

# Young, Black & Positive

*Recommendations for designing  
HIV prevention programs for young,  
HIV+ African American men who  
have sex with men*

**William Bland, Project Director**

## ● ● ● Acknowledgements

**LEVI STRAUSS FOUNDATION** Levi Strauss & Co. (LS&CO.) and the Levi Strauss Foundation have been leaders in supporting HIV/AIDS causes for over 20 years. LS&CO. was one of the first corporations to openly address HIV/AIDS in the workplace, and since 1985, the Levi Strauss Foundation has contributed over \$26 million to organizations fighting HIV/AIDS.

Merle Lawrence, Senior Manager, Levi Strauss Foundation.

**AIDS PARTNERSHIP CALIFORNIA** AIDS Partnership California (APC) is a statewide public/private collaboration at Northern California Grantmakers. The collaboration includes private foundations, corporate funders, and the State Office of AIDS, plus a strategic alliance with CompassPoint Nonprofit Services. Through grantmaking, convenings, trainings, and the dissemination of findings, APC supports the development of a system of HIV prevention for Californians of color with HIV; strengthens the capacity of community organizations to provide HIV services; advances research on the future of the HIV epidemic in California; increases the effectiveness of HIV grantmaking and supports efforts to shape California's HIV/AIDS-related public policy.

Combined, these activities aim to help arrest the escalating rate of HIV in California, inform sound policy decisions and strengthen the system of HIV care and treatment. This benefits persons with HIV or at risk for HIV, community organizations providing HIV services, health departments and foundations.

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**YOUNG, BLACK & POSITIVE** We would especially like to thank all the young men who shared their stories with us.

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PREVENTION WITH POSITIVES

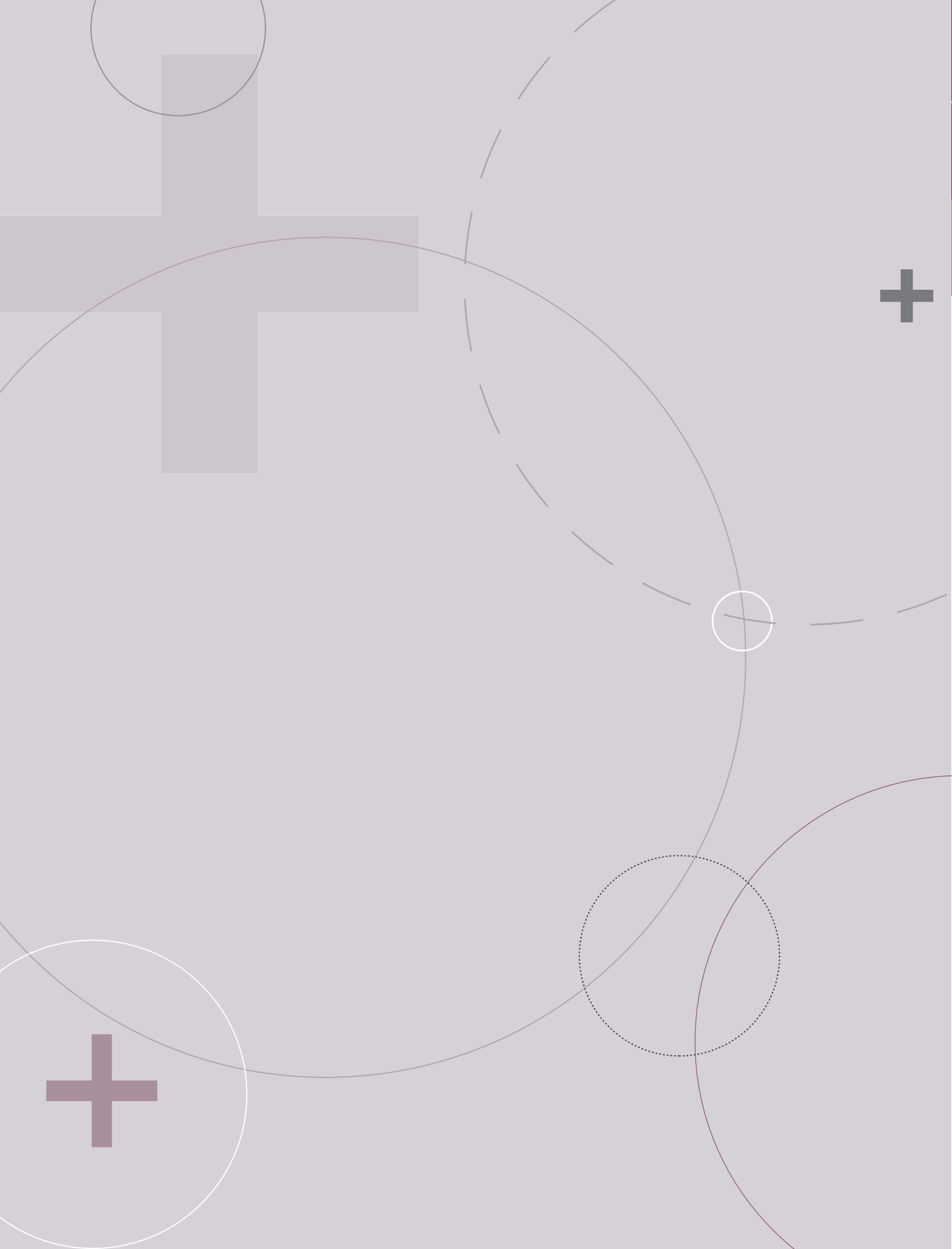
# Young, Black & Positive

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**William Bland, Project Director**

AIDS PARTNERSHIP CALIFORNIA



# Executive Summary

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*“I have had to grow up really fast.”*

**Y**oung, Black and Positive. Young, HIV+ African American men who have sex with men are at the intersection of many different influences: early life development, mental, social and physical changes, sexual and drug use experimentation, homophobia, racism and stigma around HIV, to name a few. All of these things affect one another, and combined with the normal angst of adolescence and young adulthood, complicate the task of providing HIV prevention services.

