Institute for Social Science Research Quarterly, 3(3), 3-5, 9.
1987

RESEARCH REPORT SERIES

AIDS among Black Gay and Bisexual Men

by Susan D. Cochran and Vickie M. Mays

AIDS (Acquired Immune Deficiency Syndrome) is a recently discovered, fatal disease caused by a virus that has been referred to by several different names: HTLV-III, LAV, ARV and, most universally, HIV (Human Immunodeficiency Virus). It was first reported in the United States in mid-1981 by Professor Michael Gottlieb of UCLA, but may have occurred in this country as early as 1977. More than half of those who have developed AIDS have died. By the year 1991, the U.S. Public Health Service projects that approximately 270,000 Americans will have contracted the disease, a dramatic increase from the current 32,000 cases. Of this number, 179,000 people will have died. This means the disease will have struck on of every 933 Americans. In the year 1991 alone, an estimated 74,000 new cases will be diagnosed and 54,000 individuals will die.

As drastic as these statistics may seem, when they are examined by ethnic groups the picture is particularly disconcerting for Blacks. AIDS is predicted to have a profound impact on the Black community. Dr. Beny Prim, Executive Director of the Addiction Research and Treatment Corporation in Brooklyn, New York, a leading authority on substance abuse and AIDS and a member of our study's Advisory Board, fears that if Blacks do not adopt preventive AIDS measures they may experience an epidemic similar to the one that Black Africans face today on the African Continent. For, despite the general perception that AIDS is a nearly exclusive "gay disease," and a specific perception by some members of the Black community that AIDS is a "gay white disease," AIDS has disproportionately affected Blacks. As of December 29, 1986, 28,593 adult cases of AIDS had been reported in the United States. Of these, approximately 25 percent were Black individuals, although Blacks represent only 12 percent of the population. We estimated that 1 to 1.4 percent of the Black population, as of approximately one year ago, is possibly infected with the virus (figures based on 1980 Census). This is three times the estimated rate among Whites. Clearly, AIDS has the potential to have a much more profound impact on the Black community than among Whites.

Using the U.S. Public Health Service model for the projection rates for AIDS in the general population in 1991, we estimated that, for Blacks, the numbers were approximately 29,000 cases by 1991, with 31,500 cumulative deaths. Yet this may underestimate by a least 20 percent the serious morbidity and mortality attributable to AIDS. Underreporting or underidentification of cases is a continuing problem. In addition, racial differences in health care utilization and risk behaviors may differentially affect the accuracy of the predicting AIDS cases in Blacks, resulting in a much higher estimate than we have presented.

Of the 28,593 adult cases (December 29, 1986) reported nationally approximately 60 percent were homosexual and bisexual men. Of these, approximately 3,232 were Black homosexual or bisexual males. While the number of Black homosexual and bisexual cases may seem small, it is important to remember to gauge these numbers in proportion to the representation of Blacks in the population, which is approximately 12 percent.

However, there are other important reasons why Black gay and bisexual men should not be overlooked in studies of changing men's sexual risk behavior during this AIDS epidemic. First, while very little is known empirically about Black gay men, there are indications that they are more likely to engage in activities that place them at greater risk for getting AIDS. Bell and Weinberg, in a 1978 study comparing sexual activities of White and Black gay men, found that Blacks were more likely to report having engaged in anal sex, both passively and actively, than White gay men. In terms of our current knowledge of AIDS, this appears to be one of the highest risk factors for contracting the HIV virus. While the Gell and Weinberg study was conducted on a small sample based in the San Francisco, area, it is suggestive of the need for further research to assess the prevalence of risk behaviors and strategies most effective for decreasing risk. Currently, behavior change is the only means of slowing the transmission and incidence of AIDS. This seems especially true in light of a recent study, the San Francisco Men's Health Study by Dr. Winkelstein at the University of California, San Francisco, that found the rate of seropositivity (HIV infection) among Black homosexual/bisexual males was higher than in White homosexual/bisexual males (65.5 percent versus 48.7 percent).

