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The purpose of this qualitative analysis was to assess HIV testing experiences among a group of Black men with same-sex attraction and explore these factors in the context of their social identities and lived experiences. To ensure a contextual and culturally relevant analysis, this research used selected tenets of Critical Race Theory (CRT) as a guiding framework to inform analysis and interpretation of the HIV testing narratives of Black men with same-sex attraction. Twenty-three verbatim-transcribed one-on-one interviews collected in a 2005-2006 investigation of HIV testing experiences of Black men with same-sex attraction were analyzed using thematic coding, interpretive reading, and constant comparison techniques. The research sought to describe ways in which being a “*racial*” and “*sexual*” minority related to HIV testing experiences, frequency of testing, and motivation to test. Findings suggest men are motivated to test for reasons related to self-care, engaging in perceived risk behavior, and having increased susceptibility to HIV infection because of race and sexuality. Racial and sexual identities are inextricably linked in participant discourse and men identify the Black church as a central facet of culture and lived experiences that inhibits sexual expression and promotes homonegativity. These results suggest that efforts to increase motivation for HIV testing include education on the testing process, appropriate intervals for monitoring status, and accurate risk assessment. In addition, men describe a difficult experience with sexual expression because of views stemming from the Black church doctrine. Thus, it is imperative to assess such institutions within Black communities prior to collaborating

with them as an agent or setting for HIV interventions. More research is needed that elicits specifically how being a racial and sexual minority relates to HIV testing beyond an individual level perspective, ascertains how being targeted as a risk group relates to testing and identifies aspects of culture that can be leveraged to increase the motivation of at-risk individuals to know their HIV status.

APPLYING CRITICAL RACE THEORY TO UNDERSTAND HIV TESTING
EXPERIENCES OF BLACK MEN WITH SAME-SEX ATTRACTION
IN THE U.S.

By

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CHAPTER I

PROPOSAL

Introduction

HIV testing is a critical tool in HIV prevention for Black men with same-sex attraction, most commonly referred to as men who have sex with men (MSM) in public health discourse. The term MSM refers to men with sexual orientations, preferences or identities that are not exclusively heterosexual. It is acknowledged that this term does not reflect sexuality in the lives of Black men and the term may obscure social dimensions of sexuality. Thus for this dissertation research, the term MSM was used sporadically and the priority term used was men with same-sex attraction (MSSA) to describe this culture sharing group. Black men with same-sex attraction are at increased vulnerability to HIV transmission because of social and cultural issues related to their multiple minority group identities such as poverty, unequal access to testing services, institutional racism, heterosexism and HIV stigma (Choi, Han, Paul & Ayala, 2011; Peterson & Jones, 2009; Ford et al, 2007; Meyer & Northridge, 2007). In U.S society, racial minorities and non-heterosexual men evidence a greater proportion of HIV rates compared to non-minority groups (Cahill, 2008; CDC, 2008;). In fact, CDC has reported among MSM, African Americans are the most affected group (CDC, 2011).

HIV rates attributed to Black men with same-sex attraction are high in the U.S. For instance, the last cycle of HIV data collection from CDC in 2006 reported 53% of

total new HIV infections were attributed to men with same-sex attraction and within that proportion, 35% were Black race. This rate of new infections among those aged 13-29 years of age was even more concerning for black men, as the rate was nearly twice the rate of white young MSM and more than twice the rate of young Hispanic/latino MSM (CDC, 2011). In addition, there is disparity between Black men with same-sex attraction and Blacks of other risk group categories in the HIV system of data collecting and reporting (i.e. heterosexual contact, injection drug users). Unrecognized infection, late diagnosis in the course of HIV disease, and infrequent testing are primary reasons for elevated HIV prevalence in Black men with same-sex attraction sexual networks (Millet, Peterson, Wolitski and Stall, 2006). Importantly, the CDC has reported that among MSM, nearly half 44% of those men were not aware of their HIV infections, with more than half of the Black MSM (59%) not being aware (CDC, 2011).

To counter the contribution of unrecognized infection that elevates HIV prevalence for Black men with same-sex attraction, testing is the most appropriate prevention tool (Bond, Lauby & Batson, 2005). Increasing HIV testing is the primary focus to prevent HIV incidence and interrupt transmission as recommended by the Centers for Disease Control and Prevention (CDC, MMWR, 2011). Not only has CDC adopted HIV testing as the primary approach, the Healthy People 2020 guidelines focus on HIV testing as a critical tool to prevent HIV infection among vulnerable groups. HIV testing is a secondary prevention tool that interrupts transmission when HIV positive persons reduce risk behaviors and start treatment regimens that reduce viral load. However, few investigations directly study HIV testing in the context of Black men with

same-sex attraction experiences as both racial and sexual minorities. The lack of this knowledge is a major gap in understanding how to increase HIV testing among the vulnerable group.

Based on a review of the HIV testing literature, the investigator finds the majority of research reflecting an etic perspective often devoid of social and cultural context surrounding the demographic correlates explored. While providing information on testing behaviors for Black men with same-sex attraction, the manner in which quantitative, or more specifically post-positivist oriented research, examines race and sexual identity may limit interpretation and understanding of HIV testing. Essentially, many researchers inappropriately or exclusively use race or sexual identity as a proxy for other social issues associated with minority group status (i.e. poverty, discrimination, unequal access to resources etc.). (Choi, Han, Paul, & Ayala, 2011; Hill & McNeely, 2011, Voelker, 2008) In addition, often researchers explore factors not elicited in the social and cultural context of Black men with same-sex attraction experiences (Choi, Han, Paul, & Ayala, 2011; Millet et al.2011;Mashburn, Peterson, Bakeman, 2004; Nanin et al., 2010; Peterson & Jones, 2009).

The use of race as a demographic correlate in prior studies (Cohall et al 2010; Maguen, Armistead, & Kalichman, 2000; Mimiaga et al 2009; Sumartojo et al., 2008) further inhibits interpretation of racial disparities, given that race is a subjective and complex social construct difficult to operationalize in positivist research where the goal is objectivity and parsimony. As a result of previous research, the quantitative orientation of that research has resulted in gaps of knowledge related to testing among Black men with

same-sex attraction beyond individual correlates or within culturally relevant contextual frameworks.

