Deconstructing the 'Bisexual Bridge': Moving Beyond the Sensationalism of Bisexual Black Men and HIV

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Sex in the City: Men, Sex, Love and HIV
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Agenda

- Social & media context of bisexuality
- Why the fuss over bisexual brothers?
- Black bisexual men and HIV risk
- Gatekeepers Study
- Identity over Context: A Critical Mistake
- Future Directions
- Discussion/Questions
“Brokeback Mountain”
“Invisible” trailer
Images of Black men
Images of “Gay” Men
Black “Gay” Men
Fiction or Real World?
Popular media “feminization” of Black men
“Brokeback Mountain”
“Invisible” trailer
“Cover” (2008)
The Media, Bisexual Black Men and “Down Low”

- Books - E. Lynn Harris, James Earl Hardy
- Television - ER, Oprah, Law and Order Special Victims Unit, Soul Food, Black Men Revealed, The View

- Message is often: “Down Low” = unprotected sex and HIV
Why the fuss?

- Internalized “homophobia”
- Transition from “closet” to openly “gay”
- Incarceration
- “Situational” sex
- Men as disease vectors
- Risk to women

Dodge et al., 2008; Harawa et al., 2006; Malebranche, 2008; Malebranche et al., 2008; Montgomery et al., 2003; Wohl et al., 2002; Millett et al., 2005
Percentages of AIDS Cases among Adults and Adolescents, by Race/Ethnicity and Year of Diagnosis 1985–2007—United States and Dependent Areas

Note: Data have been adjusted for reporting delays.
*Hispanics/Latinos can be of any race.
†Includes Asian and Pacific Islander legacy cases.
<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Cases</th>
<th>Rate (Cases per 100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>160</td>
<td>23.1</td>
</tr>
<tr>
<td>Asian*</td>
<td>363</td>
<td>15.5</td>
</tr>
<tr>
<td>Black/African American</td>
<td>14,247</td>
<td>136.8</td>
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<tr>
<td>Hispanic/Latino†</td>
<td>5,906</td>
<td>56.2</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>42</td>
<td>76.7</td>
</tr>
<tr>
<td>White</td>
<td>10,563</td>
<td>18.7</td>
</tr>
<tr>
<td>Total†</td>
<td>31,518</td>
<td>38.8</td>
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</table>

Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis. Data from 34 states with confidential name-based HIV infection reporting since at least 2003. Data have been adjusted for reporting delays. †Includes Asian and Pacific Islander legacy cases. ††Hispanics/Latinos can be of any race. †‡Includes 233 male adults and adolescents of unknown race or multiple races.

Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis. Data from 25 states with confidential name-based HIV infection reporting since at least 1994. Data have been adjusted for reporting delays and missing risk-factor information. Data exclude cases among men who had sex with other men and injected drugs.

*Hispanics/Latinos can be of any race.
†Includes Asian and Pacific Islander legacy cases.
Percentages of AIDS Cases among Male Adults and Adolescents, by Transmission Category and Race/Ethnicity 2003–2007—United States and Dependent Areas

Note. Data have been adjusted for reporting delays and missing risk-factor information. IDU, injection drug use.

*Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
†Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.
‡Includes Asian and Pacific Islander legacy cases.
§Hispanics/Latinos can be of any race.
AIDS Cases among Female Adults and Adolescents Attributed to Injection Drug Use or High-Risk Heterosexual Contact, by Region, 2003–2007—50 States and DC

- **Injection drug use**: N=13,080
- **High-risk heterosexual contact**: N=35,024

<table>
<thead>
<tr>
<th>Region</th>
<th>Injection Drug Use</th>
<th>High-Risk Heterosexual Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast</td>
<td>4,873</td>
<td>9,734</td>
</tr>
<tr>
<td>Midwest</td>
<td>1,207</td>
<td>3,299</td>
</tr>
<tr>
<td>South</td>
<td>5,754</td>
<td>19,091</td>
</tr>
<tr>
<td>West</td>
<td>1,247</td>
<td>2,900</td>
</tr>
</tbody>
</table>

Note: Data have been adjusted for reporting delays and missing risk-factor information.
* Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
Black male “shock” statistics...

- In 2006, Black men accounted for two-thirds of new infections (65%) among all Black Americans.

- In 2006, Black men who have sex with men (MSM) represented 63% of new infections among all Black men, and 35% among all MSM.

