create formidable obstacles to effective HIV prevention.
WHAT DOES IT MEAN TO PATHOLOGIZE?

• “Pathologizing” is the practice of seeing a symptom as indication of a disease or disorder.
  ➢ Anal Sex = Gay Sex = Risky/Dangerous Sex = HIV/AIDS
  ➢ “When gay men engage in the act of intercourse without a barrier, we label it psychotic barebacking, but when straight people do it we call it sex.” (King 2013)
  ➢ Thus condomless sex is deemed by many to be pathological.

http://www.goodtherapy.org/blog/psychpedia/pathologizing
“It’s incredible that an organization [CDC] which claims to be combating stigma would release this statistic that creates much more stigma... But this is consistent with CDC’s lack of an effective strategy toward ending the epidemic among black gay men.”

— Kenyon Farrow, the U.S. and Global Health Policy Director of the Washington-based Treatment Action Group (TAG).
[The Perfect Storm Facing Black Men on HIV, The Advocate, May 2016]
The release of the CDC’s lifetime risk estimates — without explanation or context — isn’t just peculiar. It feeds “into the narrative across popular culture and the media that black men and women are hypersexualized, criminals, and sexual predators... We tend to hear about the black queer experience only when it is [related] to HIV or [what] is often perceived as ‘irresponsible sexual behavior.’ ”

— Ravi K. Perry, Ph.D., Associate Professor of Political Science at Virginia Commonwealth University

[The Perfect Storm Facing Black Men on HIV, The Advocate, May 2016]
STIGMA:

HIV/AIDS stigma can negatively affect the health and well being of HIV+ persons:

• **Treatment:** HIV+ persons may not seek treatment or delay going to doctors due to real or perceived discrimination against them.

• **Support:** Some HIV+ persons don’t have an adequate support network because they fear that friends or family will abandon them or suffer the same stigma they do.

• **Adherence:** Experiences of social rejection, disapproval and discrimination related to HIV may decrease the motivation of HIV+ persons to stay healthy.

http://caps.ucsf.edu/archives/factsheets/stigma
“Are we doing more harm than good, when we use social marketing that instills fear, anxiety, and shame?”
Tipping Point of HIV Prevention Education?

The Phenomenon of Rational Fatalism
Phenomenon of Rational Fatalism:

Typically, research has assumed “self-protective” responses to risks – that when the per-act risk goes up, people take fewer chances. But rational actors may also respond “fatalistically” – by increasing their risk-taking when per-act risks rise.

Economist Jason Kerwin’s research suggests that people who are convinced that the bad outcome is sure to happen perceive no benefit from reducing their risk-taking.

At what point does rational fatalism take over... or has it already?

“Do you think that the fear of HIV in the Black MSM community has reached the level of Rational Fatalism?”
STIGMA:

RECOMMENDATION:

• Develop culturally-appropriate social marketing campaigns and outreach strategies that are empowering and strengths-based, rather than deficit- (what you’re doing wrong) and fear-based (you’re next!).

• Refrain from absolutes or foregone conclusions regarding the HIV risk for Black and Latino MSM. Avoid creating a permanent state of fear, which can diminish the influence of HIV prevention messaging.

• Try sex-positive and affirming approaches which present a safe, judgement-free space.

• Educate Black and Latino MSM on biomedical interventions like PEP/PrEP and Treatment as Prevention (TasP).
WHAT RU INTO?

It's a new era of sex.
Whatever you're into, caring for your sexual health is our top priority at the new Los Angeles LGBT Center WeHo.

whatRUinto.org
#whatRUinto
YOUR SEXUAL HEALTH IS OUR PRIORITY

- PrEP & PEP
- HIV/STD Testing
- STD Treatment
- Condoms & Lube

whatRUinto.org

LOS ANGELES LGBT CENTER
WEHO

140 FEET AWAY
“How do cultural protective and risk factors influence HIV prevention?”
**Risk and Protective Factors:**

**Risk factors** are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

**Protective factors** are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events.

Simpatía and Sexual Silence:

• Traditionally, in Latinx cultures, sex and sexuality are not discussed.

• Sexual silence can be understood in light of a well-recognized Latino value known as Simpatía, which expresses the importance of smooth, conflict-free, and non-confrontative interpersonal relations.

• Because conversations about sexuality can bring to the surface potentially embarrassing, sensitive or private matters of individuals, the Latino simpatía script promotes silence rather than frank open discussion about sexuality. (Diaz 1998)
Sexual Silence:

• "Homophobia is often expressed as a conspiracy of silence" where homosexual behavior is never discussed in either the home or the community (VanOss-Marin 2003).

• While sexual silence can be used as a tool by Latino MSM to gloss over their sexuality in order to maintain familial and social bonds, it can also result in a lack of access to needed information or protection, emotional pain (shame/isolation/loneliness), and a lack of validation of feelings. (Hill 2007)

• Sexual silence, especially the discomfort around discussions of sex or healthy sexual behavior, can lead to lower rates of condom use and riskier sexual behaviors.
Machismo:

• **Machismo** is a value shared by the Latino community that emphasizes masculinity, and masculine virtues like **virility, dominance, fearlessness, courage, and strength**. (Diaz 1998, Sears 2008)

• As an important cultural and social construct, **machismo** can act as a protective factor (promoting honor and pride), but for Latino MSM who struggle to conform with hyper-masculine norms, **machismo can become a significant risk factor for HIV/STDs**.
Machismo:

• As a risk factor for HIV, **machismo** may encourage Latino men to prove their manhood by:
  - having multiple sexual partners,
  - casual sexual relationships, and
  - unprotected sex (Sastre 2015)

• In sexual relationships, machismo **affirms a man’s control over sexual encounters, including the use of condoms.** (Sears 2008)
Machismo:

- Machismo also supports beliefs about *homosexuality*:
  - it’s seen as an indication of weakness
  - perceived as hurtful or embarrassing to the family (*Familismo*). (Sears 2008)

- These negative attitudes and beliefs can result in Latino MSM developing low self-esteem, personal shame, and being afraid or unwilling to embrace their homosexual or bisexual identities (i.e. *internalized homophobia*).
Machismo:

RECOMMENDATION:

• Develop culturally-appropriate social marketing campaigns and outreach strategies that champion the protective aspects of machismo (pride, strength, courage, and independence) and empower Latino MSM to take charge and control of their sexual health, including the use of PrEP.
“Do we play a role in the development of medical mistrust in Black MSM?”
MEDICAL MISTRUST:

- To feel uncomfortable, fearful or suspicious in a health care place.
- Tendency to distrust institutions of medicine, including medical personnel and clinicians, who represent the dominant culture.
- Dissatisfaction with health care experiences.
Medical Mistrust:

- A 2010 study suggests that **medical mistrust among Black men** is informed by (Hammond 2010):
  a. **Background factors** (i.e., age, personality, level of education, and health status);
  b. **Identity/socialization factors** (i.e., masculine role identity and healthcare system socialization);
  c. **Recent healthcare experiences** (i.e., quality of recent patient–physician interactions);
  d. **Recent socioenvironmental experiences** (e.g., discrimination/homophobic experiences); and
  e. **Healthcare system outcome expectations** (i.e., perceived racism in healthcare).
Conceptual model of African-American men's medical mistrust

Background Factors
- Age
- Level of Education
- Personality
- Health status

Identity/Socialization Factors
- Masculine role identity
- Healthcare system socialization

Recent Healthcare Experiences
- Quality of patient-physician interactions

Recent Socioenvironmental Experiences
- Frequency of discrimination experiences

Healthcare System Outcome Expectations
- Perceived racism in healthcare

Medical Mistrust

Conceptual model of African-American men's medical mistrust
Medical Mistrust:

a. **Identity/socialization factors** (i.e., masculine role identity and healthcare system socialization);

• Researcher, Hammond, suggests that men’s mistrust of doctors and caregivers be viewed as a help-seeking barrier shaped by traditional masculine beliefs about relational vulnerability. (Hammond 2010)

• It’s important to be aware that the health socialization messages that parents convey to boys (i.e., “Boys don’t cry”) appear to be infused with traditional masculinity ideology that inadvertently reinforces disengagement from healthcare organizations.
Medical Mistrust:

“If we go see a doctor, then that makes us sort of feel weak... like you’re just not capable of doing things on your own. You don’t want to feel incompetent...I allowed this to happen to me, I’m not gonna have a doctor tell me that you should have done this or you should have done that, or why is this that way?”

— 17 year old, bisexual, no insurance
Medical Mistrust:

c. **Recent healthcare experiences** *(i.e., quality of recent patient–physician interactions)*
   - Since physicians serve as trust brokers for medical organizations, their interactions with patients are important determinants of mistrust.
   - **Patient-centered communication** might be viewed by African-American men as an indicator of the physician’s willingness to share relational power and demonstrate sensitivity to their history of disparate treatment in social and healthcare environments *(Hammond 2010)*.
   - With patient-centered communication, patients are no longer regarded as passive objects, but rather as active subjects who work as partners with health care professionals to optimize health *(‘participatory medicine’)*.
Medical Mistrust:

c. Recent healthcare experiences (i.e., quality of recent patient–physician interactions)
   • Interestingly, physicians seem to communicate in a more physician-centered manner with African-American patients (Johnson et al. 2004a).

   • Consequently, racial and ethnic minorities are more likely to feel looked down upon, disrespected, and as if the care they received was negatively influenced by racial or linguistic differences. A study found that physicians were 23% more verbally dominant and engaged in 33% less patient-centered communication with African-American patients than with White patients (Johnson et al. 2004a).

   • Racial discrimination threatens power, control, status, and success, creates vulnerability, and positions African-American men as weak or subordinate (Johnson et al. 2004a).
Medical Mistrust:

- In a 2015 study of BMSM (Eaton et al. 2015):
  - 29% of HIV-negative BMSM reported experiencing racial or sexual orientation discrimination (stigma) from their healthcare providers.
  - 48% of HIV-negative BMSM reported an overall mistrust of medical establishments.
  - Among HIV negative BMSM, those who experienced greater stigma and global medical mistrust had longer gaps in time since their last medical exam and HIV screenings, leading to Black MSM not knowing their status.
Online survey of Black MSM recruited from 4 Deep South States

71% reported at least 1 instance of unprotected sex in past 6 months

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Medical Mistrust:
RECOMMENDATIONS:

• One important goal of healthcare system interventions might be to increase physician awareness of African-American men’s masculine role-specific need for empathic and respectful clinical encounters. (Hammond 2010)

• Physicians can utilize a patient-centered communication approach:
  o To develop a trusting relationship with patients;
  o Involve patients in the decision-making process regarding treatment; and
  o Help patients reach therapeutic goals that are understood and endorsed by patients as well as healthcare providers.
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