To address limitations with prior research in this area, this qualitative study sought to understand HIV testing experiences in the context of historical, structural and sociocultural factors (i.e. racism, heterosexism, and sexual prejudice) related to the vulnerable position of Black men with same-sex attraction in the United States. To ensure a contextual and culturally relevant analysis, Critical Race Theory (CRT) was used as a guiding perspective lens in consideration of the following research inquiries:

1. In what ways are Black men with same-sex attraction views and meanings of race related to HIV testing?
2. In what ways are Black men with same-sex attraction views and meanings of sexual identity related to HIV testing?
3. In what ways are Black men with same-sex attraction social and cultural lived experiences related to HIV testing?

The investigation focused on the CDC and Healthy People 2020 goals to increase the proportion of people in the United States who are aware of their HIV infection. The study addressed both CDC and Healthy People 2020 objectives to increase the percentage of all ethnic/racial minorities, who, if infected, are aware of their HIV infection with a focus on African American men. The results of this study address CDC objective nine, which are strategies to increase the motivation of at-risk individuals to know their infection status and decrease real or perceived barriers to HIV testing, such as stigma and discrimination. Additionally, the focus on context for developing patient

centered interventions addresses the HHS Action Plan to Reduce Racial and Ethnic Disparities (HHS, 2011).

This phenomenological investigation of HIV testing experiences targeted a particular underserved group, Black men with same-sex attraction (MSSA). The study was designed to describe the HIV testing experiences of Black men with same-sex attraction and contribute knowledge that informs future research to increase HIV testing among Black men with same-sex attraction.

Literature Review

Black men with same-sex attraction HIV statistics

HIV rates among Black men with same-sex attraction are unacceptably high in the United States. Traditionally researchers have used white males as a reference group to highlight racial disparities. Implicit in this approach to presenting HIV rates is a suggestion that HIV rates among Black men with same-sex attraction are only a concern in comparison to Whites. While this provides an epidemiologic comparison, it contributes to research that focuses on how Black men with same-sex attraction differ from whites, which may be insufficient to address disparities and concerns among this population specifically (Ford & Airhihenbuwa, 2010). Thus, this section intentionally focuses attention to the proportion of HIV cases attributed to Black men with same-sex attraction. Data is available for identifying risk among males who have sex with men (MSM) from the Centers for Disease Control and Prevention and the National Center for Health Statistics, but data comparing Black males across sexual orientation is not as available. In addition, data comparing Blacks across ethnic divisions (i.e. Afro-Latino, Afro-

Caribbean etc.) are not available in the U.S system of HIV data collecting and reporting. The scarcity of data results in difficulty in providing an accurate epidemiologic HIV profile of Black men with same-sex attraction (MSSA). Operario, D., Burton, J., Underhill, K., & Sevelius, J. (2008) discuss these and other challenges to category based HIV prevention in the U.S. that include difficulty reaching men that have not formed identities around sexual orientation, over estimation of HIV prevalence in gay communities, and neglect social context that can determine HIV risk.

Regardless of the focus of the current data, whether proportion of total men with same-sex attraction or total Black HIV infections, Black men with same-sex attraction evidence high proportions of HIV rates. For instance, in 2006, 53% of total new HIV infections were attributed to men with same-sex attraction and within that proportion, 35% were Black race. Among Black race populations with new infections, 63% were men with same-sex attraction (CDC, 2008). New infections among Black men with same-sex attraction nationally increased 12% from 2001 to 2006 (Cahill, 2008). These statistics illustrate higher infections among men with same-sex attraction compared to other risk group categories in HIV data collection (i.e. heterosexual contact and injection drug use). The data highlight a racial disparity within this risk group category for Blacks. One of the major challenges in HIV prevention is that many persons are unaware of their status, particularly among Black men with same-sex attraction (CDC MMWR, 2002; CDC, 2011; Colfax et al 2002). To counter the issue of unrecognized infection increasing HIV prevalence for Black men with same-sex attraction, testing is the most appropriate prevention tool.

Role of HIV Testing in HIV prevention

HIV testing is the primary focus of HIV prevention in the U.S. HIV testing is a secondary prevention approach that identifies positive cases to prevent second order infections transmitted to HIV negative individuals (Frieden, Das-Douglas, Kellerman & Henning, 2005). Advocates of the HIV testing paradigm suggest it is effective because people aware of positive status reduce risk behaviors, which in turn reduces the number of HIV positive partners for the HIV negative population (Nelson, et al. 2010). Previous research has shown that persons who test HIV-seropositive are more likely to decrease risky behaviors and increase use of condoms shortly after testing compared to people who test HIV-seronegative, thus helping to prevent HIV transmission (Lyles et al. 2008; Marks, Crepaz, Senterfitt, & Janssen, 2005). Lyles et al. (2008) found a positive relationship between receiving a positive HIV diagnosis and reductions in specific risk behaviors (less sexual partners, less unprotected sex).

Status awareness is key to HIV prevention for Black men with same-sex attraction because men who are unaware of their HIV infection are more likely to engage in behaviors that may put their HIV-negative partners at risk (Millet et al. 2006) or infect HIV positive partners with multiple strains (Reniers & Hellinginger, 2010). According to the CDC, HIV-infected but unaware individuals are 3.5 times more likely to transmit HIV to sex partners compared to those who are aware of their HIV status (CDC, 2001a; 2005b; CDC, MMWR 2006). In comparison to non-Black men with same-sex attraction, researchers continually find a higher proportion of participants that are Black with same-sex attraction that do not know their HIV positive status. In the largest and most diverse

survey of young men with same-sex attraction, Sumartojo et al. (2008) reported that 30% of high-risk men with same-sex attraction (those reporting unprotected anal intercourse) were unaware of their HIV status. The most recent multisite seroprevalence study reports that among HIV positive men with same-sex attraction, Black men with same-sex attraction were more likely to be unaware of their HIV positive status (91%) than either White men with same-sex attraction (60%) or Latino men with same-sex attraction (69%) (Makellar, Valleroy, Secura et al 2005). The concerning trend continues into the next decade, with a new report of MSM in three large metropolitan areas. Black MSM were three times more likely than Latino MSM to be unaware of their HIV positive status (Millett et al., 2011)

Higher numbers of HIV positive but unaware Black men with same-sex attraction engaging in unprotected anal intercourse may explain disproportionate infection rates. Increasing HIV testing rates among Black men with same-sex attraction may be an important intervention to reduce the proportion of unrecognized current infection and prevent the spread of HIV. Given this testing need, research that provides information to increase testing behaviors among Black men with same-sex attraction are warranted. However, current scientific literature has not sufficiently informed testing initiatives for these men.

