

GIVING THOUGHT:

RECOMMENDATIONS FOR PREVENTION PROGRAMMING WITH BLACK MEN WHO HAVE SEX WITH MEN

INTRODUCTION

In 2006, the Black Coalition for AIDS Prevention (Black CAP) was chosen to take on the task of developing prevention intervention/campaign programming for Black men who have sex with men (BMSM) in Toronto. The project received its funding through the Ministry of Health and Long Term Care - AIDS Bureau, and has been guided by the Gay Men's HIV Prevention Strategy, in alignment with the Strategy to Address issues Related to HIV Faced by People from Countries where HIV is Endemic.

PROJECT GOALS:

- Determine relevant and effective delivery methods of sexual health and HIV Prevention education for Black MSM
- Increase understanding of the risks for HIV and STI transmission among Black MSM
- Create culturally relevant and appropriate prevention interventions
- Increase knowledge and awareness of sexual health and HIV-related issues within the Black MSM communities, and attempt to reduce HIV/AIDS related stigma for those already infected.

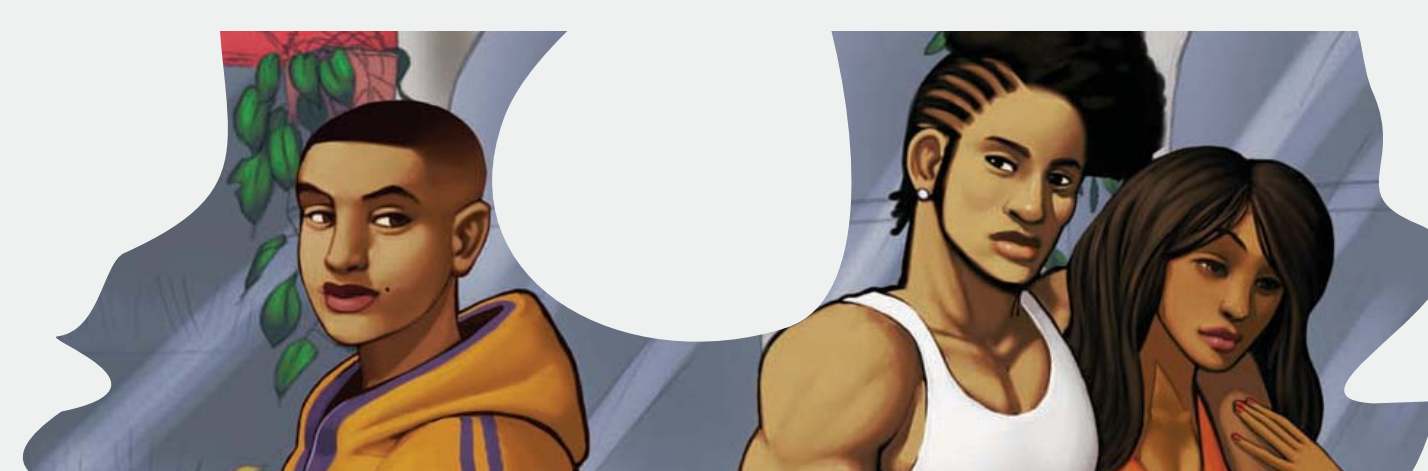


PHASE 1 – RESEARCH AND DEVELOPMENT

To determine common themes and trends regarding BMSM needs, capacities, and barriers to HIV prevention, 25 key informants active in research and service provision within African/Caribbean, HIV/AIDS, and Youth service sectors were interviewed. Feedback was audio recorded, interviews reviewed, and common themes identified. Local and international epidemiological data and research was then used to corroborate information. A panel of local experts and a sub-committee of BMSM youth were also used to validate the themes later used in the creation of the project report *Visibly Hidden: Rethinking BMSM and HIV Prevention*.

FINDINGS

Key-informants affirmed that indeed gay, bisexual, and straight-identified Black men are at heightened risk for HIV infection and should be considered high priority for prevention work in Toronto based on the following themes:



Dynamic Identities

BMSM is an epidemiological term and a challenging conceptual framework to apply towards Black men with a range of identities and behaviours.

Risk factors for a gay-identified Black MSM may be different from the risk factors for a straight or bisexually identified Black man, and may alter how they access services and respond to safer sex messaging

“It is important to clearly identify priority populations and identify groups clearly, as the needs barriers, service gaps and subsequent risks likely differ for these groups” Key Informant

BMSM, who do not identify as gay and who do not actively engage venues such as gay bars or clubs, and may be more prone to spontaneous sexual encounters where there is not adequate preparation and negotiation for use of condoms. Conversely, there may be increased risk for gay-identified men who must navigate the social and emotional trauma caused by homophobia and homophobic violence. These factors may impact their ability to make informed choices around sexual health with some partners.

