BLACK MEN ON THE 'DOWN LOW' AND THE IMPLICATIONS OF HIV TRANSMISSION THROUGH THE 'BISEXUAL BRIDGE' THEORY FOR THEIR FEMALE PARTNERS: A CRITICAL REVIEW

by

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Purpose: There is a shortage of information on non-gay identified, non-disclosing African American men who have sex with men and women (MSMW) (Wheeler, Lauby, Liu, Van Sluytman, & Murrill 2008). In 2010, African American men accounted for nearly 70% of the new cases of HIV. African American women accounted for 30% of newly acquired HIV infections in 2009 in which 85% became HIV positive through heterosexual sex. The purpose of this literature review is to examine literature on sexual behavior of non-gay identified, non-disclosing African American MSMW, the theory of a bisexual bridge as it applies to this population, and implications for their female partners and public health.

Methods: The University of Pittsburgh Health Sciences Library System and PittCAT were used to search for literature on non-gay identified, non-disclosing African American MSMW. EBSCO and PUBMed databases were used to search key terms including African American men, Black men, MSMW, "down low", non-disclosure, non-gay identified, bisexual bridge, and HIV transmission. The CDC website was searched for HIV statistics on African Americans, and the White House website was searched for details of the National HIV Strategy and its implementation plan.

Results: The literature reviewed revealed differences in sexual behavior of Black MSMW with their male versus female partners. Black MSMW were more often found to engage in risky behavior with their female partners. They were more likely to disclose sexual behavior

and HIV status to their male partners, but disclosure was on a continuum ranging from full disclosure to non-disclosure. Literature on the bisexual bridge theory was ambiguous. Some studies concluded significant evidence for the bisexual bridge while other studies did not identify significant evidence. Studies widely suggested different intervention strategies, and further research.

Conclusion: Based on the literature reviewed, it is clear that there is a need for research on effective intervention strategies that focus on HIV and sexual behavior disclosure skill-building. In addition, there needs to be increased emphasis on safer sexual practice education to reach Black MSMW. This includes national and local grassroots campaigns in accordance with the National AIDS Strategy. Women should also be educated about controlling of their own sexual health and the issues related to HIV transmission and MSMW. Although the validity of the bisexual bridge theory is unclear, Black MSMW and their female partners should be educated to prevent HIV transmission regardless of the route.

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1.0 INTRODUCTION

1.1 BACKGROUND

Men "on the down low": terminology that garners innumerable assumptions, stereotypes, sociological interest, health concerns, media fascination, and many other words. There are many terms stemming from the African American community including "on the down low," "on the DL," "on the low low," "homo thugz," and other regional variations (Mays, Cochran, & Zamudio, 2004). Formal terms used include non-disclosing, non-gay identified men who have sex with men and women (MSMW), and heterosexual- and straight-identified MSMW. Common terms to describe men who have sex with men (MSM) used to encompass this group are bisexual and homosexual-identified MSMW. Some would argue that these terms are misclassifications as a subgroup of MSM (Saleh & Operario, 2009).

Recent media attention on men "on the down low" has brought this group to the forefront of HIV discussions (Dodge, Jeffries & Sandfort, 2008; Malebranche, 2008; Mutchler, et al., 2008; Siegal, Scrimshaw, Lekas, & Parsons, 2008; Wolitski et al., 2006). The term "down low" (DL) was created in the African American community to denote activities kept in secret (Saleh & Operario, 2009). As the term became popular, it came to mean men who are outwardly heterosexual, but engage in sexual activities with men. This term was brought to maintain media in the early 2000s when the Los Angeles Time,

The New York Times, and USA Today published articles about men "on the down low" (Barnshaw & Letukas, 2010). J. L. King's depiction of "down low" men on the popular talk show, Oprah, in 2004 and 2010, and his book "On the Down Low" published in 2007 shed further details about the lifestyle. There are many different definitions in the literature, but in general they all include a variation of the following: 1) African American/Black male; 2) heterosexual/Straight-identified sexual orientation; 3) secretive sexual contact with men; 4) bisexual behavior kept from wife, girlfriend, family, co-workers, and community (Icard, 2008; Malebranche, Arriola, Jenkins, Dauria, Shilpa & Patel, 2010; Saleh & Operario, 2009; Siegal, Scrimshaw, Lekas, & Parsons,2008). Some definitions also include a propensity for risky behavior (Wolitski, Jones, Wasserman, & Smith, 2006). However, men who define themselves as living 'on the down low" do not necessarily have sex with women as this definition indicates. The main component of this lifestyle is keeping their sexual activity with men a secret, and living an outwardly heterosexual life. This includes heterosexual men who have sex with men, bisexual, and gay men who have not revealed their sexual behavior to their partners, family or friends (Lapinski, Braz, & Maloney, 2010). While the term is used mostly in the African American community, by no means is this sexual behavior unique to the Black community. Men of all races, cultures, classes and education level have been known to exhibit this secretive behavior (Wolitski, Jones, Wasserman, & Smith, 2006). Regardless of the terminology used to classify this group, they require public health attention because of the secrecy and therefore potential for misinformation, risky behavior, and sexually transmitted infections including HIV.