- At some point in their lifetimes, 1 in 16 Black men will be diagnosed with HIV infection, as will 1 in 30 Black women.
Tenets of Black bisexuality and HIV

- HIV racial disparity among Black MSM and heterosexual women
- “Bisexual bridge theory” – connects the 2 groups
- Moral linkage of disclosure and condom use
- Voices of bisexual Black men not heard

CDC, 2008; Dodge et al., 2008; Ford et al., 2006; King, 2004; Millett et al., 2005
Bisexual Black Men and HIV Risk

- Review of 3 databases (Psychinfo, Medline & AIDSline)
- Articles 1980 – June 2004
- Sexual identity & behavior among Black men
- Twenty-four articles and 2 conference abstracts

1Millett, Malebranche, Mason & Spikes, 2005
“Down Low” Topics Addressed

1. Prevalence of bisexuality among all Black men
2. Agreement between heterosexual identity and behavior
3. Disclosure of same-sex behavior
4. HIV risk and same-sex disclosure

1Millett, Malebranche, Mason & Spikes, 2005
Sexual Identity and HIV Risk

- 172 Black MSM in Chicago with higher levels of “gay” identity had higher levels of sexual risk-taking than those who didn’t (Crawford et al., 2002)

- 302 MSM (73 Black) in Dallas who did not have a “defined” gay identity were more likely than those who did to engage in unprotected anal sex (Chng et al., 2000)

- 758 young BMSM in Atlanta: sexual identity did not predict risky sexual behavior (Hart, Peterson et al., 2004)
Disclosure and HIV Risk

- Compared with BMSM who disclose their homosexuality (N=910), those who don’t disclose (N=199) were:
  - More likely to have multiple female sexual partners and reported unprotected anal and vaginal sex
  - Less likely to be HIV+
  - Less likely to have multiple male sexual partners and report unprotected anal sex with other men

(MMWR, 2/13/04 – YMS Study)
“Down Low” Topics Addressed¹

- Prevalence of bisexuality among all Black men – *appears to be low (2-3%)*
- Agreement between heterosexual identity and behavior – *poor, but for men of all races/ethnicities*
- Disclosure of same-sex behavior – *lowest among Black MSM*
- HIV risk and same-sex disclosure – *does not appear to be lower than nondisclosure*

¹Millett, Malebranche, Mason & Spikes, 2005
2 Questions about this “bisexual bridge”...

1. Do the numbers add up?

2. Why the focus on “Down Low” when so many “gay”-identified Black MSM are noted to be at risk?
The “may be’s” of the bisexual bridge...

- “May be” cause of high rates among Black women
- “May be” the cause of poverty
- “May be” the cause of global warming
- “May be” the cause of the recession
- “May be” at the root of international terrorism

Prabhu et al., 2004; Mercer et al., 2009; Dodge et al., 2008; Zule et al., 2009; Malebranche 2008
Problems with current research on Black bisexual men & HIV

- Blurring of bisexual behavior and identity
- Associating non-disclosure with risk behavior
- Structural determinants of risk/protection ignored
- Pooling bisexual male samples with all MSM
- Lack of acknowledgement of bidirectionality of risk
- Vague definitions of “bisexual” and “down low”
- Information not from the men themselves

Malebranche, 2008
The Gatekeepers Study
Methods

- 38 qualitative semi-structured interviews (ATL)
- Recruitment through websites, phone chat lines, flier distribution, snowball sampling
- Eligibility: identify as Black or African American, between 18-45 years of age, live in Atlanta, sex with both men and women in past 6 months
- $50 compensation & brief demographic survey

Malebranche et al., 2010
Research Questions

1. What social forces influence patterns of same sex disclosure among Black bisexual men?

2. What factors shape sexual behavior and condom use practices with both their male and female sexual partners?
Results

- Age
  - 19/38 (50%) ages 18-29
  - 19/38 (50%) ages 30-45
- HIV Status
  - HIV-positive: 14/38 (37%)
  - HIV-negative/unknown: 24/38 (63%)
- Sexual identification
  - All of the men identified as bisexual or heterosexual
- Personal Income
  - Ranged between $15,000/year and $60,000/yr
Major themes

- Heterogeneous life experiences
- Decisional balance of same-sex disclosure
- The “vibe” and “flow” of sexual behavior
- Fear factor, situations & condom use

* Terminology disclaimer
Same sex disclosure

- **Full disclosure – sexual partners, medical providers**

  *I*: And in general who do you think it’s important to tell about your sexuality?

  *P*: The people I’m dealing with. Nobody else. (Xavier)

- **Omission of information – sexual partners, family**

  *I*: Why don’t they [female sexual partners] need to know?

  *P*: Do she only tell or share how many guys she done fucked and what she did with them? I mean how many dick she done sucked? I ain’t the first dick you sucked so I mean you ain’t tell me that. So it goes both ways dude. (John)

- **Total secrecy – co-workers, sexual partners (mostly female), family**

  No, they [coworkers] don’t need to know nothing. When I go to work, its work. I don’t think they need to know none of my business. (Vince)

* All names are pseudonyms
Condom use

- **Fear Factor – “facilitator”**
  - **Disease (men & women); Pregnancy (women)**

  *I: What helped you use condoms consistently with men?*

  *P: What helped me? The threat of disease, STD, constant threat, life, you know….life. (Jesse)*

  Contracting a disease. I ain’t trying to get shit and I ain’t trying to give my wife shit. *(Michael)*

  *I: How often do you have unprotected sex with women?*

  *P: Never. Not only do I have a risk of catching HIV and STD but being their baby daddy, uh-uh. NO! (Reggie)*
Condom use, cont’d

- *Situational determinants – “barriers”*
  - Heat of the moment
  - Intoxication
  - “Vibe”
  - Trust/Type of relationship
  - Gender-based stereotypes
Condom use (cont’d)

I would always use a condom with a woman, but as far as a guy, because a guy can’t get pregnant but I mean if we are both okay and we establish and we really ain’t [messing around]… got tested [for HIV] and both are clean and after a certain amount of time I would say a year, and trust has been built and we trust each other and we just know that we’ll be faithful to each other and not go out and do nothing crazy, I wouldn’t use condoms.