Facilitators of HIV testing

The primary information about why men with same-sex attraction seek HIV tests often has been reported from populations of non-Black men with same-sex attraction. The current literature, although largely focused on individual level correlates of testing

among predominately non-Black men with same-sex attraction, has identified a number of factors associated with likelihood of testing. Authors have correlated HIV testing with older age, higher education levels, and not identifying as racial minority or man with same-sex attraction (De Witt & Adam, 2008 ; Cohall et al., 2010; Kellerman et al. 2002; Lindan, Avis, Woods, Hudes, Clark et al, 1994;). Research identifies having had male-to-male sex, unprotected anal intercourse, and having sex with a main partner as related to recent testing among non-Black men with same-sex attraction (De Witt & Adam, 2008; Povinelli, Remafedi, & Tao, 1996). A handful of available HIV testing studies among men with same-sex attraction have identified testing correlates beyond the individual level including greater social support concerning HIV (i.e. supportive peers, people to discuss status), exposure to prevention programs, and sexual identity (Pavinelli, Ramefedi, & Tao, 1998; Sumartojo et al 2008). However, no explicitly stated theoretical frameworks guided these studies and researchers do not directly state their theoretical perspectives of the problem. For example, to use sexual identity or identification as a minority race implies a theory of HIV disparity as a problem because of minority male behaviors and self-concept. This is not a perspective stated or explained as valid in the literature. Generally, current research literature suggests HIV testing is associated with individual level risk behavior, relationship status and not being a minority. However, none of the studies discussed above included or were composed of samples of Black men with same-sex attraction participants of more than thirty percent, a minority of participants. Furthermore, the majority of studies reviewed with Black men with same-sex attraction focus on barriers to testing.

Barriers to HIV testing

Barriers to HIV testing dominate the available literature focused on Black men with same-sex attraction. Sumartojo et al. (2008) conducted a cross-sectional survey of 15-24 year old men with same-sex attraction in nine study sites and found that young men with same-sex attraction do not test because they are poorly informed, have low perceptions of HIV susceptibility, are emotionally unprepared to face possibility of infection, or are simply reckless in their conduct. Barrier research consistently identifies fear of social consequences such as stigma, violence and discrimination (Obermeyer & Orbson, 2007), inability to cope with a positive result (Mashburn, Peterson, & Bakeman, 2004), issues in relationships with providers and perceived racism as reasons for avoiding testing among Black men with same-sex attraction (Ford et al., 2007). Mimiaga, Reisner, Bland, Skeer and colleagues (2009) interviewed 197 Black MSM in Massachusetts and reported that 33% of the men who were not infected with HIV had no test in the previous two years. Not having a recent HIV test was associated with lower education, unprotected sex, and never having a HIV test. Interventions tailored to Black MSSA have resulted in removing selected barriers to HIV testing with low to moderate success (Jones et al., 2008; Wilton et al., 2009). With few exceptions, studies are primarily focused on individual level correlates and from a quantitative or positivist orientations that may lack a social and cultural context for Black men with same-sex attraction experiences.

Mashburn, Peterson & Bakeman (2004) asked an exclusive sample of Black men with same-sex attraction about 13 factors found correlated with HIV testing in previous studies of men with same-sex attraction. This was the first study to address the lack of

Black men with same-sex attraction in the testing literature. The results of the analysis were consistent with previous men with same-sex attraction literature where older age, knowledge of comfortable testing site, and education level related to testing for Black men with same-sex attraction. However, these authors reported factors not previously found among white men with same-sex attraction, such as knowledge of antiviral treatments and sex with a main partner related to testing for Black men with same-sex attraction. The results reveal factors that White and Black men with same-sex attraction share, though information on factors uniquely different to Black men with same-sex attraction remains unidentified.

Studies have provided a basic understanding of testing among Black men with same-sex attraction, but most studies assessed correlates of HIV testing with select variables and factors a priori from existing HIV testing literature. The existing literature used to create response lists of reasons to seek or avoid testing are based predominately on non-Black men with same-sex attraction. In essence, the factors identified by Mashburn, Peterson, and Bakeman (2004) were not directly solicited from Black men with same-sex attraction, ignoring possible unique factors related to Black MSSA's unique position in society and resulting HIV risk.

Despite this concern, the study conducted by Mashburn, Peterson & Bakeman (2004) is one of few studies that provided information within the context of Black men with same-sex attraction lived experience. Also, Nanin et al (2010) explored concerns about HIV testing among Black men with same-sex attraction in New York City using focus groups with 29 Black men with same-sex attraction. The report identifies issues of

race and class as commonplace in the discussions of participants yet provides minimal discussion to these social factors as related to HIV testing. Many public health researchers neglect or overlook the historical, social and cultural factors related to the vulnerable position of Black men with same-sex attraction in the United States. The authors (Nanin et al., 2010) are clear in their limitations and interpretations of focus group discussions and conclude with this call to researchers:

Understanding the health needs of Black {men with same-sex attraction} is a difficult endeavor when one considers the many sources of racial, ethnic, economic, and sexual oppression experienced by members of this community. However, health care and social service providers will not be successful in helping these men fulfill healthy and enjoyable lives until they have a comprehensive understanding of the myriad experiences Black {men with same-sex attraction} go through. More research investigating HIV risk and barriers to HIV prevention and treatment, HIV protective behaviors, facilitators of receiving related services, and factors that enhance sexual and holistic health is absolutely essential.

Clearly, there is a need for more information specific to Black men with same-sex attraction to decrease HIV prevalence rates in the current HIV testing paradigm. Recommendations include a call for a social constructivist and/or advocacy perspective (Creswell, 2009). A social constructivist perspective recognizes subjective experiences and looks for the complexity of views in contrast to positivist research that reduces meanings into categories. One perspective or framework for HIV testing behavior in the context of the position of Black men with same-sex attraction living in American society is Critical Race Theory (CRT). The primary tenets of CRT elucidate the systems of racial and gender inequalities influencing HIV testing behavior.