Challenging Concept of BMSM Community

Individuals with shared identities and experiences make up a community. The idea of a BMSM identity and community exists as an academic and theoretical concept for the most part. BMSM are a large and disparate group. Their identities embody: national origin, culture, and language; social, sexual, and gender identification; race, ethnicity, sexual orientation and gender presentation, among other varying identities. This may complicate the experience and nature of identification of these Black men, and efforts to form formal networks. Those networks that do exist may be difficult to access as they present as more complex, spreading often-times outside of Canada and into the U.S. where more defined, visible and vibrant communities have been created.

The Significance of HIV in the Lives of BMSM

According to recent Canadian epidemiological research, BMSM represent an increasingly significant proportion of HIV cases in Ontario, and specifically Toronto. BMSM represent 21.4% of reported HIV cases among Black peoples in Toronto between 1980 and 2004, and 5.3% amongst all MSM (all ethnicities) in that same time period. (Remis & Lui, 2007) Despite this, local targeted testing initiatives have not been promoted among Black men, and there have been limited HIV prevention education activities directed at this community in Toronto historically.

The Significance of Gender

Gender plays an important role in how BMSM choose to define themselves, how they may approach relationships, and the significance of gender roles in the broader Black community. The importance of gender role norms, and a subsequent fear of being feminized or emasculated can play out in the ways Black men navigate their sexual relationships. For Black men who do not fit these gender norm expectations, the risk of social exclusion as well as the threat of physical and emotional safety becomes even more real.

The Impact of Homophobia and Stigma

For a number of BMSM, remaining with their communities of origin also means accepting community restrictions on sexual expression. There is an exceptional level of homophobia and heterosexism within a number of African and Caribbean Black communities, which are predominately rooted in religious beliefs that view homosexuality as a moral aberration. Adherence to these belief systems is often enforced through community “policing”. Isolation from family and community support structures further increase the likelihood of engagement in risk behaviours among both HIV positive and negative BMSM.

“In the Black community you can more easily be pardoned of murder than you can of being homosexual.” Key Informant

Racism and Social Exclusion

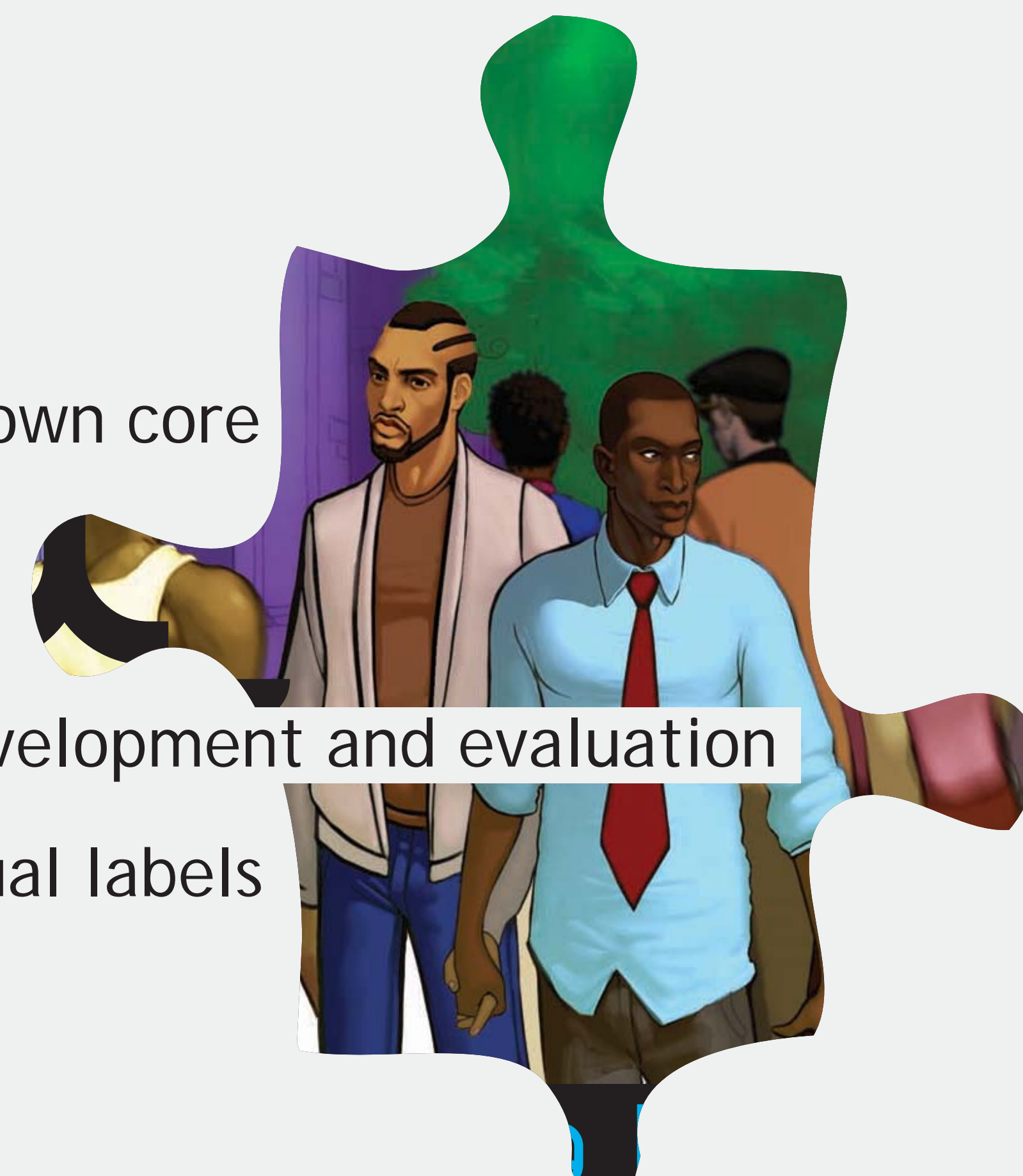
Significant and pervasive structural barriers are faced by BMSM as a result of racism and social exclusion. BMSM often must navigate traumatic socio-emotional experiences created by these barriers (racism, poverty, under-employment, lack of access to formal education, health care, and exposure to violent crime). These factors limit the ability of BMSM to address other less immediate concerns such as HIV infection. Repeated exposure to homophobia, racism and other related forms of social exclusion may act as triggers for mental health and substance abuse issues.