A second concern is that Black gay men may be more bisexual in their behaviors than White gay men. Evidence for this comes again from Bell and Weinberg who reported that Black gay men were significantly more likely to have engaged in heterosexual coitus (22 percent) in the previous 12 months than White gay men (14 percent). This seems to be borne out by the AIDS statistics. Among male homosexual/bisexual AIDS patients, Black men are more likely than White men to be classified as bisexual rather than homosexual. Due to the intense homophobia in the Black community, men are likely to remain secretive regarding their homosexual activities. Thus, they may be more likely to provide a mode of transmission of the AIDS virus outside of an already identified high risk group.

Finally, there may be a reluctance among Black gay and bisexual men to engage in risk reduction behaviors because of the perception by some members of the Black community that AIDS is a "gay White disease," or a disease of intravenous drug users. In addition, many risk reduction programs are located within outreach programs of primarily Caucasian gay organizations which often fail to attract the participation of Black gay men.

Outside of this information, we know very little about the response of Black gay and bisexual men to the threat of

AIDS. Recent research attempts to identify psychosocial and lifestyle factors predictive of risk reduction behaviors among gay men have utilized almost exclusively Caucasian informants. Generally, less than 4 percent of research participants in the major federally funded studies of gay men have been Black gay men. The reasons for this low participation rate have not been empirically documented, but probably have multiple origins. Researchers, in designing their studies, may utilize questions that lack cultural relevance or have recruitment difficulties stemming from reliance on White gay community and friendship networks or resistance by the Black community to allow access. The generally greater religious conservatism in the Black community encourages a level of homophobia that leads Black gay men to be more integrated into the overall Black community and more difficult to find. They may also be more secretive about their sexual orientation and define themselves as bisexual or heterosexual in spite of same-sex sexual activities.

With these factors in mind, we chose to design a study to explore the knowledge, attitudes and behaviors of Black gay and bisexual men as related to AIDS. Our study, which is to be conducted through the Institute for Social Science Research with Dr. Vickie M. Mays of the Department of Psychology, UCLA as Principal Investigator and Dr. Susan Cochran of the Department of Psychology, California State University, Northridge as Co-Principal Investigator, has been funded by the National Institute of Mental Health for two years starting July 1, 1987 [editor's note: see ad, this newsletter]. The purpose of the study is to identify psychosocial and behavioral factors related to AIDS risk reduction in a nationally recruited sample of Black gay and bisexual men. The long term goal of the study is to identify behavioral and psychosocial factors that will be more effective in changing the sexual behaviors of Black gay and bisexual men at high risk for AIDS or for the transmission of AIDS to their sexual partners.

Our first effort toward this goal will be to document and assess sexual behavior patterns of Black gay and bisexual men, particularly as they relate to the risk of AIDS transmission. In particular, we are interested in assessing knowledge and attitudes of safe sex guidelines and determining the incidence of sexual practices that may put Black gay and bisexual men at high risk for contracting the AIDS virus. In addition, it is our hope to identify individual characteristics that may be predictive of risk reduction behaviors. In this way, we will be able to target characteristics of individuals who are most in need of health education interventions to reduce the risk of AIDS virus transmission. If AIDS risk reduction is to be successful in the Black community, it is important that this segment of the Black community not be ignored.

Another aim of our research is the identification of possible barriers to the Black gay and bisexual community for receipt of effective health education concerning AIDS. In this regard, we will be soliciting these men's perceptions of the availability of resources both in the overall gay community and the Black community for education concerning the AIDS epidemic.

--continued on page 9

AIDS Study...

continued from page 5

To accomplish these objectives, we will be gathering questionnaire survey data from a large, diverse sample of Black gay and bisexual men recruited nationally throughout the United States. Anyone interested in staff positions connected with the study, participating as a subject or in further information about the study is encouraged to contact Dr. Vickie M. Mays at the UCLA Department of Psychology, 1283 Franz Hall, Los Angeles, California, 90024-1593, (213) 825-2961.