(Bernard)
I: Why don’t you tell [females] or why do you choose not to tell when... whether they ask or not?

P: Because I personally don’t think that it’s any of their business. I don’t think that a person should just be openly telling people about their sex life. Yeah you are entering into some... you are putting that other person’s life on the line but if you’re totally safe with both sexes then, you know what I’m saying, it’s nothing to explain or talk about. (Lloyd)
Knowledge-behavior disconnect

I: And what made you not put on a condom [with women] when you had one?

P: Because I wanted to feel the real sensation; with a condom it just goes back to what I was saying, I just don’t like condoms. I just don’t like them. Even though I know it’s safe. I mean, that’s just like my kids say or parents say you got to eat beets or broccoli because that’s good for you. I eat them because I know it’s good for you but whether I like them or not, that’s a different story. I like some of the stuff in the health food store that I buy because I know it’s good for me but whether or not I really like it, that’s a different story. (Jones)
Knowledge-behavior disconnect

I: If you know about the risk for HIV why would you engage in sex like that without a condom?

P: Well you know, I guess because after the person...after I get in my mind that I know this person, you know, and the wise thing should be just because you know that person it doesn’t mean that that person might not have anything. Sometimes I get into the point of where hell I just want to [have unprotected sex]. Even if it sounds stupid but you know, you’re doing something risky but hey you know, well if something happens you know it’s like, hell, you know, we’ll find out what happens afterwards...I’ll do the test or something and fortunately, things have been alright. (Taylor)
Conclusions

1. No “one life story” for Black bisexual men
2. Decisional balance of same sex disclosure
   a. Situational context
   b. Individual context
   c. Continuum – not a binary “closet” paradigm
3. Minimal described influence of same sex disclosure on condom use
4. “Human” influences on condom use common
5. Knowledge & behavior disconnect with condoms
Limitations

- Convenience sample
- Not generalizable to all Black bisexual men
- No intra-sample comparisons made
- Potentially socially desirable responses
- Did not specifically discuss types of relationships (marriage, partners, casual)
Identity over Structural Context with HIV: A Critical Mistake

- Historical and present emphasis on sexual labels first HAS NOT WORKED FOR BLACK MEN
- “Born Again Christian” paradigm of judging/pathologizing not “coming out”
- Fragmentation and compartmentalization of sexuality
- Ignoring the sexist context of homophobia *
- Blatant disregard for race & culture, economics, gender role norms, policy & law, etc…
- The real “Invisible” men: Black heterosexuals
Common themes among Black men of all sexualities....

- Masculinity and gender role pressure
- Experiences with trauma
- Larger cultural beliefs and practices driving sexual partnering and condom use practices

Malebranche & Bowleg, in press
PROJECT ADOFO

• Three locations: Atlanta, Columbus, Valdosta
• 2 Phases:
  • 90 Qualitative interviews – done
  • 1200 surveys – in process now
• Focus on geography, racism, age, socioeconomic status
• How mental health and coping strategies factor into sexual behavior and HIV testing practices
• Approaching ALL Black men
• Next step – pilot intervention in Columbus, GA
  • Based loosely on Project Brotherhood here in Chicago
Additional variables deserving equal attention as sexual identity *

- Geography
- Economic status
- Religion/Spirituality
- Masculinities
- Mental health/coping
- Family
- Substance use/abuse

- Social support
- Facilitators of health
- Race/Racism impact
- Life trauma
- Abuse/Violence
- Sexual networks
- Diversity of cultures

* NOT MUTUALLY EXCLUSIVE
SUMMARY

- RACIAL DISPARITY IS REAL AMONG ALL BLACK MEN, ESPECIALLY MSM
- BISEXUAL BRIDGE THEORY NOT THE ONLY ANSWER
- IF WE GONNA BE ABOUT INTERSECTIONALITY, BE ABOUT IT!
- MENTAL HEALTH AND COPING NEEDS MORE ATTENTION AMONG BLACK MEN
- INTERVENTIONS SHOULD RECOGNIZE THE SOCIAL CONTEXT BUT TAILOR TOWARD THE INDIVIDUAL
Future directions...

- Research exploring diversity in Black sexualities, masculinities & how they impact health behavior
- Deconstructing “the closet”
- More nuanced approach to disclosure & condom use
- Focus HIV prevention efforts on sexual behaviors
- No “one size fits all approach”
- Better sexual history taking in clinical settings
- YOU, not conference speakers, hold the solutions…
A Friendly Reminder...
Discussion/Questions?

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