Interviews with 12 HIV+ men, 25 years old and younger, in San Francisco, Alameda and Contra Costa Counties, California, show the intricacies of these young men’s lives and needs. Additional input from service providers, health departments and researchers working with these young men has helped clarify the successes and challenges in serving this population.

HIV prevention programs for these HIV+ men must use multiple interventions with multiple options at different times. Below are some highlights of the findings, based on the experiences of these Young, Black and Positive men.

- ▶ Mental health needs are great in this population. Unlike the stereotype of Black men not accessing mental health services, almost all the young men had been or are in some kind of therapy. They may access basic information and support in groups, or want deeper exploration in one-on-one counseling with a trained therapist. Young men may go back and forth between services.
- ▶ Young men go through a cycle of awareness regarding their HIV status. Often they start with the exploration of youth, and when they find out their HIV status, they may be shocked and scared. This can lead to a stage of denial and low self-worth which can lead in opposite directions: either isolating and withdrawing into celibacy, or increasing drug use and sexual activity. This is followed by an eventual acceptance of their disease, and often pushes them to make positive changes in their lives.
- ▶ Youth refuse to be forced into any one category. Some of the young men interviewed identify as “gay,” others as “bisexual,” some as “same gender loving;” others refuse labels. Likewise, some may prefer services and groups with only youth, only African Americans, mixed age groups, or mixed sexes.

- ▶ Reported drug use was low among the young men. Many did not use drugs until after their diagnosis; none had injected drugs. However, although many men said they never used drugs, 8 men used alcohol and marijuana, and 5 of those smoked marijuana daily. Marijuana use was not seen as dangerous, and marijuana was not seen as a drug.
- ▶ Like most youth, these men want to be loved and accepted for who they are. The need for love and connection can override their ability to ask questions or negotiate condom use.



## Background

*“I was going through high school graduation and I was going through growing pains. I needed love or something in some kind of way.”*

**H**IV and AIDS continue to ravage the African American community at rates unparalleled in other ethnic populations. According to the Centers for Disease Control and Prevention (CDC), within the African American community, young men (25 years of age and under) who have sex with other men (MSM) are at highest risk of both contracting and transmitting HIV. Young African American MSM also have the highest incidence of HIV of all risk groups in the US. In a CDC survey of young MSM across six cities in the US, 16% of African American men were HIV+, and 93% were unaware of their HIV infection. (MMWR. 2002 Aug 23;51(33):733-6)

In response to this, AIDS Partnership California (APC) and the Levi Strauss Foundation funded a research project to help better understand the needs of these young men. APC has a long-standing interest in HIV prevention services for people of color living with HIV, and the Levi Strauss Foundation has a long history of funding AIDS and working with youth. The project began in January 2003, with the Alameda County Health Department giving additional funding to look specifically at HIV+ African American young men in that county.

The goal of the research project was to determine effective HIV prevention strategies for reaching HIV+ African American MSM 25 years of age and under living in the San Francisco Bay Area, California. The research project was set up to be community-based and inclusive. It began with a meeting of a group of experts in the field, service providers, researchers and young African American men themselves. This meeting allowed for community buy-in of the research project. It also allowed these experts to develop additional questions for the interview instrument.

Originally, the project was to include focus groups and individual interviews. We found it to be very difficult to identify African American HIV+ youth, much less get them in a room together. Concerns about confidentiality and the isolation of these youth made conducting focus groups not feasible. In addition, interviews were originally intended to take place with young men in five Bay Area counties; however, we were only able to identify and recruit young men in three: San Francisco, Alameda and Contra Costa. We conducted 12 in-depth qualitative interviews with 6 young men in San Francisco, 5 in Alameda and 1 in Contra Costa. The results were then shared with the group of experts for feedback. Finally, we convened a Roundtable Discussion with the same group of experts, health department staff and private funders to explore the research findings and recommend strategies for HIV prevention services.

This monograph is posted on the APC website [www.aidspartnershipca.org](http://www.aidspartnershipca.org).

# Research Findings

*“I was thinking about other STDs and not HIV.  
I was 16 years old, I wasn’t really thinking.”*

**Y**oung, Black and Positive: who are these men? For this research project, we talked to young, HIV+ African American men who have sex with men, focusing primarily on their lives as they related to living with HIV: how they took care of themselves, where they got support, how they think they became positive, what their struggles were, what kind of support they needed. There is so much to learn from these understudied and often overlooked young men. Our research only covered one small segment of their lives.

In summarizing the research findings, we realized that there are several topics that we did not cover that are likely important issues in these men’s lives. Race, economics and oppression were topics that were touched upon, but not the focus of the interviews. This report reflects the experiences of the Young, Black and Positive men who talked to us, mainly about their lives with HIV. We hope it will help in designing HIV prevention and support programs for these young men.

Finding young African American men who identified as HIV+ and were willing to participate in the study was difficult. The original scope of work for this project included focus groups and interviews in five counties. We were surprised that it was impossible to conduct focus groups, due to the confidentiality concerns and isolation of these young men. Even when there were several youth attending the same clinic, they did not know each other. Working with service providers who target this population, we could only identify men in three of the counties. Following are some overall themes, followed by specific findings grouped by category.

**NOTE:** Because of the small size of this study and the need to keep the results anonymous, we have combined Alameda and Contra Costa counties in reporting results.

## ● ● ● Overall Themes

- There was a certain level of naivete or denial regarding the young men’s risk for HIV infection prior to finding out they were HIV+.
- Most of the men are actively involved in managing their HIV disease, most with alternative, holistic methods and only a few with anti-HIV drugs.

- The men faced multiple challenges in communication, such as disclosure with sexual partners, and with friends and family to reduce isolation.
- Several differences emerged between San Francisco and Alameda counties, likely having to do with the types of community in each.
- Drug use was not seen as a factor in the young men’s initial infection and currently was not a big issue for them.
- These men trust their doctors and providers for medical information.
- All young men had completed high school or the GED, but only one had graduated from college.
- Only half the men were employed, and many of those worked part-time.
- The young men requested and utilized a lot of mental health services and support groups.