Gaps in Knowledge and Research

Institutionalized racism has been identified as an underlying and pervasive reason behind the lack of interest in, support for, and research about people of colour and particularly BMSM. A significant amount of research has been devoted to creating models of HIV prevention within white, gay and bisexual communities, with little success in reaching communities outside of this reference group. Conversely the historic effects of racism on Black communities have also created a sense of unease and mistrust of research. Experiences of racism alone have been cause for feelings of stigma and marginalization for BMSM, and the added effects of homophobia, and some cases HIV and STI related stigma compound those experiences.

HIV PREVENTION RECOMMENDATIONS

- Geographical targeting of Black communities
- Delivering of messages outside of “gay”-identified venues and the downtown core
- Prioritizing of youth 16-29
- Collaborations with service sectors outside of AIDS services
- Use of social marketing campaigns and popular media
- Working to develop social networks of BMSM
- Inclusion of a range of BMSM (age, orientation, HIV status) in program development and evaluation
- Increasing the visibility of the full range of BMSM in varied ways
- Ensure messages and material are not exclusively using gay and/or bisexual labels
- Integrate anti-homophobia messages into campaigns and message
- Include prevention messaging for sero-positive BMSM
- Identifying risk behaviours and not sexual identity labels
- Inclusion of messages focused on attitudinal change and skills building
- Support and conduct BMSM related research and evaluation