Theoretical Underpinnings

CRT is an interpretive framework used to explain the position of marginalized groups from the viewpoint of the participants and is most applicable in population health investigations where ethnic identity is associated with the health outcome, like Black men with same-sex attraction and HIV testing (Graham, Brown-Jeffy, Aronson & Stephens, 2010). CRT has been used in mental health research to inform the development of research protocols, data interpretation and analysis (Masko, 2005), but has limited use in public health broadly. The iterative perspective originated from legal studies. Students at elite law schools called attention to institutionalized racism and coined the term CRT to refer to methodologies that seek to transform racial inequality and power relations in society (Ford & Airhihenbuwa, 2010). Richard Delgado and Jean Stefancic (1993) discuss principles and ideas that characterize CRT: a critique of liberalism, storytelling, structural determinism, intersectionality (i.e. race, class, and gender), essentialism and anti-essentialism, cultural nationalism/separatism, and critical pedagogy. Graham, Brown-Jeffy, Aronson & Stephens (2010) recast CRT tenets for application in population health research as:

1. **Dominant culture orientation privilege and discrimination**-misalignment between dominant cultural orientations and that of marginalized group.
2. **Race and ethnic relational approaches**- color blind liberalism, race-consciousness, economic determinism, and structural determinism are perspectives to view and navigate race

3. **Using narrative as inquiry**- ways of knowing result from experiential knowledge from minority stories and experiences
4. **Contextualized and historical analysis**-considers the perspectives of minorities given historical and political experiences or treatment
5. **Investigator relationship to research and scholarly voice** - writing style should reflect the emotional nature of the work; the researcher's passions, concerns, and purpose; and the political aspects of the research endeavor.

Using CRT helped elucidate and ascribe meaning to individual and structural level factors influencing HIV testing behavior. Because of the lack of qualitative research conducted with Black men with same-sex attraction regarding HIV testing, there is little knowledge on which to develop intervention. Understanding that individual behavior is nested within larger social interactions across ecological levels, it is important to understand how larger social interactions and realities influence testing behavior (Peterson & Jones, 2009; Nanin et al 2010). A unique challenge for Black men with same-sex attraction is the duality of living up to masculine expectations within a culture-sharing race that views homosexuality as inherently non-masculine (Treadwell, Northridge and Bethea, 2007). Thus, to be a man with same-sex attraction means in Black communities that one is not 'living up to' masculine expectations. As noted by Malebranche, Peterson, Fullilove, and Stackhouse (2004), the balance of these social realities, treatment and experiences living in such a double consciousness may influence decisions to seek HIV testing. To understand such influences and explore specific health

seeking behavior in the context of lived experiences, CRT may situate and interpret critical experiences.

CRT is an interpretive framework that uses narrative as inquiry to explore health in the context of the dominant cultural orientation of a marginalized group. Black men with same-sex attraction operate as sexual minorities in a dominant heteronormative orientation and are considered, racial minorities in a dominant Eurocentric society. CRT illustrates and situates the experiences of Black men with same-sex attraction testing behavior across aspects of society. In turn, CRT interprets testing behavior as a byproduct or influence of the historical roots and cultural treatment of social position and identities. The CRT approach moves to re-storying narratives and rethinking conclusions drawn from previous literature that have lacked consideration of context when studying HIV testing behavior.

To illustrate, take for example the investigation conducted by Mashburn and colleagues described earlier. Those authors used a predetermined list of reasons that men with same-sex attraction seek testing in an exclusive sample of Black men with same-sex attraction. Applying CRT questions how culturally relevant predetermined lists are and necessitates developing new lists that account for reasons specific to Black men with same-sex attraction men.

Applying CRT shifts the focus from the lens of a researcher/academic/practitioner to that of a Black man with same-sex attraction experiencing the world and navigating HIV risk. CRT contributes a nuanced understanding of how peers of Black men with same-sex attraction support HIV testing, and aspects of organizations, culture and community

norms related to testing. Understanding the testing experience from the men's context and perspective will provide a language for discussing sensitive issues of race and sexuality in society.

Finally, a key aspect of this investigation is a focus on Black men with same-sex attraction that report testing for HIV despite the numerous barriers and social issues identified by prior research. Focusing on those that are engaged in the desired protective behavior may help ascertain qualities and characteristics to leverage in motivating men to test for HIV. This approach represents an asset mapping approach where you identify people that are engaged in the health protective behavior and focus on enhancing motivations as opposed to deficit model approaches that identify barriers to remove (Kretzman & Mcknight, 1993).

Methods

Secondary Study design

This expanded analysis was a phenomenological investigation of the HIV testing experiences of Black men with same-sex attraction. HIV testing and being a Black man with same-sex attraction in the U.S were the particular phenomena of interest. Discourse analysis was used to understand how men described these two experiences and related phenomena of HIV testing. Discourse analysis was used to describe language use and how different identities of race and sexuality shaped relationships, and negotiated social goods like HIV testing (Starks & Brown-Trinidad, 2007). This expanded analysis was secondary in nature and used previously collected de-identified interview data. Critical

Race Theory was applied as an analytic tool to re-analyze and understand HIV testing experiences of the Black men with same-sex attraction. Re-analysis or secondary analysis of qualitative data was useful for assessing unexplored angles and applying different theoretical perspectives than the original study (Ackerstorm, Jacobsson, & Wasterfors, 2004).

Data Source description

The qualitative “Brothers United Study” explored several domains related to HIV testing experiences including racial, sexual and masculine identity, HIV risk assessment and sexual risk taking. An ecological perspective informed by previous HIV investigations, available literature and expert input guided the development of the interview guide. Twenty-three self-identified Black men with same-sex attraction participated in semi-structured one-on-one interviews during a 2005-2006 CDC funded Minority AIDS Research Initiative (MARI) investigation in Atlanta, GA. Investigators used snowball, network and venue based sampling to recruit eligible participants. The principal investigator had interviews conducted by trained interviewers, used a HIV testing focused semi-structured interview guide, and had audio recordings transcribed verbatim. Interview duration ranged between 60-90 minutes. Personally identifiable information was not collected from participants. That study protocol including ethical considerations for participants and was approved by the IRB at Emory University.

Participants ranged in age from 18-44 with an average age of 28. All participants currently lived in Atlanta, but reported birth origin from a variety of places including northern, western and Midwestern states. The MARI Project principal investigator

provided complete access to the typed verbatim transcripts. After obtaining UNCG IRB approval, the 23 verbatim transcripts were uploaded into an NVivo 8 file for storage and analysis.