● ● ● **Demographics**

**RESIDENCE:** All of the men in Alameda County lived at home or near home, and many were born and raised in Oakland. The men in San Francisco County were more likely to be from outside the Bay Area.

**FAMILY:** 11 of 12 of the young men were in frequent contact with their family, speaking with them at least once or twice a week. Men in San Francisco were more likely to describe their relationship with their family as “not close” or “annoying.”

**SOCIOECONOMIC STATUS:** Eleven out of 12 of the young men described their financial situation as a fair to major struggle. In San Francisco, only 1 out of 6 men was employed; in Alameda County, 5 out of 6 held some kind of job.

**EDUCATION:** All the young men had completed high school or received their GED. In San Francisco, 4 men were enrolled in higher education.

**INCARCERATION:** Half of the young men had had some experience with jail or juvenile hall.

▶ **DISCUSSION:** These data point to differences in the young men’s experiences in San Francisco and Alameda County. As San Francisco is seen as a “gay mecca,” it is not unusual to have many men come here from out of town to find a relatively safe community of gay men. The reason for less employment in San Francisco may be that more men are in school, or that services and support systems are better or more easily accessed in San Francisco. It is also quite common for young adults in general to be struggling with finances because of their age and stage of life.



*“Homosexual sounds better. I do not consider myself gay. Gay sounds too happy.”*



**SEXUAL IDENTITY:** Five out of 6 of the men in San Francisco identified as “gay.” In Alameda County, the young men selected “gay,” “bisexual” or “same gender loving,” but didn’t really buy into labels.

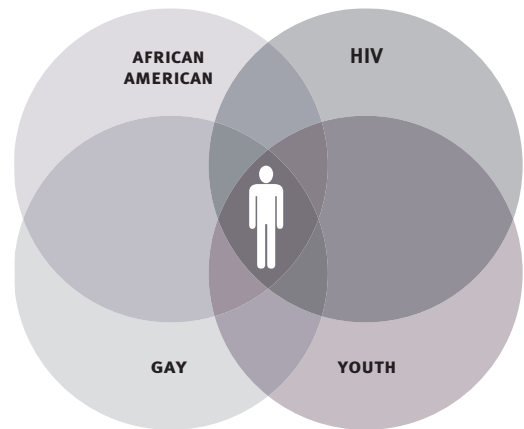
*“Homosexual sounds better. I do not consider myself gay. Gay sounds too happy.”*

**OPENNESS:** All of the young men were out to someone and most were out to at least some portion of their families, such as parents, siblings or aunts.

**IDENTITY OF SEXUAL PARTNERS:** Ten of the 12 young men had only male partners, and 2 reported mostly male partners. Their sexual partners mainly identify as gay or bisexual; one young man identified his partners as straight.

**IDENTITY OF FRIENDS:** Half of the men said that most of their friends were straight. All had some gay friends.

▶ **DISCUSSION:** Because there is a strong and visible gay community in San Francisco, it is not surprising the young men who live there self identify as gay. Some of the young men in San Francisco talked about it being a gradual process of accepting themselves as “gay.” In Alameda County, as in smaller communities in general, it may be more difficult, or there may be no apparent advantage to choosing a label, “gay” or otherwise.



Compounding this issue, these young men feel they are at the intersection of various identities based on ethnicity, HIV status, sexual orientation and age.

*“I haven’t got a label. I’m attracted to both sexes. It’s just that what I’m doing is what I’m doing.”*



**RACISM:** Young men mentioned racism and homophobia as two issues that arise from being a Black gay man. Racism was mentioned more in San Francisco than Alameda County.

**HOMOPHOBIA:** Many of the young men had experienced name-calling as a result of being gay.

▶ **DISCUSSION:** Racism and homophobia were not identified as primary issues for these young men, most likely because we did not probe in-depth into these issues. The men who discussed racism were mostly from San Francisco. When asked what their ideal program might look like, most of the young men said it should be geared to young people and HIV+ persons, and could be a mix of African American and other ethnicities.



*“When I went in for treatment for herpes, I was told at the same time that I had tested positive for HIV. I guess I kinda blanked out. I just really didn’t know what to expect. I hadn’t thought of it.”*

*“It seemed like a long drive home. I was shocked, I didn’t believe this. It’s affecting me more now. At first I wanted to be alone. I told my family the same day. I was crying. My mom told me ‘you’re going to live.’ They’ve been very supportive.”*

► **DISCUSSION:** Most of these young men were either unaware that HIV could affect them or in denial about their level of risk. Half of them were not expressly getting tested for HIV, but found out when they went to their doctors for medical care for other reasons: an STD, swollen lymph nodes or pneumonia. It is not clear whether they were told they were being tested for HIV or whether testing was routine because of their symptoms. In any case, when they went to their physicians, they did not expect to come home with HIV diagnoses.

A few young men understood the risks of having unprotected sex with other men. They used HIV testing as a means of risk reduction, either testing at regular six months intervals, or testing after an episode of unprotected sex. Two young men equated being a gay man with being at risk for HIV, and got tested regardless of their sexual activity.

## ● ● ● Drug/Substance Use

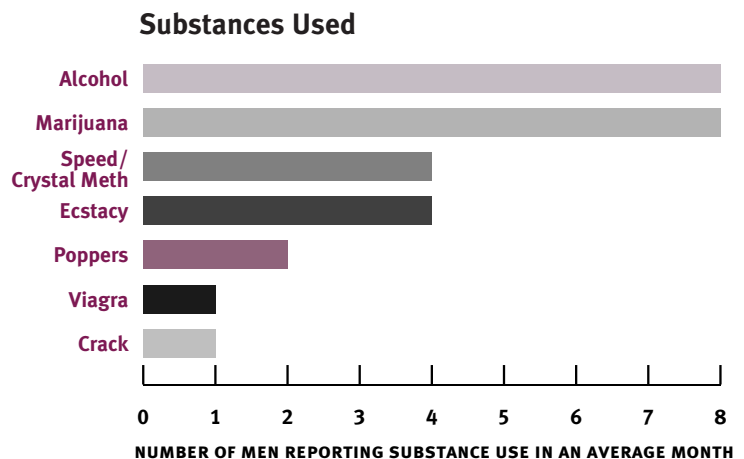
**CONCERN:** Most of the young men were not concerned about their current drug use.