African American men have historically been represented as hyper-masculine, hyper-sexual, depersonalized, aggressive, dangerous, and sexually promiscuous (Saleh & Operario, 2008). These traits have come to be embodied in some parts of the African American community

culture. Because of this phenomena, anything seen in this community as the opposite of this hyper-masculine persona is avoided by some. Men who are homosexual, bisexual, or engage in any sexual activity with other men are inconsistent with Black masculinity and therefore any prevention efforts aimed at these groups are often avoided by Black DL MSMW. Because there has been a primary HIV campaign aimed at MSM who identify as gay or bisexual, Black DL MSMW may feel isolated from this population and believe they do not face the same risks (Saleh & Operario, 2008). Social pressures appear to be an important barrier in continued secrecy of Black DL MSMW, and therefore play a role in HIV transmission between their female and male partners.

While often sensationalized by the mainstream media, it remains true that there is a need to explore this population further (Dodge et al., 2008). Although several exploratory and interview studies were recently conducted on MSMW with some focus on DL MSMW, there is still a lack of empirical data for DL men specifically. The HIV transmission rates from bisexually active men to their African American female partners are largely unknown (CDC, 2011). This is of importance because of the drastic increase of HIV in Black women, and all avenues of exposure should be subject to scrutiny. There is a need to consolidate intervention strategies for HIV transmission reduction among African Americans.

1.2 BISEXUAL BRIDGE THEORY

MSM have the largest prevalence of HIV in the US, and accounted for 63% of all new HIV infections in 2010 (CDC, 2013). The bisexual bridge theory is the concept that bisexually active

men can transmit HIV to women who have sex with men (WSM). Therefore this creates a HIV link of transmission from the MSM population to WSM and heterosexual men (O'leary & Jones, 2006). An early study done by Kahn et al. (1997) on this concept found minimal evidence for this theory using an HIV transmission model. However, discussion of the bisexual bridge persists because of the little known about the sexual behavior of bisexually active men. This is especially true for bisexually active African American men (Malebranche, 2010). The diversity of Black MSMW calls for investigation into the bisexually bridge specific to the African American community.

1.3 EPIDEMIOLOGY

According to the Centers for Disease Control and Prevention (CDC) (2009), African Americans accounted for 44% of all new HIV cases in the United States in 2009 although they represent only 14% of the population. Although White MSM still account for the majority of HIV/AIDS cases, in 2010 Black men accounted for nearly 70% of the new cases of HIV at a rate seven times higher than White men (CDC, 2012). Of the new infections in Black men, 73% were MSM, and many of these new infections were in young Black men ages 13 – 29. African American women accounted for 30% of newly acquired HIV infections in African Americans in 2009 of whom 85% were infected through heterosexual sex (CDC, 2011). Although a significant amount of women are infected by HIV through heterosexual sex with injection drug users, exploring HIV infection through non-disclosing MSMW is a viable focus for prevention (Millett, Malebranche, Mason, & Spikes, 2005). As stated above, the number of DL MSMW in the US is unknown. This is perpetuated by the bisexual bridge hypothesis that women are acquiring HIV

through heterosexual sex with MSMW (Millet et al., 2005). Researchers believe there is value in exploring whether this hypothesis is valid, but to date results have often yielded inconclusive data because of the lack of studies specifically aimed at this phenomenon (Malebranche et al., 2010). While there are a low number of studies done on DL MSMW, there are even fewer studies of the African American female perspective on DL MSMW (Millet et al., 2005).

1.4 UNITED STATES NATIONAL AIDS STRATEGY

In July 2010, the United States National HIV/AIDS Strategy and the Federal Implementation plans were announced (The White House Office of National AIDS Policy (ONAP), 2010). These documents detail HIV/AIDS statistics in the U.S., the populations most affected, and the plan to reduce HIV infection rates, and lower viral loads in HIV positive citizens. These documents highlight the urgency to implement HIV prevention and intervention strategies for gay and bisexual men, including men who do not identify as gay or bisexual (ONAP, 2010). Using these resources, the government and non-government agencies can reach non-disclosing, Black MSMW. Although, including this population with MSM may hinder efforts initially, correct implementation and marketing on the community level can help to reach this population.

1.5 OBJECTIVES

During the literature search, four main subject matters were evident when examining this population: 1) risky behavior; 2) sexual behavior disclosure; 3) HIV-positive status disclosure;

and 4) bisexual bridge theory. In order to examine HIV in DL MSMW, it is important to understand their perception of their sexual health, their perceived behavior versus their actual behavior, and triggers for risky behavior. Also important is the link between sexual behavior and disclosure practices, and how one affects the other. This focus can potentially lead to greater understanding of the "bisexual bridge" and whether it is a significant, separate factor in HIV transmission, or if it just nomenclature for bisexual transmission. Non-disclosing, Black MSMW often do not align themselves with the gay and bisexual community, so these prevention methods may not be reaching this group. Furthermore, their non-disclosure prevents methods aimed at heterosexual, Black men from adequately meeting their needs or addressing same-sex behavior topics (Mays et al., 2004). Understanding all of these levels is central to planning and evaluating the efficacy of interventions. Current literature often prescribes further research (Dodge et al., 2008; Malebranche et al., 2010; Maulsby, Sifakis, German, Flynn, & Holtgrave, 2012; Spikes et. al, 2009). While this is essential to attending to HIV prevention research in the Black non-disclosing MSMW population and their female partners, it is just as imperative to begin implementing these findings of intervention demonstrated to be effective in changing behavior.