Data coding and analysis

Figure 1 presents the schematic of the analytical approach for the secondary analysis. Each interview transcript was read twice and the researcher used memo writing and impression notes to begin understanding HIV testing narratives in the data. Memo-writing was an essential aspect of the analysis in that it provided a way to reflect on the data and keep identified themes with true fidelity to participant meaning (Creswell, 2009). Interpretations were made from the viewpoint of the participants consistent with the CRT, social constructionist and advocacy perspectives (Creswell,2009). Interpretive reading involved constructing and documenting what the data represents and what could be inferred from the Black men with same-sex attraction narratives (Mason, 2002). A social constructivist perspective recognized subjective experiences and complexity of views of the phenomena of interest (i.e. HIV testing).

The next step involved an interative process of thematic coding of transcripts using a CRT informed codebook. The codebook reflected selected domains of CRT: 1.dominant culture orientation privilege and discrimination 2. race and ethnic relational approaches and 3. contextual and historical experiences. The codebook was a guide to preliminary coding and was refined as data analysis progressed. Responses by the men were interpreted to extract themes and content relevant to selected CRT tenets. To ensure inter-rater reliability with coding and maintain credibility of coding methodology, two

coders discussed and reconciled thematic discrepancies. The primary coder continued using the constant comparative method to complete the analysis.

The third step involved ‘culling’ each transcript for reported HIV testing influences and interpreting within the meaning of race, sexual identity and lived experiences for each interview and then using a constant comparison process assessing experiences across the range of interviews. CRT guided this iterative process by focusing on each narrative of HIV testing reported by the Black men with same-sex attraction in this sample as inquiry. Themes were refined and re-categorized until a saturation point was reached where no new themes were identified. The same multi step, systematic analytic process was employed to address each research inquiry:

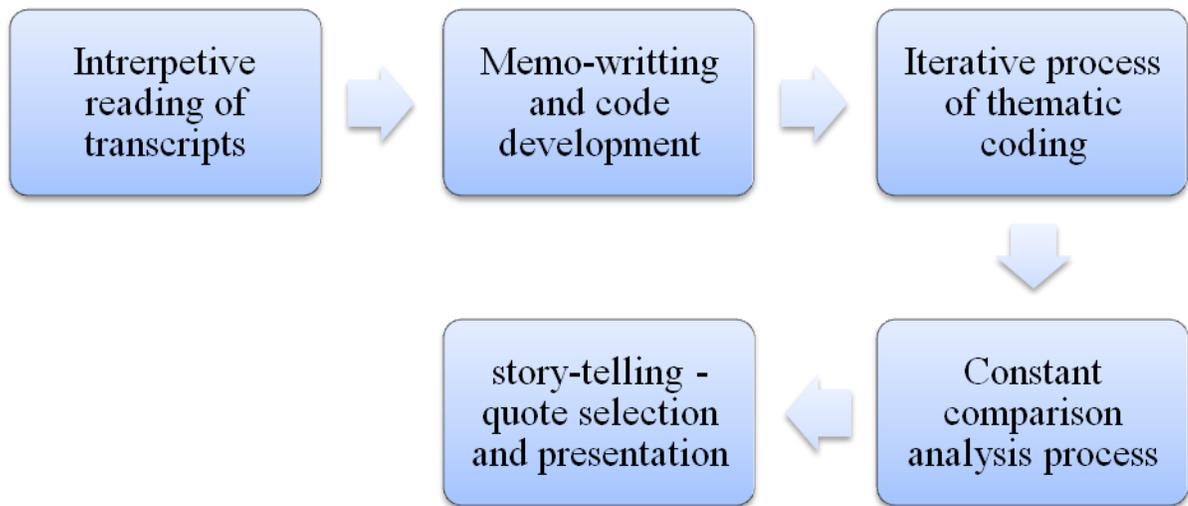
1. In what ways are Black men with same-sex attraction male views and meanings of race related to HIV testing experiences?
2. In what ways are Black men with same-sex attraction male views and meanings of sexual identity related to HIV testing experiences?
3. In what ways are Black men with same-sex attraction male social and cultural lived experiences related to HIV testing experiences?

Limitations

As with all secondary data analysis, because the data were not collected to answer the specific research questions, and qualitative design by nature does not prescribe actual outcomes, we were not able to answer the original research questions proposed in specific detail. The interview style differences including differential probing, unasked questions, and rephrasing of interview guide questions by the original interviewers resulted in data

not being systematically available that matched each research question for every interview. However, based on the interview guide and codebook specific ideas and themes relating to the original questions generally were discovered in the data. Moreover, the individual level perspective of questions did not allow participants to discuss experiences in broader social contexts. Lastly, this research only addressed a small portion of a complex, multi-faceted issue with men that self-identify as men with same-sex attraction.

Figure 1: Data Analysis Plan



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CHAPTER II

MOTIVATIONS FOR SEEKING HIV TESTING AMONG BLACK SAME-SEX ATTRACTED MEN: A SECONDARY ANALYSIS USING CRITICAL RACE THEORY

Abstract

HIV in the United States disproportionately affects Black men with same-sex attraction. There is a lack of research literature focused on reasons and motivations for seeking HIV testing among Black men with same-sex attraction. The knowledge available primarily focuses on barriers to testing as opposed to facilitators or motivations of testing. This paper examines the reasons and motivations for HIV testing among a sample of Black men with same-sex attraction. The investigation is a secondary analysis of individual interviews that applies Critical Race Theory to interpret narratives. Findings suggest men are motivated to test for self-care, after perceived risky encounters and because of increased susceptibility related to sexuality and race. Authors conclude with implications for HIV prevention.

Introduction

HIV remains a heavy burden for Black men with same-sex attraction (MSSA) within the United States. The term “men who have sex with men” (MSM) is most commonly used to describe this population of men; however, this term obscures social dimensions of sexuality and inadequately represents the diversity of sexuality for Black men (Young & Meyer, 2005). Thus, this paper refers to them as men with “same-sex attraction” to acknowledge a population of men with diverse sexual practices and/or identities that are not exclusively heterosexual. Black MSSA account for a higher proportion of HIV infections than other groups of men, whether considered among all men with same-sex attraction, or among all persons of Black race. In 2006, 53% of total new HIV infections were attributed to men with same-sex attraction and within that proportion, 35% were Black race. Moreover, 63% of new HIV infections among Black Americans were among MSSA (CDC, 2008). Furthermore, new infections among Black MSSA nationally increased by 12% from 2001 to 2006 (Cahill, 2008). Importantly, the CDC has reported that among MSM, nearly half 44% of those men were not aware of their HIV infections, with more than half of the Black MSSA (59%) not being aware (CDC, 2011).