*“I am comfortable with it [drug and alcohol use]. I don’t feel like I do anything really harmful.”*

**DRUG TREATMENT:** Half of the men had sought substance abuse treatment at some time. Treatment modes were: residential treatment, AA, NA and therapy.

**INJECTING DRUGS:** None of the men had ever injected drugs.

**SUBSTANCES USED:** The primary substances used were alcohol and marijuana. Alcohol was used mainly socially. (See graph for details.) Five of the 12 young men reported daily marijuana use. A few of these men reported “never” when asked how often they used drugs or alcohol.



**EFFECT ON GETTING INFECTED:** Three out of 12 of the young men felt that substance use played a role in their getting HIV.

*“The biggest issue that I had to face in the past few years was the drug problem, which has a lot to do with the gay community as far as trying to fit in. I think that it is a huge problem in the gay community. It runs deep, especially in the sex scene.”*

**CYCLE OF USE:** Most men reported that they didn’t use any substances before they got HIV, but their use increased initially after diagnosis and then tapered off.

▶ **DISCUSSION:** Drug use does not seem to be a major concern for these young men. Perhaps it is because of their age when they were infected, and the fact that in California no one under 21 is allowed in bars. Young adults can have sex, but do not have legal access to drugs and alcohol.

Many of the men reported using or increasing their drug and alcohol use after finding out they were positive. This seemed to decrease once they entered a stage of acceptance after their diagnosis. Most of the men used drugs and drank mainly during social activities, at parties or clubs.

One surprise was the amount and frequency of marijuana use. None of the men considered marijuana to be a “drug,” and almost half smoked marijuana daily. It is not known whether they smoked to help with physical symptoms of HIV or emotional aspects of being infected.

## ● ● ● Life With HIV

**KNOWLEDGE OF HIV:** All of the young men knew about HIV before their infection and heard about it through mass media and school. The men knew about using condoms and tried to use them most of the time, but didn’t really feel the messages were meant for them, particularly if they didn’t identify as “gay.”

*“I grew up a Baptist in the Black church, and the only thing that was said was that being gay is a lonely life and you would get a disease.”*

*“It is no way that I can get HIV. I was in high school. I was getting my dick sucked by the boy, how could I get something?”*

**THOUGHTS DURING RISKY BEHAVIOR:** Young men had several reasons and justifications for engaging in risky behavior: invincibility, trusting their partner, wanting love, curiosity, enjoyment, or letting partners make decisions.

*“I had a feeling of invincibility. It released all inhibitions and I didn’t care about myself or anything else.”*







noses, taking the time to reflect on their lives. Some of the challenges mentioned were decreases in energy and sex drive and the stigma of being HIV+ in the Black community.

*“It has made me more strong and thoughtful. It made me more considerate of others. I have had to grow up really fast.”*

*“It is very stressful. I’m always aware of it, I have to stay on my P’s and Q’s. At first it was like a living hell on earth.”*

*“When I found out I was HIV+, I slowed down, I put on the brakes. I was doing about 100, now I am doing about 65. If I have to go into the hospital, I want to be on cruise control. Take time to relax. I want to live. I want to [be alive to] bury my mother.”*

► **DISCUSSION:** Most of the young men had come to a point in their HIV disease where they were able to be positive about their status. (The only one who did not had been diagnosed only one month earlier and was still struggling with the diagnosis.) However, all of the men felt uncomfortable having too many people know of their status due to fear of discrimination, stigma, causing their family shame, or rejection. Dealing with the medical and physical consequences of HIV was much easier than dealing with the sexual consequences.

## ● ● ● Sexual Behavior

**RISK ALGEBRA:** The definition of risky behavior for HIV transmission is a fluid and changing concept for these young men, like for many HIV+ persons. They have created a complicated “risk algebra” to help them determine what is unsafe behavior and what they are capable of doing. For example, several young men used condoms with anal sex but not oral sex, and some figured that if their partner didn’t ask to use condoms, it wasn’t risky.

### Condom Use

- Never use/use less than 20% **3 men**
- Sometimes use **1 man**
- Always use for anal sex, not oral **3 men**
- Never has anal sex **1 man**
- Always use for anal sex, not oral **1 man**
- Never use (has HIV+ partner) **1 man**
- Celibate **2 men**

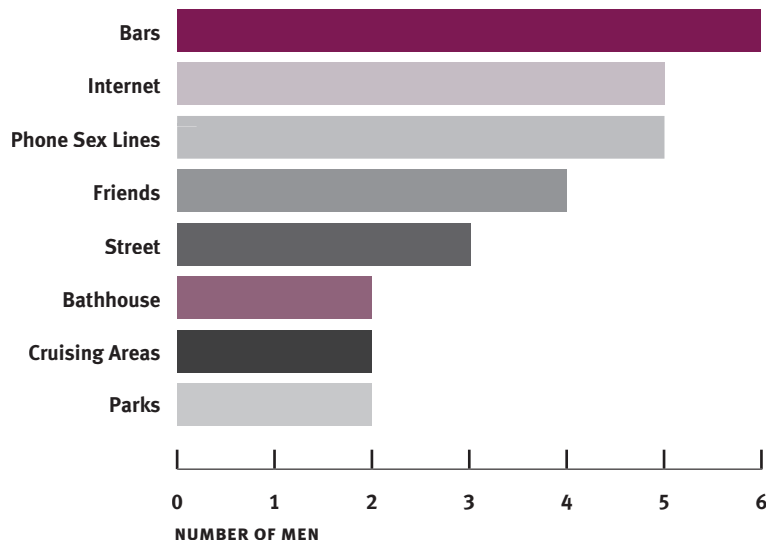
*"I don't have intercourse. I do, but I have oral sex. I don't let people enter inside me, however I do enter inside other people."*

*"I am a bathhouse freak. I have an addiction for it. I meet one-night stands and I basically let them set the standard for whether we use condoms or not."*

► **DISCUSSION:** Deciding what is risky and what each person can do is complicated. A simple "use a condom every time" strategy is not feasible. These young men have made decisions based on their own calculations of what is risky and what they are able and willing to do. These calculations may be based in knowledge and experience, or may be an "after the fact" strategy. For several young men, the interviews were obviously the first time in a while they had stopped to think about their behaviors and the consequences. As one young man said after reporting that he had not disclosed his status to his partner, *"You see, I hate these surveys for this. You are tripping off of me."*

**MEETING PARTNERS:** The most common venue for meeting sexual partners was bars, followed by the Internet and phone sex lines. These young men also met partners through friends, on the street, at parks and cruising areas and at sex clubs.