This literature review will examine: 1) the sexual behavior of non-gay identified, non-disclosing African American MSMW, 2) the theory of a bisexual bridge as it applies to this population, 3) implications for MSMW female partners, and 4) suggested intervention strategies to reach Black MSMW. This review will accomplish this by examining studies focused on how HIV status disclosure practices and sexual behavior disclosure affects the potential for a "bisexual bridge" between Black DL MSMW and their female partners.

2.0 METHODS

The purpose of this study was to examine the current literature describing the behaviors of non-gay identified, non-disclosing African American MSMW, and a possible link in transmission of HIV to their African American female partners through a "bisexual bridge". Prevention and education strategies to promote safer, healthy sexual behaviors were also reviewed. The CDC webpage "HIV among African Americans" was used to obtain HIV and STI statistics on African American MSM, MSMW and women who have sex with men (WSM). The United States National HIV/AIDS Strategy and the Implementation Plan were retrieved from the White House website. Literature was identified using EBSCOhost and PubMed. The following search query was used: (((((((MSMW[Title/Abstract]) OR bisexual*[Title/Abstract]) OR non gay identified[Title/Abstract]) OR nongay identified[Title/Abstract]) OR down low[Title/Abstract])) OR ("Bisexuality"[Mesh]))) AND ((((("African Americans"[Mesh])) OR (african american*[Title/Abstract])) OR (((blacks[Title/Abstract]) OR black men[Title/Abstract]) OR black man[Title/Abstract])). It yielded 286 articles.

2.1 INCLUSION CRITERIA

Literature abstracts that included the following elements were selected: 1) the sexual behavior of non-gay identified, non-disclosing African American MSMW; 2) the theory of a bisexual bridge as it applies to this population; 3) implications for MSMW female partners; and 4) suggested intervention strategies to reach Black MSMW. This search concentrated on behaviors and issues of non-disclosing Black men, men who considered themselves "on the down low", the concept of a bisexual bridge, psychological implications, sexual behavior non-disclosure, HIV status non-disclosure and interventions. Exploratory studies and studies of interviews and focus group reports were included. Sub-topics of MSMW behavior such as perceptions of safe sexual activity, perceived female versus male partner safety, and reactions to stigma and discrimination were included. Transmission of HIV from African American males to African American females, and "bisexual bridge" investigations were topics included. The dates of journal articles was not used as an inclusion criterion, however, work between the years of 2000 and 2013 was favored.

2.2 EXCLUSION CRITERIA

Literature included focused on, MSM only and articles that did not address non-disclosing African American men were excluded. Literature that included one or more of the search terms listed above, but did not focus on MSMW sexual behavior, sexual behavior disclosure, HIV status disclosure, or "bisexual bridge" theory were excluded since they were not within the

context of the literature review purpose. Journal articles that did not include any of the four search criteria listed above in the title were excluded. Non-academic articles and books about "men on the down low" were also excluded.

2.3 LIMITATIONS

This search was limited to the University of Pittsburgh Library System subscribed databases. A significant amount of the research found using these key terms and search criteria focused on men who identify as bisexual as opposed to men who did not label or disclose their sexual orientation. Many studies consisted of small sample sizes and were exploratory. A majority of the studies found were not focused specifically on DL MSM, but MSMW in general. Using the colloquial term "down low" yielded more African American specific studies and reviews on non-disclosing African American MSMW; however, it also included more non-academic publications. There was a lack of longitudinal studies.

3.0 RESULTS

In order to explore how the behavior of non-disclosing, non-gay identifying African American MSMW affects the potential for HIV transmission through a "bisexual bridge" to their African American female partners for the population, four themes were identified and examined in the literature: sexual behavior disclosure, HIV status disclosure, sexual behavior, the bisexual bridge theory, and intervention suggestions.

3.1 DISCLOSURE

3.1.1 Sexual Behavior Disclosure

Literature examined the sexual behavior disclosure of African American MSMW to their respective social networks including their female and male partners. In 2010, Malebranche, Arriola, Jenkins, Dauria, Shilpa and Patel explored reasons for non-disclosure using interviews with 38 Black men in Atlanta, Georgia, ages 18 - 45 years who reported having oral, vaginal or anal sex with both men and women in the previous six months. Of these men, 34% (n=14) stated that they were HIV-positive. In this study they found a continuum of disclosure that included three levels: full disclosure, conscious omission of information, and total secrecy. Reasons given by those who gave full disclosure included a sense of moral obligation and honesty, the level of

intimacy with their partner, perceived stigma from their family and friends, or on a case-by-case basis. Reasons for conscious omission included were partner inquiry, and lack of trust in their female partners openness. In regards to total secrecy, no participants disclosed to their co-workers. Other reasons were potential loss of friends, family, status in the community, employment, and fear of stereotyping. These participants made their decisions on whether or not to disclose by weighing the positive outcomes versus the negative outcomes (Malebranche, Arriola, Jenkins, Dauria, Shilpa & Patel, 2010).

Dodge, Jefferies, and Sandfort (2008) conducted interviews with a group of 30 at-risk African American MSMW ages 18 – 30 years in New York City who did not test positive for HIV regarding their sexual behavior disclosure practices. At-risk was defined as inconsistent condom use. A majority of these men (73%, n = 22) found it easier to disclose to their male partners than their females partners, while 17% (n = 5) did not necessarily find it easier to discuss bisexuality with men. Disclosure was easier for men if their partner also engaged in bisexual behavior (77%, n = 23). In a small number of cases (17%, n = 5), it was easier to tell a bisexual partner regardless of their gender (Dodge, Jeffries & Sandfort, 2008).