One of the major challenges in HIV prevention for this subgroup is that many men fail to seek testing and are unaware of their HIV status (Mimiaga et al., 2009), as validated by a recent report of MSM in three large metropolitan areas. Black MSM were three times more likely than Latino MSM to be unaware of their HIV positive status (Millett et al., 2011)

Research that identifies the reasons and motivations for why men seek HIV testing are important. There is a dearth of literature focused on reasons and motivations for seeking HIV testing among Black men with same-sex attraction. The available literature focuses on barriers to testing as opposed to facilitators or motivations of testing. Fear of social consequences (e.g., stigma, violence and discrimination), perceived inability to cope with a positive result, poor relationships with medical providers and perceived racism (Ford et al 2007; Obermeyer & Orbson, 2007, Mashburn, Peterson, & Bakeman, 2004; Mimiaga et al., 2009) are consistently identified barriers. However, comparable research assessing the facilitators and motivations of HIV testing among Black MSSA is scarce. Mashburn and colleagues (2004) found that being of older age, having a main partner, having knowledge of a comfortable testing site, and having knowledge of HAART were positively associated with testing. Unfortunately, information describing the reasons and motivations among Black MSSA are not presented in these correlational observations. Mimiaga, Reisner, Bland, Skeer, Cranston et al (2009) explored the frequency of HIV testing, health system and personal barriers among a community sample of Black MSSA. The authors describe person-driven (wanting to know status, testing as self-care), event-driven (having risk sex, symptoms or finding out about partner) and socially driven (testing with a partner, recommend by a friend, following peer norms) as motivations for seeking last HIV test. That study was the first study to qualitatively ascertain reasons for seeking an HIV test among Black MSSA. However, the authors only asked about the reasons for participant's last HIV test and did not ask about participants' motivation for regular testing. It is possible that participant'

motivations for testing may be different each time they test. Interventions have addressed barriers and facilitators, but have achieved only low to moderate improvements in testing among Black MSSA (Jones et al., 2008; Wilton et al., 2009). Understanding all motivations for testing as opposed to only the last HIV testing experience would be useful for informing interventions in education and practice.

There is clear need for information and interventions specific to Black MSSA if improvements in early testing, knowledge of HIV status and decreases in the HIV disparity rates are to be achieved among this population. A lack of scientific literature highlights the importance of qualitatively investigating facilitators of HIV testing among Black men with same-sex attraction. Quantitative inquiry may not adequately explain the meaningful social contextual factors that drive the facilitators and barriers of HIV testing among Black MSSA. Thus, the purpose of this study is to explore the perceived reasons and motivations for HIV testing according to Black MSSA. The findings from this study will be useful to developing innovative and culturally appropriate HIV testing initiatives targeting Black MSSA.

Methods

This is a secondary analysis of previously collected narratives of Black men with same-sex attraction. Because of the influence of race on health (Northridge, Treadwell, & Bethea, 2007), a critical race theoretical perspective was applied to interpret the HIV narratives of Black MSSA. Critical Race Theory (CRT) is an interpretive framework used to explain the position of marginalized groups from the viewpoint of that group and is most applicable in population health investigations where racial identity is associated

with a health outcome, such as Black MSSA and HIV (Graham, Brown-Jeffy, Aronson & Stephens, 2010). This study applies the following selected tenets of CRT centering in the margins, narrative as inquiry, and anti-essentialism. Centering in the margins means focusing on participant perspective, shared narrative and inferred meaning. Using narrative as inquiry means identifying and examining the stories as vignettes of data through discourse analysis and interpretive reading. Anti-essentialism was achieved by using constant comparison of HIV testing stories and documenting the range of experiences not collating one generic experience. Accordingly, CRT recognizes the importance of understanding the larger role of race relations and cultural interactions in society influence with health.

Interview Procedures

In-depth personal interviews of 19 HIV negative Black men with same-sex attraction collected as part of a CDC-funded Minority AIDS Research Initiative study exploring HIV testing experiences of Black MSSA. Primary study investigators used snowball, network and venue based sampling to recruit community residing Black men, 18 years of age or older, who self-identified as a man who had sex with other men. The sample included those that identified as gay, bisexual and same-gender loving but did not include anyone that identified as heterosexual. Venues for recruitment included local bars and areas known to be frequented by gay and bisexual Black men such as bookstores, but did not include HIV testing facilities. Two Black MSSA conducted interviews, using a semi-structured interview guide focused on HIV testing developed based on an ecological perspective, expert input and scientific literature. The guide explored several topics

related to HIV testing including racial, sexual and masculine identity, HIV risk assessment and sexual behavior. Interview participants completed surveys containing demographic information such as age, educational attainment, as well as the date and results of last HIV test. Interviews lasted an average of 60 to 90 minutes, were digitally recorded and included informed consent from participants. The original study protocol was approved by the university IRB.

The primary study investigators provided access to interview guide and de-identified transcripts to the current study primary author. For the purposes of this article, the focus is on participants' motivations of HIV testing as racial and sexual minorities. The primary questions eliciting these views and experiences included: 1) There are a lot of media reports about Black men who have sex with men contracting HIV - why do you think that is?; 2) What determines how often you get tested for HIV?; and 3) What would get you to test more regularly in the future? Each interview question was followed by a series of probes based on participant response. The secondary analysis used an interpretive/constructivist approach to representing and presenting the narratives. The interpretive approach searches for patterns of meaning, focuses on the targets perception of reality and uses meaning as the unit of analyses (Creswell, 2009). In this paradigm, the objective is to identify a shared narrative, select vignettes of data that represent the experience and provide discussion interpreting the meaning of the reported experience.