### Venues for Meeting Partners



**SEXUAL RESPONSIBILITY:** Nine of the young men felt that they were responsible for not transmitting HIV to their partners. Two men felt that there was a 50/50 responsibility between themselves and their partners. Only one man said he didn't think it was really his responsibility.

*"I do have a responsibility, but I guess at the same time that everyone has a role, and my role is not greater than a negative person."*

*"I do have a role. I don't want to feel like how it was for me, that someone fucked up my life."*

**NEED FOR CLOSENESS:** Many of the young men talked about wanting and needing to be with someone special. This need can override their desire and ability to practice safer sex. Some men feared that they would be rejected if they disclosed their status, others wanted the closeness of sex without condoms. For these men, as for many other sexually active persons, the need for love can cloud their decision making.

*"Not using condoms for a while makes it a lot harder to go back to using condoms. We talk about it sometimes, and sometimes we do not talk about it."*

*"In the past I was used to fucking with condoms. I did not know what closeness was until I started having sex without a condom."*



*"In the past I was used to fucking with condoms. I did not know what closeness was until I started having sex without a condom."*

► **DISCUSSION:** Finding a partner can be difficult. For these young men, the added stress of being HIV+ and the stigma of being an African American MSM make it even harder. It is interesting that most of these men use the Internet and phone sex lines to meet partners, which are venues that offer a degree of anonymity and the possibility of hiding things about one's self. Several of the men said that they started using these venues when they were young — 15 or 16 — and lied about their age. Men under 21 are not admitted to bars, which makes phone and Internet venues even more attractive.

Being HIV+ at a young age can be a great burden, and adding the responsibility of infecting another person can be overwhelming. Yet, all but one of these young men felt responsibility for not transmitting, and most of them felt the responsibility was mainly theirs and not their partner's. This sense of responsibility does not always transfer to actual life. When a young man faces fear, love, excitement or desire, safer sex is often lost in the mix.

## ● ● ● Mental Health

**INDIVIDUAL COUNSELING:** Four of the young men interviewed were currently in individual therapy, and three mentioned they would like to see a therapist. Two others attended support groups.

*“I started out going to AA and then left for NA and also individual therapy on my own with a psychiatrist to address other things that are going on”*

*“It helped me to get into therapy to deal with long standing issues.”*

**FOCUS ON PERSONAL GROWTH AND CHANGE:** Many of the young men said that becoming HIV+ had caused them to make changes in their lives. The majority of these changes focused on their inner growth. Four men said that they have become more thoughtful, considerate and honest with others. Other changes were self-reflection, more respect for self and others and more health consciousness.

*“I’ve had counseling and done some self-help. At times you get a little bit stronger in certain areas. I write a lot to myself so I can look at what’s inside of me.”*

*“Because I am HIV+ I have learned to be responsible for my actions and expectations I have of myself. I had to change my way of thinking.”*

▶ **DISCUSSION:** It was surprising to see how many young men were using mental health services. The stereotype is that Black men don’t go to therapy, which is clearly not true for these young men. Individual, in-depth therapy was key for these men. Perhaps because they are young, many had issues around their families and their identities that they had not yet explored, and that required more than just a support group.

Mental, spiritual and emotional health was just as important as physical health for many of these men. Perhaps because most of them are still healthy or because they are young, personal growth seemed to be an important step for them after testing positive.

# Summary of Roundtable Discussion

*“These are such vibrant young men. It’s unfortunate that they had to go through an HIV diagnosis to be able to do the hard work of maturing and coming into their own. — Roundtable participant*

**O**n December 9, 2003, we convened a Roundtable Discussion with a group of experts in the field, including service providers, funders, researchers and health department workers. The purpose was to present the findings from the interviews, to discuss how they fit or didn’t fit with their experiences and expectations and to draft some recommendations based on our findings and experience. (For a list of attendees, please see the Acknowledgements at the front of this monograph.)

The Roundtable Discussion began with a presentation of the research findings, with discussion and comments from the attendees. Following the research presentation, the group engaged in a dialogue with one of the young men who participated in the interviews. The group then broke into two subgroups to answer the questions: What are key take home messages? What was a surprise? What was not a surprise? What are recommendations? At the end of the discussion, each group reported back and agreed on general recommendations.

**NOTE:** The findings presented in this chapter represent the experiences of the roundtable participants and not necessarily the experiences of the young men interviewed.

## ● ● ● Surprises

Most of the data presented matched with the participants’ own experiences working with HIV+ young African American men who have sex with men. Some of the findings that came as a surprise were:

**LOW SUBSTANCE USE, HIGH MARIJUANA USE.** The roundtable group was surprised that only 3 of the young men felt that substance use played a part in their infection. They were also surprised by the amount of men who smoked marijuana daily. The medical providers reported that they are very reluctant to give medical marijuana cards to HIV+ adolescents and young adults. The roundtable group thought that more education was necessary on this topic and were concerned that these young men thought that it is OK to smoke marijuana every day.