These men discussed barriers to disclosure. Reasons given were that women were uncomfortable with bisexually active men (70%, n = 21), and women would become angry, shocked and malicious with the information (30%, n = 9). Twenty-seven percent (n = 8) felt uncomfortable with disclosing to gay-identified men because they viewed them as feminine and therefore prone to the same judgments as female partners. Participants (53%, n = 16) disclosed their sexual behavior in serious partnerships or long-term relationships with females and males. Four participants whose sexual behavior was

revealed by a third partner faced distress and some even met harmful physical and emotional circumstances (Dodge et al., 2008).

Bingham, Harawa and Williams conducted a study in which they recruited 400 MSMW 18 years or older enrolled in Men on African American Legacy Empowering Self (MAALES). They found less disclosure of bisexual behavior to female partners. This was related to higher levels of gender role conflict (GRC), the subject of their study. They also found that keeping their sexual relationships with men a secret was very important to 59% of the Black MSMW in this study. These men tended to identify as heterosexual (72% of 104) or bisexual (57% of 243) (Bingham, Harawa & Williams, 2013).

3.1.2 HIV Status Disclosure

Disclosure of HIV status was explored as well. The Mutchler et al. (2008) study in Los Angeles County involved a distribution of 50 Black MSMW, 50 White MSMW and 50 Latino MSMW ages 20 - 59 with HIV. In this study, 38% of African American MSMW and 30% of Latino MSMW were more likely to have unprotected vaginal and anal sex without disclosure of HIV-positive status to their female partners than the White MSMW (16%). Black MSMW participants who identified less with a homosexual identity and low self-efficacy were more likely than other groups to engage in unprotected sex without disclosure to female partners. In regards to their male partners, self-efficacy for disclosure of HIV status was related to a lower likelihood of unprotected sex. This was also true with their female partners (Mutchler et al., 2008).

McKay and Mutchler (2011) looked further into the data from the same sample of 150 HIV-positive MSMW for HIV disclosure patterns. Only 5% (n=8) identified as

heterosexual/straight, while a majority of the participants identified as bisexual (58%, n=86, and the remaining 37% as homosexual/gay (McKay & Mutchler, 2011).

This study focused on whether MSMW disclose their HIV status more often to female or male partners, and at when in their sexual relationship they disclosed. Of all the participating MSMW, 56% disclosed their HIV-positive status before sex, 11% after engaging in sex, and 33% did not disclose their status at all. In total, MSMW disclosed to 67% of their partners (McKay 2010). This study found that the odds of disclosing to a female and male partner were approximately equal (OR = 0.93: 95% CI: 0.55, 1.57). Other disclosing factors including sexual identification and intimacy level with partners were taken into account. Homosexual-identified MSMW were 59% less likely than, bisexually-identified MSMW to disclose their HIV-positive status after sex (OR = 0.41: 95% CI: 0.15, 0.94). Participants felt an equal amount of responsibility to tell their female and male partners about their status before sex, and especially after sex (McKay & Mutchler, 2010).

Bingham, Harawa and Williams (2013) also found that their MAALES participants were less likely to disclose their HIV-positive status with higher GRC. They had less HIV-positive disclosure than their White counterparts (Bingham, Harawa &Williams, 2013). Wheeler et al. (2008) found that MSMW were less likely to disclose than MSM in their study (OR = 1.62: 95%, CI: 0.57, 4.66 vs OR = 1.02: 95%, 0.56, 3.15 partners) (Wheeler et al., 2008).

3.2 BEHAVIOR

3.2.1 Social Networks

Relationship types with male and female partners were studied. This group of MSMW was more likely to engage in insertive anal intercourse rather than receptive in the past year (74% vs. 22%) and in the past three months (59% vs. 26%). Of this group of men, 74% reported having sex with their wife or girlfriend. Of the nine married men who had sex with their wife in the past three months, 55% of them had additional female partners. Only eight (17%) men reported having sex with a male they considered their boyfriend or lover. Of these men, four (50%) reported other male partners in addition to their boyfriend or lover. The majority of men reported having sex with men they did not consider their boyfriend and these relationships were often not exclusive (61%, n= 17 of 28). This sample of men was more likely to have unprotected sex with their wives (77%, n = 7 of 9) and girlfriends (48%, n = 12 of 25), than females with whom they regularly had sex with, but did not consider themselves to be in a relationship with these women (25%, n = 9 of 36). They also engaged in less unprotected sex with "boyfriends or lovers" (63%, n = 5 of 8) and non-relationship male partners (28%, n 13 of 47) (Siegal et al., 2008).

Latkin et al. (2011) explored the social networks of 79 Black MSMW and 234 Black MSM, and compared the two groups to identify major differences (2011). They examined their family, friend, sexual partner, acquaintance networks, and further studied the number of these members who provided emotional and material support. Specifically, patterns in sexual partner social networks were examined. MSMW were found to have more partners, greater odds of higher female partners (OR = 1.15: 95% CI: 1.02, 1.31) and lower male partners (OR = 0.83:

95% CI: 0.76, 0.92). MSMW reported more concurrent partners, partners who exchange sex for drugs, money or other valuables (exchange partners), partners with whom they always use condoms, and they tended to see their partners at least once a week. Although data have shown men who have sex with men only (MSMO) are more likely to be HIV-positive (52.3%) than MSMW (30.4%), these percentages are still high in both groups. MSMO and MSMW were found to have and overall similar social network (Latkin et al., 2011).