Analytical Strategy & Coding

The primary author conducted analysis in a series of steps. The first step included reading each transcript twice and using memo-writing to begin understanding the

narratives. Memo-writing is a process of making analytic notes to explicate and inform the development of codes and categories. It is an essential aspect of the analysis in that it provides a way to reflect on the data and maintain identified themes with true fidelity to participant meaning (Creswell, 2009). Next, the primary author used discourse analysis to understand how men described their reasons and motivations for testing for HIV. Discourse analysis helps describe language use and how different identities like race and sexuality shape relationships, and negotiation of social goods such as HIV (Starks & Brown-Trinidad, 2007). In the next step, codes were identified reflecting the major tenets of CRT including centering the voice of the participants at the margins, explicitly discussing race as a social category, and allowing for complexity of experiences through anti-essentialist praxis. The final application of CRT used narrative as inquiry with interpretive reading to identify and catalogue themes within the narratives. Interpretive reading involves constructing and documenting what the data represents and what can be inferred from narratives (Mason, 2002). After eliciting themes, the primary author and another member of the research team reviewed themes and discussed codes in detail to reach agreement on interpretations. Themes were refined and re-categorized until they reached the point of saturation where no new themes were identified. Finally, the primary author ‘culled’ each transcript for reasons and motivations for testing and then used a constant comparison process assessing experiences across the range of interviews. CRT guided this iterative process by focusing on each narrative of HIV testing reported as inquiry. After all themes were discussed, the authors constructed thematic statements

to present the narratives from the viewpoint of the participants, consistent with the purpose of CRT.

Results

Sample Characteristics

Participants ranged in age from 18-44 with an average age of 28 years. All participants lived in Atlanta; 11 men were originally from southern states, 6 men were from northern cities and 2 men were from western states. Three participants completed graduate degrees, 5 persons completed college degrees, and 5 men reported having some college attainment. Four of the men had no college education and two of the men did not complete high school. Participants had the option of identifying as homosexual, bisexual, heterosexual, gay, same gender loving or some other identity. Twelve of the respondents identified as homosexual or gay, two respondents identified as same gender loving, 3 participants chose bisexual and 2 chose some other identity. Most of the men in this study (12) reported obtaining an HIV test just months prior to their interview, the remaining participants' (7) reported obtaining an HIV test at least a year prior to their interview. To protect the identities of the participants, researchers labeled each interview with pseudonyms to help present narratives.

Qualitative Findings

The primary reasons for participants seeking an HIV test were: (1) personal responsibility: being tested as a matter of self-care as a sexually active person. (2) Event driven: having engaged in unprotected sex or sex with a risky partner (3) socially driven: feeling being Black and/or Gay places them at greater risk for HIV transmission.

Personal Responsibility

The men predominantly described HIV testing as something that sexually active people are ‘supposed to do’. A vast majority of participants stated they test at regular intervals ranging from every three or four months to annual testing.

I get tested every three months or every four months; I just try to keep that up because I just believe if you’re going to be sexually active like you should be tested.-Andrew

If you’re doing something or whatever, nothing is 100% safe, then you should get tested on a more regular basis. -Jason

I think the factor for me is just make it a part of my yearly routine –Donte

For many of the men, they chose to be tested whether there was some perceived risk or not, and described feeling a responsibility to test as long as they were sexually active.

I just, at that point, I was just getting’ tested to be tested. I really wasn’t worried about anything but I just wanted to be tested- Terrence

I mean just because I know that it’s something that, if I’m sexually active, I need to do it at least two or three times a year-Marcus

Engaging in perceived risky behavior

Some men discussed testing when they felt they had placed themselves at some level of HIV exposure risk. Men reflected on their sexual behaviors, determined if they

perceived they may have been at risk, and decided on testing when they felt susceptible by a perceived risk encounter.

I mean I guess thinking about what you may have done in the last six months that may have some effect on whether or not you go get tested.-Kevin

it's just if you know that you participated in sex or no matter what it was and it wasn't protected you should want to get tested yourself –Thomas

The last time that I, the time that I had unprotected sex, that's what made me get tested a couple of days after that –Leonard

Engaging in risky behavior not only influenced whether or not men sought testing, but how often or the frequency they tested.

For me, what determines it is how many times I actually have sex. So I feel that every time I'm sexually active maybe I should get tested afterward. –Jeremy

Sexual history. I mean it doesn't make sense to get tested every 6 months if you're not doing anything –Jason

Once a year at least unless I feel like, by some power unbeknownst to me that I was put at risk then I go get tested.-John

I generally will get tested every 6 months unless there is a situation or case where I know that I have definitely put myself at risk –Brandon

Sexual & Racial identity as perceived risk factor

Some of the men discussed testing because they felt HIV rates are higher among homosexual men and that influenced their testing decision.

I was just doing it because I mean that's just like you know brushing your teeth every night, like you're gay, like you're supposed to go get a test every 6 months. –Donte

I think what has influenced my testing practices really have been the fact that I am a homosexual and that I do know that HIV rates are highest in this category. –Brandon

I get tested more because I am gay because it's clear, it's in our face and there has been a serious ongoing campaign and push to get tested –Chris

Some of the men discussed testing because not only they are gay, but being Black as well made them feel at increased risk for contracting HIV

I guess so that would make me want to get tested more often as well because knowing I am a gay black man I feel like I'm at high risk. –Jason

I thought my risks were high being that apparently HIV is a big thing in the black gay community so I had assumed that me being black and gay and sexually active my chances are higher of getting it –David

Discussion

Critical Race Theory was used to analyze narratives of Black men with same-sex attraction for experiences related to HIV testing. An application of CRT shifted the focus from the lens of a researcher/academic/practitioner to that of the marginalized group experiencing the world and navigating risk. From a CRT perspective, Black men with same-sex attraction are a priority population for HIV prevention and evidence the greatest risk for HIV transmission according to most reports. Social marketing campaigns, fact sheets, and media outlets target the men to increase HIV testing and reduce HIV risk

(CDC, 2001; CDC, 2005; Sutton et al. 2009). The heightened response and focus on Black MSSA appears to have had an influence on the testing practices of the men in the study. The findings indicate that men are adhering to recommendations and messages that target homosexual and Black men for HIV testing. Participants described it as ‘important’ to test for HIV as a function of their sexual activity and/or test at least once a year.