**HIV NOT A CONCERN FOR THEM.** Many of the service providers at the table felt frustrated upon hearing that the young men did not feel like prevention messages were targeted specifically to them as African Americans or as youth. There was a feeling that when the messages were too explicit, the young men were offended or turned off, and when the messages were too general, the young men don't respond to them. This makes planning outreach and educational materials very difficult for providers. However, it may just be a normal part of young adulthood as young men go back and forth between identities and needs.

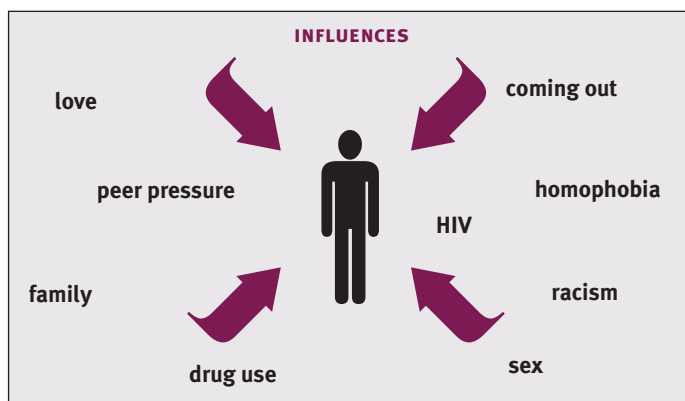
**UNANTICIPATED POSITIVE TEST RESULT.** The roundtable group noted how many young men did not expect their HIV diagnosis. There was a concern that several did not seek out HIV testing, but were tested when they showed up at their healthcare provider's office with symptoms of STDs.

**THE IMPORTANCE OF MENTAL HEALTH SERVICES.** Most of the young men interviewed found mental health programs to be an important part of their care. In particular, the roundtable group was surprised at the importance of one-on-one counseling and individual therapy for these young men. Because of their age, the young men are dealing with important life and developmental issues such as self-identity, relationships with family, friends and lovers and past experiences. Adding HIV to the mix makes things even more complicated, and counseling to delve into these issues is crucial.

## ● ● ● Additional Themes

The Roundtable participants discussed the findings and added their own experiences to better understand the lives and needs of these Young, Black and Positive men. Following are additional themes, grouped by subject, that arose during these discussions. Several of the findings apply to both HIV+ and HIV- young men. Many of these issues may be factors that contributed to their getting infected, and are still factors that affect their ability to protect themselves and others since becoming HIV+.

One of the challenges in working with these young men is recognizing that there are a multitude of pressures they deal with that influence their risk behavior.



## **Youth**

- Young adults in particular don't want to be put in categories, whether it's being gay or young or HIV+. This can make outreach and planning and advertising for activities difficult.
- Youth are in a learning curve. They can't have all relationship skills in place by 18 years old. There is a certain amount of making mistakes that has to happen.
- Young men's concerns are more personal: identity, role in life, figuring out families and relationships. This compares to older African American men who have sex with men, whose concerns are more about money, employment, finding a place to live. Youth need more mental health services, especially one-on-one counseling to deal with deep issues.
- Young men might do anything for love, for that first feeling of being loved and accepted for who they are.

## **MSM/Gay**

- These young men haven't had the experience of dating or having boyfriends while in school. There aren't any mainstream magazines or television shows telling men how to be with other men.
- Coming out is a vulnerable stage for anyone. Some of these young men have been "yanked out of the closet" by their HIV+ diagnoses. They may be faced with telling their friends and family that they are gay and that they have HIV.

## **African American**

- There are definitely class and race issues in the gay community. Some men experience racism. Many don't feel comfortable in certain areas or organizations.
- Especially in small communities, confidentiality can be a problem. Men may want a youth support group, but at the same time, don't want everyone in their business.
- HIV is still stigmatized, and people are judgmental in the youth and Black communities.

## **HIV**

- Most of the young men are not on anti-HIV drugs. This may be because they are younger and healthier, or because meds are not being prescribed to them. Most of the young men are not on anti-HIV drugs..
- There is a complicated risk algebra at play for using condoms. Most don't use condoms during oral sex.
- Being HIV+ prompted them to make positive changes in their lives.

## **Drugs/substance use**

- Substance abuse is not a big concern to these young men.
- The difference between use and abuse is not clear. Are some men calling their substance usage normal, when providers might consider it substance abuse?
- Marijuana use is prevalent. Could this be a harm reduction strategy for young men, to avoid using more powerful and dangerous drugs? Is it a way to deal with their HIV? Or is it just seen as something that's OK to do?

# Recommendations

*“I do not want to be seen as disabled, or along those lines. I do not want to be seen as a threat to some people.”*

**T**hese recommendations are based on both the research and the input by round-table participants who are experts in the field. This project was intended to be a synthesis of both the experiences of Young, Black and Positive men and the experiences of service providers, funders and researchers. Because we only spoke with 12 young men, this synthesis was key.

## ● ● ● Funders

- HIV prevention programs for young HIV+ African American men who have sex with men need to address a wide range of issues besides just HIV and condoms. Look for programs that have a holistic approach and address the lives and lifestyles of young men.
- Private funders should consider what the government won't be funding. Programs and research with adolescents under 18 years old are lacking, and often can't use government money. Helping young men while they are still in school, before they've become sexually active, is key.
- Consider programs that work with families and communities to increase acceptance and support for HIV+ youth.
- Look at ways to support reducing the isolation of HIV+ young men, by developing programs that will bring the men together, both with each other and potentially in a mentorship type of situation with older HIV+ African American men.
- Because these young men are so difficult to recruit, prevention programs need additional funds for outreach and identification of clients.
- Young men need mental health services, especially one-on-one counseling with trained therapists. Accessing these services and the intake process should not be so long or difficult that they turn away young adults.

- Young men are interested in health care in addition to using anti-HIV medications. Alternative therapies and approaches, such as acupuncture, diet, herbs and vitamins should be available as part of a holistic program.
- HIV+ African American men who have sex with men represent multiple populations and require multiple interventions.
- Provide training and support for all staff working with this population. Training on sensitivity and confidentiality are especially important.
- Provide education to youth in school on the realities of smoking marijuana. Understand that youth may not see any harm in marijuana.
- Provide more extensive pre-test counseling for young African American men, making sure they understand what the test means and what the results could be. Increase availability of rapid testing so that young men find out their test results.
- Promote a norm of HIV testing for all sexually active youth. Because there is so much experimentation between genders, there is a higher degree of risk for young males and females.