3.2.2 Sexual Behavior

Sexual behavior of African American MSMW was another major area examined. The Dodge, Jefferies, and Sandfort (2008) study interviewed their 30 MSMW participants about their sexual behavior. The mean number of female and male partners for these men was 4.7 females and 10.1 males. One parameter of interest in this study was the participants' believed risk of HIV transmission. Thirty percent (n = 9) believed their risk to be because of their bisexual activity, 23% (n = 7) because of sex with men because, according to the MSMW, they are more active, less trustworthy and in general riskier, and 27% (n = 8) believed everyone is at risk (Dodge, Jefferies, & Sandfort, 2008). Protective measures were also assessed. Of the men in the study, 57% (n = 17) underwent HIV testing, 53% (n = 16) reported consistent use of condom use with female partners, mostly for pregnancy prevention, 47% (n = 14) reported consistent use with male partners, 33% (n = 10) used strategic positioning such as avoiding penetrative intercourse with men (being the "bottom") and pulling out, and 23% (n = 7) maintained steady partners as protection (Dodge, Jefferies, & Sandfort, 2008). Men in the Bingham,

Harawa and Williams study (2013), also reported greater female partners than male partners. They also engaged in more sexual risky behaviors such as unprotected sex and sex under the influence (Bingham, Harawa and Williams, 2013).

Actual risk practices were also assessed. Thirty-three percent (n = 11) of the men engaged in unprotected anal sex with HIV-positive male partners during the past year, 23% (n = 7) reported not knowing the status of partners before engaging in sex, 30% (n = 9) put themselves at risk after acquiring an STD, 53% (n = 16) chose not to use condoms for better sensation, and 43% did not use condoms with their female partners because they believe them to be less likely to have HIV (Dodge, Jefferies, & Sandfort, 2008). These men were relatively knowledgeable about their risk for HIV contraction, but they seemed more concerned about their own sexual health than that of their partners (Dodge, Jefferies, & Sandfort, 2008).

Siegal et al. (2008) examined the behavior of 46 non-gay identified, non-disclosing MSMW in New York City. In the year leading up to the study, 85% (n = 39) of these volunteers reported oral and anal sex with men and 93% (n = 43) reported vaginal sex with a female partner. Men reported on average 3.2 female partners and 6.7 male partners in the previous year, but reported engaging in sex more often with females. There was no significant difference in unprotected sex with the three most recent female and male partners. Of the 23 men that engaged in insertive anal sex (UAI), 57% (n =13) engaged in unprotected UAI in the previous three months. Of the 42 men that engaged in vaginal intercourse in the past three months, 55% (n = 23) men did so without protection.

3.2.3 Sexual Behavior Compared to Whites and Hispanics

The study done by Montgomery, Mokotoff, Gentry, and Blair consisted of interviews of 5,156 HIV-positive MSM of whom 1582 (31%) were Black to gain insight of their bisexual behavior (2003). Of the Black MSM, 34% reported having sex with women as well as men compared to 13% White, non-Hispanic MSM and 26% Hispanic MSM. Of the Black men who engaged in sex with men and women, 61% identified as bisexual, 22% as homosexual and 12% as heterosexual. This study found that more Black men reported bisexual behavior, but fewer Black women reported their partners as bisexual (Montgomery, Mokotoff, Gentry, & Blair, 2003).

Wolitski, Jones, Wasserman, and Smith (2006) conducted a study utilizing a convenience sample of MSM from 12 cities in the U.S. to explore the "down low" self-identification and implications. Of the 455 participants, 150 were Black, 153 were Hispanic and 152 were White. Black men who identified as being "on the down low" made up 41% (n = 61) of this group. Black MSM were 16 times more likely to report this identification compared to White MSM in this study of which only 4% (n =6 of 152) identified as down low. Of Hispanics, 17% (n = 26 of 153) had this self-identity. The term "on the down low" was not defined; however, men who answered yes to knowing of the term in relation to men who have sex with men, and identified as being "on the down low" were labeled DL-identified MSM. Overall, these men had a mean of 14.5 partners in the previous six months.

DL identified MSM were less likely than non-DL MSM to have seven or more male partners in the past 30 days. One-third of men in both groups reported unprotected receptive anal sex with a male partner, with whom they did not know their HIV status.

The DL-identified MSM were more likely to have had female partners in the past six months (10.6 vs. 7.9), but were less likely to report a current female partner than non-DL MSM. Of the 25 MSM who had a female partner, 13 (52%) were non-DL MSM. Of the DL-identified MSM with a female partner, four of 12 (33%) reported that their female partner knew that they also engaged in intercourse with men (Wolitski et al., 2006). Non-DL MSM reported HIV testing more often than DL identified men (93% vs. 82%).

3.3 BISEXUAL BRIDGE

The efficacy of the "bisexual bridge" theory lies within the sexual behavior of Black MSMW because this may directly determine whether there is sexual behavior leading to transmission of HIV from male to female partners. Of the 46 MSMW in the Siegal et al. study, 70% of them reported having anal sex with at least one of their male partners and vaginal sex with at least one of their female partners in the past 3 months (2008). Of the entire sample of men, 22% reported unprotected vaginal and anal sex with a man in the past three months. Of the 27% of men who reported having anal sex with both a female and male partner in the past three months, 40% reported unprotected anal sex with both male and female partners (Siegal et al., 2008). Reports from the participants indicate that living with a steady partner was not a factor in the number of partners they had.