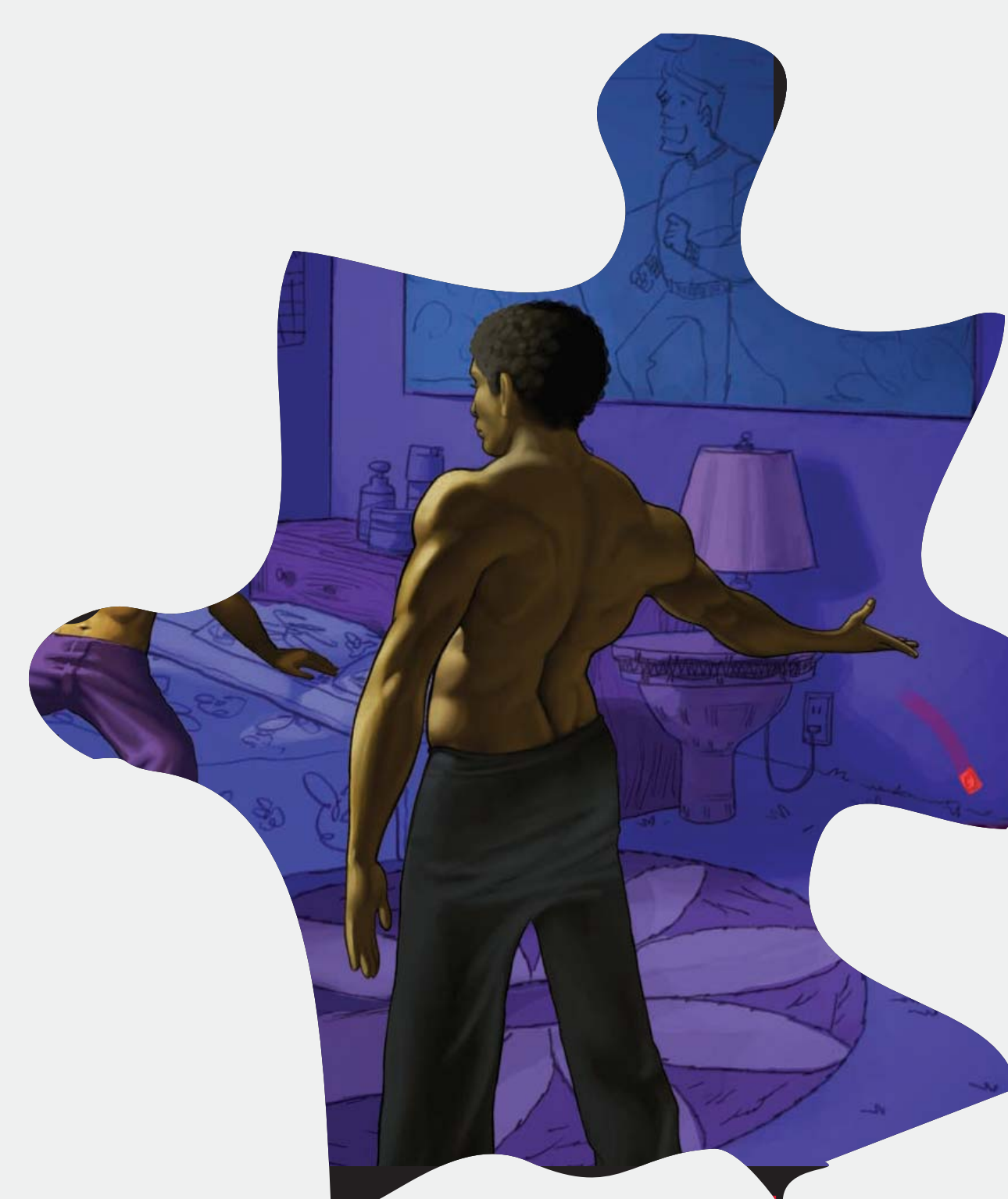


PHASE 2 – DELIVERY

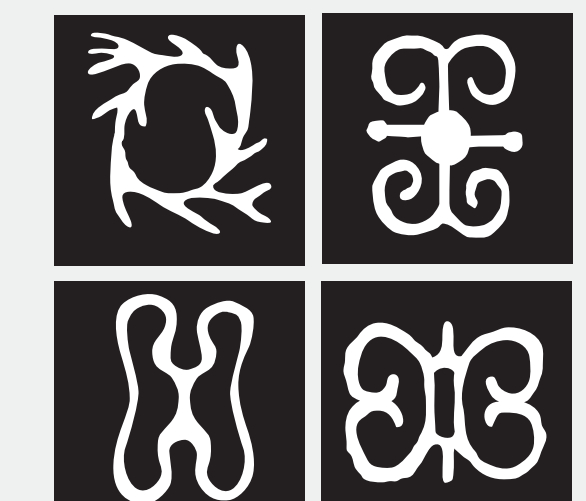
Launch of the BMSM sexual health resource site www.getthelowdown.ca, and *THINK* print campaign developed using the recommendations above. Campaign resources depict various BMSM identities, addressing a range of issues using illustrated images. The development and dissemination of the anti-homophobia resource *Dealing with Being Different: A resource booklet for LGBT Black youth and families*.

PHASE 3 – NEXT STEPS

- Partnership with the Center for Addictions and Mental Health - Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY) program
- Online support and information by a LGBT therapist through SAPACCY, and Black CAP peer sexual health educators.
- Service provider training program for youth counselors and other professionals entitled *Putting Counselling in Context: Engaging Black LGBT youth and families* around issues of sexuality, homophobia, and the coming out process.
- Agency-based group life-skills interventions for BMSM youth, modeled on the Center for Disease Controls' Many Men, Many Voices (3MV) and Popular Opinion Leader (POL) interventions



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