## ● ● ● Service Providers

### Programmatic recommendations

- Mental health services are essential. In addition to support groups, young men may need drop-in counseling and in-depth counseling with a trained therapist. If these services are not available, provide referrals.
- Discussion groups may not be particularly attractive to young men. More appealing are social activities such as movie nights, café nights and karaoke, combined with informal discussion.
- Develop programs that teach informed experimentation. Young adults will always take risks. Instead of telling them not to be risky, teach them how to experiment sexually in safer ways.
- Help young men understand how to choose healthy relationships and healthy friendships. Discuss what qualities young men seek in a partner.
- Stress the importance of making safer choices so that these young men don't infect other men.

- Provide extensive support after testing. Young men often go through a period of denial after learning they are positive. This is a time when drug use and sexual risk taking increase and they are at greatest risk of infecting others. Support during this time is crucial.
- Increase the number of “safe” venues for HIV+ youth to come together.
- Work with youth so they can work with others.
- Practice communication skills around disclosure and safer sex negotiation.
- Address issues of isolation. HIV+ young men in Alameda County were much more likely to isolate themselves and withdraw from society after testing positive.
- Consider working with families of the young men to help provide support.
- Help young men plan for the future. Help them consider going to college or learning a skill that can help them as they mature.
- Emphasize responsibility and safer sex. Help the young men counteract the negative images of gay men they may see around them.
- Address the issues of drug use and the peer pressure to use drugs in the gay community, especially in relation to sexual activity.

### **General recommendations**

- Consider the network of services available to youth in the community. Collaborate with other non-HIV agencies to increase access to services.
- Build trust. Some young men have been traumatized after being with someone who lied to them or was not honest about their risk. It may take time to build trust. Being consistently available and non-judgmental can help young men trust providers.
- Make sure that all staff working with HIV+ young African American men have gone through cultural competency-diversity training.
- Have clear ground rules for confidentiality for both clients and staff. Stress the importance of this in building trust. Discuss the implications of losing confidentiality.
- Consider the developmental stages of young men. Self-identity, reaction to authority and ability to discuss issues can be difficult to address during adolescence.
- Racism may be more prevalent in larger, more mixed communities. Discuss how this affects the young men. Be sure to hire African Americans and/or youth as staff.

## ● ● ● Researchers

- Find out more about marijuana use among HIV+ youth. Explore the effect of marijuana on HIV disease and its interaction with HIV medications.
- More research is needed on why so many young African American men who have sex with men are in denial about their risk for contracting HIV.
- Improve tracking for HIV cases among these young men.
- Disseminate results of research with this population in media other than academic journals.

### Excerpt from “Learning 3, The Hard Way: Shame, Sickness, and Stigmas”

by Tim’ m T. West

*The truth is that only half of the time do I feel positive about being POZitive. The other half of the time I wish I were negative. Often, sweat-filled, heavy-breathing nights remind me, not of the rapture of romance, but feelings of regret that I wish I could wash down with the AIDS medication I anxiously “intoxicate” myself with in order to feel better. Almost 5 years ago, a different kind of demon haunted at night, but it wasn’t HIV related defeat. It was defeat’s forefathers: loneliness and self-hatred.*

*...The “safer sex” dialog was all too uncomplicated for the crude realities of my black gay existence. Feelings of alienation and the desire for connection intensified the desire for intimacy. I was annoyed by the “wear a condom, every time” humdrum that seemed to be grounded in a sanctimonious homophobia, and that undermined any possibility of a safe relationship between men.*

*...A lot of what I’ve gained as cues for how to improve the quality of my life, out of bare necessity and survival, can be adopted by people before getting infected. This also means cultivating a society where people can feel comfortable saying “I messed up... What now?” without being made to feel more dejected or reckless than they do admitting such a thing. It’s reckless to shove a condom in a young person’s face after they disclose risky behavior rather than asking them how they’re feeling. The relationship between one’s lack of self-care and his or her careless behavior is way understated. It’s almost as deafening as the silence ravaging the black community around HIV/AIDS.*

[www.reddirt.biz](http://www.reddirt.biz)

*“I know the lifestyle that I am in. I cannot be upset at the fact that I have the disease. I am not tripping off of this virus.”*

### ● ● ● Select Programs in the Bay Area

#### **AIDS Project East Bay (APEB)**

1755 BROADWAY ▶ OAKLAND, CA 94612 ▶ 510/637-979

[www.apeb.org](http://www.apeb.org)

APEB’s P3 program provides HIV prevention for HIV+ African American men. P3’s goal is to provide a safe, confidential and spiritually nurturing space for brothas to come together and share their experiences.

#### **Bay Area Young Positives (BAY Positives)**

701 OAK STREET ▶ SAN FRANCISCO, CA 94117 ▶ 415/487-1617

[www.baypositives.org](http://www.baypositives.org)

The mission of BAY Positives is to help young people (26 and under) living with HIV/AIDS live longer, happier, healthier, more productive, and quality-filled lives.

#### **East Bay AIDS Center (EBAC)**

2850 TELEGRAPH AVENUE, SUITE 110 ▶ BERKELEY, CA 94705 ▶ 510/204-1870

[www.altabates.org/clinical/aids\\_scvs.html](http://www.altabates.org/clinical/aids_scvs.html)

EBAC provides support, medical treatments, complementary therapies, and educational services to HIV+ persons. They run a youth walk-in clinic in downtown Oakland.

#### **Larkin Street Youth Services**

1138 SUTTER STREET ▶ SAN FRANCISCO, CA 94109 ▶ 415/673-0911 ▶ 800/669-6196

[www.larkinstreetyouth.org](http://www.larkinstreetyouth.org)

Larkin Street provides a comprehensive continuum of services for youth between the ages of 12–24 that inspires youth to move beyond the street.