Of the Black, non-Hispanic MSM in the Montgomery et al. (2003) study, 34% stated that they engaged in sex with women and men; however, only 6% of the women in this study reported having a bisexual male partner. Black women may not know that they are having sex with bisexually active men (Montgomery et al., 2003). The men in the Bingham, Harawa and

Williams study (2013) engaged had more frequent vaginal and anal sex with female partners who did not know about the bisexual behavior of the Black MSMW.

In the convenience sample of the Wolitski et al. study, proponents of the bisexual bridge theory were observed (2006). DL identifying MSM in this study were found to have a greater risk of transmitting and acquiring HIV/STDs to their female partners because 65% had a female partner in the past 6 months and 1 in 4 had unprotected vaginal sex with a female in the past 30 days. Two-thirds of the men who engaged in intercourse with a female did not tell them of their bisexual behavior. DL identified men were also more likely to engage in unprotected anal sex with both female of male partner, of whom they did not know their HIV status (Wolitski et al., 2006).

Millett et al. (2005) found a greater likelihood of bisexuality among Black men which placed heterosexual Black women at risk for HIV infection. Only 20% of Black women in this study were aware of their partners' bisexual behavior compared to 80% of White women. This is exacerbated by the underestimation of HIV-positive Black women having sex with injection drug users and bisexual men.

3.4 INTERVENTION

Numerous suggestions have been made on how to target non-disclosing Black MSM. There is disagreement about whether to focus specifically on this group or whether to include them in general prevention messages. Many of these studies agree that societal changes are needed so that these men do not feel the need to hide so that they can receive the counseling needed to

prevent HIV transmission without fear of stigma and discrimination (Dodge, Jeffries & Sandfort, 2008, Mays et al., 2004; Saleh & Operario, 2009).

Martinez and Hosek (2005) believe that response to cultural and environmental context of DL MSM is important. They also recommend feedback and evaluation by DL men in proposed programs to ensure needs are met (Martinez & Hosek, 2005). Wolitski et al. (2006) also agree that special efforts need to be made to reach DL MSM, and programs need to effectively motivate the adoption and maintenance of risk reduction strategies.

Dodge, Jeffries & Sandfort (2008) suggest not only skill building among Black MSMW, but also social awareness and acceptance of bisexuality. They call for greater societal support of this group, and decreased secrecy. Bisexual men and women need to be educated as well, not place the burden of prevention on non-disclosing MSMW alone (Dodge, Jeffries & Sandfort, 2008). In regards to those already infected by HIV, culturally tailored community-level interventions, sensitive to HIV prevention needs among HIV-positive Blacks, as well as Latinos and Whites are suggested by Mutchler et al. (2008).

Montgomery et al. recommend aiming prevention campaigns at men in general regardless of their race and sexual orientation; the messages should be culturally and linguistically sensitive to its target with condom use and disclosure as forefront themes (2003). Women should also be educated, Montgomery et al. (2003) continue, to be responsible for their own sexual health. Montgomery et al. (2003) propose an overall more open platform for discussion on topics surrounding sexual activity and health.

Based on a study looking at risky behavior and venues where partners are met, Scrimshaw et al. (2010) suggests targeting MSMW men at the bars/clubs and men who use the internet to find male partners. However, the risk of unprotected sexual activity with female or

male met through friends, at work, or in their neighborhood was similar to that of having sex with people met through the bar or club (Scrimshaw et al., 2010).

Operario, Smith, Arnold and Kegeles (2010) executed a community-based HIV prevention intervention program for MSMW titled "The Bruthas Project". Of the 68 men eligible for the program, 32 men completed the study. This intervention study consisted of four weekly counseling sessions discussing, general risk reduction, dynamics with female partners, dynamics with male partners, and specific triggers for unsafe sex. If participants were HIV-positive, adjustments were made to include preventing transmission to others and HIV status disclosure. There was a follow-up survey three months later to determine changes made from baseline assessments to final assessments.

There were significant results on many measures. Thirty-three percent of participants reported unprotected insertive anal sex (UIAS) with male partners at follow-up compared to the baseline of 58% ($p = .02$). They reported less unprotected receptive anal sex (URAS) with male partners (22%) compared to baseline (44%) ($p = .18$). However, there was no significant difference found in unprotected vaginal sex with women, UIAS and URAS with transgender women. The participant reported significantly fewer unsafe male partners (baseline: $M = 1.8$, follow-up: $M = 1.7$), and fewer unsafe female sex partners (baseline: $M = 3.5$, follow-up: $M = 1.7$). Also, fewer participants reported sex under the influences of drugs (baseline: 86%, follow-up: $M = 53\%$), but there was no significant difference in sex under the influence of alcohol.

4.0 DISCUSSION

Given the literature, it is clear African American men who have sex with men and women are a diverse group even though research has barely explored into this population. Conflicting results have been found as to whether this group is at greater risk for HIV transmission than any other group, whether disclosing is a necessary step in prevention, and whether or not this group should be addressed separately or under the MSM umbrella.

As Malebranche et al. (2011) demonstrated, disclosing sexual behavior is not a simple yes or no task. Options are weighed and DL MSMW often decide whether to disclose based on the comfort and trust in the partnership. This is also true for family and friends. According to the findings of Dodge et al. (2008), it appears easier for men to disclose their bisexual behavior with men who also engage in the same behavior. Perhaps because their bisexual male partner engaged in the same sexual practices, they felt more comfortable revealing their sexual behavior for less fear of judgment. This is an advantage because it can promote a safe social network that can serve to disseminate correct HIV prevention information if enough men are reached through educational avenues and other interventions. However, the fact that it is difficult for DL MSMW to disclose their sexual behavior to their female partners is cause for concern and requires more research on interventions that can change non-disclosure to female sex partners. Admitting to a bisexual lifestyle can indicate unfaithfulness in a relationship and angry partners. However, disclosing to male partners and not female partners can contribute to a "bisexual bridge" if

females are not given the opportunity to negotiate condom use themselves based on the promiscuity of their partners. Some might argue that women should take responsibility for their own sexual health, and this is valid, but long term partners such as wives and girlfriends may believe they are in a faithful relationship.

Disclosure seems like the obvious solution for allowing female partners to negotiate safe sex practices. However, admitting to any sexual behavior outside of a relationship to a sexual partner may be admitting to infidelity for some Black MSMW. This could result in unwanted loss of relationships. While promoting disclosure in HIV prevention education is an important step, it may deter Black MSMW from these prevention platforms. Relationship without disclosure of sexual behavior is important in HIV prevention education for those who chose not to disclose. Instead, the focus should be on protecting not only themselves from HIV, but their partners. Black MSMW should be educated on the dangers of infecting the partners they care for as well.

A key aspect of HIV transmission prevention to female partners is assessing DL MSMW HIV status disclosure practices. As with disclosure of bisexual behavior, disclosure of HIV status depends on an assessment of comfort and trust with each partner. However, unlike disclosure of bisexual behavior, the odds of HIV-positive Black MSMW disclosure to female partners are the same as to male partners. For those that do disclose, it seems to be a moral obligation (McKay & Mutchler, 2011). Some could argue that this weakens the "bisexual bridge" theory because this could mean that HIV positive DL MSMW would tell male and female partners their status. However, in this same study, these Black MSMW were more likely to share their status if their partner was also HIV positive. HIV negative and especially partners of unknown status were at a disadvantage. Additionally, 33% of these men did not disclose their status at all (McKay &

Mutchler, 2011). This could potentially put female partners of unknown HIV status at risk especially casual female partners.

Black MSMW were found to engage in sex with female partner without HIV status disclosure more than White MSMW (Mutchler et al., 2008). If HIV transmission to females from MSMW is a significant factor in HIV transmission, this could contribute to why HIV in Black women is rising more rapidly than in White women. This also may indicate race can play a role in disclosure as well. Perhaps this adds to the negative psychosocial link between being Black and engaging in homosexual activities. Black men might feel less comfortable with disclosure in general because of another penalty in the discrimination hierarchy.

An all-encompassing solution to the obstacle of disclosure in HIV transmission prevention could be promoting acceptance in the society as many have suggested. The United States HIV/AIDS Strategy outline is distributed with this solution. However, this may be the most difficult task in HIV prevention Black MSMW acceptance. Deciding whether to disclose or not is a first step. How to navigate either decision could equip Black MSMW with strategies to prevent HIV transmission. This is a reason why individual counseling with non-biased, appropriately educated counselors is important. This promotes candid conversations on sexual behavior, and allows the counselor or health care worker to offer actual HIV prevention strategies.

Counselors at community-based organizations for HIV prevention are essential to preventing HIV transmission from DL MSMW to their female partners. If there is a lack of comfort, as suggested in the Saleh et al. study (2011), this inhibits open dialogue about safe sex practices and partner health promotion between them and DL MSMW. CBO counselors, particularly females, who work in HIV prevention with men, should keep biases outside of

counseling sessions. They may be doing more harm than good for females by having a negative attitude towards male bisexual behavior.

The National HIV/AIDS Strategy proposes to approach this at a community level beginning with health care providers. Although changing a perception of Black MSMW is a personal choice, they suggest steps that call for diversity among health care workers, appropriate training to provide the most efficient care, non-stigmatizing environments to promote productive and health relationships between staff and patients, expansion of the workforce to meet community need, and many others (ONAP, 2010). On a governmental level, agencies have been assigned with actions to be performed and deadline to complete them by such as promoting public leadership of people living with HIV and engaging communities to affirm support for people living with HIV (ONAP, 2010).

Based on the literature reviewed focused on the efficacy of the 'bisexual bridge' theory, there are links found in transmission of HIV from Black MSMW to their female partners. It appears that Black MSMW engage in riskier behavior with their female partners than their male partners. The literature stated that Black MSMW engage in unprotected anal sex with their male partners, and vaginal or anal sex with their female partners. This is cause for concern, and may give some evidence of the potential for a "bisexual bridge." Black DL MSMW also appear to use condoms less often with their female partners. This compounds the findings that they have more sex with their female partners. A greater likelihood of bisexuality was found in Black MSM, adding other potential avenue of transmission.

Based on a majority of literature reviewed, it appears that Black MSMW are knowledgeable about the risks of their sexual behavior and know the steps to prevent HIV. However, there are some specific misconceptions that need to be addressed including how HIV

is acquired from their male partners (being the “top” vs “bottom”), and the risk of acquiring HIV from their female partners. They also appear to be more concerned with their own sexual safety than their female partners. This is of importance because although a majority of Black MSMW use condoms with their male and female partners, not enough do so consistently. These men are less likely to use condoms with female partners as well, which adds to the potential for HIV transmission to their female partners.