#### **Lavender Youth Recreation and Information Center (LYRIC)**

127 COLLINGWOOD ST. ▶ SAN FRANCISCO, CA 94114 ▶ 415/703-6150 ▶ 800/246-PRIDE (7743)

[www.lyric.org](http://www.lyric.org)

LYRIC is a community center for lesbian, gay, bisexual, transgender, queer and questioning youth 23 & under.

#### **Sexual Minority Alliance of Alameda County (SMAAC) Youth Center**

1608 WEBSTER ▶ OAKLAND, CA 94612 ▶ 510/834-9578

<http://members.aol.com/smaacyouth>

SMAAC provides programs for African American adolescent and young adult men who have sex with men aged 14–23.

## ● ● ● Publications

**Completing the Circle: Designing HIV prevention programs for persons of color with HIV**  
Handbook for creating HIV prevention programs for HIV+ persons of color. Includes formative research, program components and model programs. [www.aidspartnershipca.org](http://www.aidspartnershipca.org)

**Unrecognized HIV infection, risk behaviors, and perceptions of risk among young Black men who have sex with men — six U.S. cities, 1994–1998**  
[www.cdc.gov/mmwr/PDF/wk/mm5133.pdf](http://www.cdc.gov/mmwr/PDF/wk/mm5133.pdf)

**Good Questions, Better Answers: A formative research handbook for California HIV prevention programs.** [www.caps.ucsf.edu/goodquestions/](http://www.caps.ucsf.edu/goodquestions/)

**Prevention with Positives: A Guide to Effective Programs**  
Published by the California Office of AIDS. April 1, 2003.  
[www.hivinfo.org/docs/pdf/training/PWP Guide.pdf](http://www.hivinfo.org/docs/pdf/training/PWP%20Guide.pdf)

**HIV Prevention Case Management — Literature review and current practice.**  
Published by CDC, September 1997. [www.cdc.gov/hiv/pubs/pcml/pcml-doc.htm](http://www.cdc.gov/hiv/pubs/pcml/pcml-doc.htm)

**Evidence-based HIV prevention interventions with people living with HIV: What works and why**  
Training developed by the UCLA Center for HIV Identification, Prevention, and Treatment Services. <http://chipts.ucla.edu>

**Incorporating HIV prevention into the medical care of persons living with HIV.**  
Recommendations of CDC, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America [www.cdc.gov/mmwr/PDF/rr/rr5212.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5212.pdf)

## ● ● ● Selected Literature

### PROGRAMS

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**The establishment of STD screening and HIV counseling and testing services at a juvenile detention center in Orange County, Florida.** Williams LK, Washington A, Gehl MB. *Natl HIV Prev Conf*. 1999 Aug 29–Sep 1;(abstract no. 212).

**Use of targeted outreach and Orasure test to measure HIV prevalence and associated risk among high-risk, young men who have sex with men (MSM).** Day J, Landers S, Kunches LM, Fallas GM, Goldstein RS, Church DR, Wong FY, Mayer KH. *Int Conf AIDS*. 1998;12:368–9 (abstract no. 23138).

### PREVALENCE

**HIV prevalence and associated risks in young men who have sex with men. Young Men's Survey Study Group.** Valleroy LA, MacKellar DA, Karon JM, Rosen DH, McFarland W, Shehan DA, Stoyanoff SR, LaLota M, Celentano DD, Koblin BA, Thiede H, Katz MH, Torian LV, Janssen RS. *JAMA*. 2000 Jul 12;284(2):198–204.

**High prevalence of HIV infection among young men who have sex with men in New York City.**

Koblin BA, Torian LV, Guilin V, Ren L, MacKellar DA, Valleroy LA. *AIDS*. 2000 Aug 18;14(12):1793–800.

**Prevalence of HIV-1 among young gay and bisexual men (GBM) in San Francisco (SF) and Berkeley, CA: the second young men's survey.**

Hirozawa AM, Givertz D, Lemp G, Nieri G, Anderson L, Katz M. *Int Conf AIDS*. 1993 Jun 6–11;9(2):696 (abstract no. PO-C12–2875).

**Racial disparities in prevalence and incidence of HIV infection among young men who have sex with men: The Baltimore Young Men's Survey.**

Sifakis F, Hylton J, Solomon L, Flynn C, MacKellar D, Valleroy L, Celentano D. *Int Conf AIDS*. 2002 Jul 7–12;14:abstract no. LbPeC9036.

**RISK BEHAVIOR**

**Unrecognized HIV infection, risk behaviors, and perceptions of risk among young black men who have sex with men — six U.S. cities, 1994–1998.** *MMWR Morb Mortal Wkly Rep*. 2002 Aug 23;51(33):733–6.

**Risk among young gay and bisexual men living with HIV.** Solorio R, Swendeman D, Rotheram-Borus MJ. *AIDS Educ Prev*. 2003 Feb;15(1 Suppl A):80–9.

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**Very young gay and bisexual men are at risk for HIV infection: the San Francisco Bay Area Young Men's Survey II.** Waldo CR, McFarland W, Katz MH, MacKellar D, Valleroy LA. *J Acquir Immune Defic Syndr*. 2000 Jun 1;24(2):168–74.

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## About the Author

### **WILLIAM BLAND, MPH, MBA**

William Bland is an independent consultant with more than 15 years of experience in HIV/AIDS, public health and business management. William was the Director the National Programs for the for the National Task Force on AIDS Prevention, where he assisted gay men of color across the US in developing HIV prevention programs. William was also Vice President of Aplomb Consulting providing technical assistance on HIV/AIDS program development and evaluation. Currently, William is the Director of Community Programs for the San Francisco AIDS Foundation.



*“The Young, Black and Positive project covers issues that are very near and dear to me,”* said William.

*“Many youth go through the same issues, but it’s different for my young, Black gay brothers. HIV is more prevalent and the odds of getting infected are much higher. These young men don’t recognize how high the stakes are.”*

William Bland seroconverted at age 21 and has been HIV+ for 19 years.