Although targeting specific groups in HIV prevention is most ideal because all attention and sources go to this one group, wide-ranging strategies are important for practical purposes as well. In the Latkin et al. study (2011), MSMW and MSMO were found to have similar social networks. This provides evidence of the need for an all-encompassing intervention strategy among MSMW, MSMO and MSWO based on social networks. Social networks may not be an area to target DL MSMW specifically in HIV transmission prevention because it is too general. However, social network analysis can be used in HIV prevention for men in general. This is positive, because it can eliminate one platform in the multiple intervention platforms for different sexually behaving groups. Montgomery et al. supported this intervention strategy given the diverse self-identification vs. sexual behavior of the men in their study.

5.0 CONCLUSIONS

5.1 SUMMARY

Four area in the current literature were reviewed in order to explore how Black DL MSMW potentially puts African American women at risk for HIV through a "bisexual bridge." The themes in the literature were: sexual behavior disclosure, HIV status disclosure, sexual behavior, and the bisexual bridge theory. Literature suggests that Black DL MSMW disclose their bisexual behavior more often to their DL MSMW than their female partners. This could potentially leave females without the knowledge to protect their sexual health from the promiscuity of their DL partner and contribute to an HIV "bisexual bridge." While the literature revealed differences in disclosure between male and female partners, there seemed to be no difference between disclosing HIV positive status. This may not contribute to the "bisexual bridge" theory. Literature reviewed showed that this theory could be viable because of the sexual risks that Black DL MSMW takes with their female partners including lack of condom use. Interventions suggest targeting these men separately to other MSM, but they also largely suggest educating women to take responsibility for their own sexual health. Actual executing of intervention strategies is needed to try to curb "bisexual bridge" HIV transmission.

5.2 PUBLIC HEALTH SIGNIFICANCE

The alarmingly fast rising prevalence of HIV in African American women is a public health priority. All avenues of transmission, including transmission through African American men who have sex with men and women, should be studied for prevention. As stated above, African American women account for 30% of newly acquired HIV infections in 2009 of whom, and the majority were infected it through heterosexual sex (CDC, 2011). Of the new infections in Black men, 73% were men who have sex with men. Little data is known about the HIV statistics of HIV-positive DL MSMW, which calls into question how many of these women are being affected by MSMW regardless of their sexual orientation.

While the "bisexual bridge" may not affect as many women who are affect through heterosexual sex with men who are drug users, the fact that Black MSMW are so diverse in defining their own sexual behavior compared to their actual sexual behavior leaves many avenues of transmission. It is currently unknown how many Black MSMW there are. Non-disclosure of sexual behavior and self-identification as straight, bisexual, or even homosexual complicates prevention strategies because it is difficult to reach all of these men. Studies like the ones reviewed for this literature review have been important HIV prevention for female partners of DL MSMW because they have encompassed more than one type of sexually identifying MSMW.

In order to make individual level prevention feasible financially, existing platforms should be used. This includes local health services and HIV community services already in place. This can be as simple HIV prevention promotion brochures and posters, or as elaborate conducting education HIV prevention classes for Black men that cover straight, gay, bisexual, and transgender situations. Educating health care clinicians about the needs of Black MSMW in

additions to other MSM is imperative. This requires proper cultural competency training for clinicians for non-discriminatory conversation with Black MSMW. This includes familiarity with the colloquial terms used in this group, typical sexual behavior, and disclosure norms. Providing HIV prevention material in public places besides health facilities is also important. These locations include community centers, schools, and local business. HIV prevention flyers or posters could also be placed in places where Black MSWM meet potential partners such as clubs, bars, and parks.

Community tolerance is another HIV prevention avenue of importance. This may be the most difficult and time consuming prevention mechanism with the least yield. Preliminary steps include HIV education, including terminating myths and clarifying facts, encouraging tolerance of HIV infected individuals and tolerance of each other in general. Perhaps starting with general acceptance will provide the ground work for more complicated issues such as tolerance of men "on the down low." This could begin in churches, community groups, schools, in the work place, and any other group with many members through classes, flyers, brochures, or posters. Also leaders in these groups can be educated in diversity training to disseminate ideas of tolerance. This could be incorporated in employee training, and employee evaluations.

While reaching Black MSMW individually on a local level is vital, reaching them through campaigns that target all sexually active individuals is just as important. This will provide an opportunity to educate those who may not necessarily be reached through smaller, more specific campaigns. Prevention campaigns like this could include HIV prevention messages through television and radio announcements, and more importantly through social media outlets. These messages should emphasis HIV risk in all sexually active individuals whether they have sex with men or women, particularly if they have multiple partners. These messages should also

stress HIV testing, and the benefits of early treatment. This is beneficial because disassociating HIV from exclusively homosexual may make Black MSMW more receptive to HIV prevention.

This study served to review current literature about Black DL MSMW. The findings from this study could spur further consolidation of what is already known to improve HIV prevention methods in this group of MSMW for prevention of transmission to African American women. There is enough information to begin reaching the Black MSMW population. The hope is that research and prevention can simultaneously address the "bisexual bridge" theory and reduce HIV incidence rate in African American MSMW and their female partners.

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