The men in this study perceived that testing should be a function of sexual behaviors, and that the more frequent sexual behaviors one engages in the more regularly one tests for HIV. This finding is consistent with the previous studies assessing motivations for HIV testing that suggest men test as part of self-care (Mimiaga et al. 2009). However, the men have varied perceptions as to how often regular testing should be, with several men perceiving completing testing quarterly, some men bi-annually and other men reported annual testing is sufficient. Consistent with previous findings (Mimiaga et al., 2009, Mashburn et al., 2004), having engaged in sexual behavior perceived to be risky prompted individuals to seek testing. The major factor influencing whether one seeks an HIV test and the frequency to which they test is their perceived risk behavior (Kellerman et al., 2002). However, men indicated that they might test directly after a risky encounter, not allowing enough time between risky encounter and an HIV test to detect antibodies. In the current testing and treat paradigm of HIV prevention, this means greater numbers of Black men with same-sex attraction may test positive late in the course of disease because they engaged in risky behavior and tested too soon after exposure or delayed testing until the next event. Thus, HIV testing messages must

educate men about the appropriate time needed between exposure and testing so men can adequately gauge when and how often they should be tested. In addition, primary prevention efforts in the way of behavioral interventions, sex education and health communication campaigns must educate men of ways accurately to assess risk for HIV transmission (Thrasher, Ford, & Nearing, 2005).

One of the benefits of using a CRT perspective is the focused attention on issues of race and allowance for the exploration of intersectionality. Intersectionality examines ways socially and culturally constructed categories of identity such as race gender and sexuality shape experiences (McCall, 2005). Crawford and colleagues (2002) have demonstrated that in Black gay men, those men with better-integrated racial-ethnic and sexuality identity are more likely to engage in health protective behavior. The findings of this study support that those men that identify at this intersection of sexuality and race view themselves as part of a risk group, which influences their decision to seek testing. Surprisingly, the tone, language and discourse of feeling race and sexuality elevated HIV risk was positive and did not indicate individuals feeling shame or stigma. Many of the men in the study discussed the combination of both race and sexuality as a motivation for testing. The men describe the “Black gay” community as being at increased risk for HIV transmission and because of those feelings of susceptibility; men were motivated to test for HIV. Men in the current study discussed testing related to viewing themselves at elevated risk, though previous research has found that targeting Black men with same-sex attraction as a risk group creates stigma and can hinder testing (Ford et al., 2007; Nanin et al., 2010). This previous conclusion, however, was not supported in the current study. It

appears that targeting as a risk group can facilitate testing. It should be of note that all men in the current study self-identified as a man who had sex with other men. A CRT approach may or not be the most effective for men who do not self-identify with these socially constructed categories.

The findings suggest that men have adopted regular HIV testing practices as a matter of self-care, because they have knowingly engaged in perceived risk behavior and/or feel increased susceptibility to HIV transmission because of race and sexuality. Because of the individual level focus on the interview, men discussed individual level motivations for testing, which are more suitable to utilize in behavioral interventions. It is important that campaigns, interventions and messages tailored for this population encourage testing as a matter of self-care, highlight and recommend intervals of testing in relation to sexual behavior, and continue to increase perceived susceptibility to HIV transmission. Future research should explore specifically how Black same-sex attracted men feel, interpret and understand media portrayals, targeting, discussion and presentation of their HIV risk. The influence of those portrayal have on testing practices is important to investigate. Moreover, researchers should use data collection methodologies that move beyond the individual level discussion and elicits aspects of culture that can be leveraged to encourage testing. Because men discussed testing as a matter of self-care, researches may want to investigate Black same-sex attracted men's feelings, attitudes and positions towards routine testing as a strategy to increase testing.

A number of limitations to consider may influence the generalizability of the study findings. First, this was a re-analysis of previously collected interview data. As

such, there were no opportunities to probe or obtain clarification on many issues discussed by the participants. While re-analysis or secondary analysis of qualitative data is useful for assessing unexplored angles and applying different theoretical perspectives than the original study (Ackerstorm, Jacobsson, & Wasterfors, 2004), the individual level focus on the interview made applying CRT difficult. Another limitation is that this study only includes HIV negative men and their motivations for testing may be markedly different from those who are HIV positive. Finally, this research only addresses a small portion of a complex, multi-faceted issue.

Conclusion

CRT was used to explore narratives of Black same-sex attracted men and specifically elicit reasons and motivations for HIV testing. CRT allowed the perspective and voice of the participants to guide inferences and interpretations of HIV testing motivations. Despite limitations, findings suggest that men believe their race and sexuality elevates HIV risk. Subsequently men engaged in regular testing practices. HIV prevention efforts must address and promote accurate risk assessments, focus on increasing perceived susceptibility and advocate regular testing regardless of sexual behaviors. Overall, the narratives presented here indicate the HIV testing paradigm of prevention maybe effective through leveraging positive aspects of both sexual and racial identities to inform individuals and groups at risk and promote HIV testing.

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CHAPTER III

BLACK CHURCH, SEXUAL EXPRESSION AND HIV PREVENTION
AMONG BLACK MEN WITH SAME-SEX ATTRACTION

Abstract

The Black church within Black communities is vital and researchers have focused on to the church as an important agent, partner and setting for HIV prevention with Black men with same-sex attraction. Given the disparities and heavy burden of HIV infection among this population, a culturally acceptable and appropriate avenue to intervene and provide opportunities for HIV testing must be identified. A secondary analysis of individual interviews with Black same-sex attraction men revealed views and experiences with the Black church that prohibit sexual expression and foster homonegativity. Findings suggest the Black church may not be a viable option to target Black men with same-sex attraction for HIV testing and prevention.

Introduction

Public health education and health promotion professionals have focused on the black church as a setting, partner or agent in efforts to improve health and reduce disparities for Black populations. Even before the establishment of the Office of Faith Based and Community Initiatives by President George W. Bush, church-based interventions to address public health problems had been well documented (Baskin, Resnicow, Campbell, 2001; Campbell, Hudson, Resnicow, Blakeney, Paxton, Baxtin, 2007). With success from lifestyle related health issues, researchers are assessing the potential of the church for HIV prevention (Corbie-Smith et al., 2010; Sutton & Parks, 2011; Berkley-Patton et al., 2010). This current study examines views of the Black Church and the Black community by a sample of Black men who have same-sex attraction. A secondary analysis of transcripts obtained in a prior study of HIV testing was used to identify thoughts, views and perceptions of the Black church, and to ascertain whether the Black church is a viable option for HIV prevention with this population. The views provide an indication of the suitability of the church to reaching this particularly vulnerable population of African American men with respect to HIV risk and prevention. The presentation and discussion of the narratives shared by men in this study used an interpretive/constructivist approach to represent the views held by these men regarding the nature of the Black community and the Black church. Critical race theory informed the interpretation and discussion of the views shared by these men. Implications regarding the appropriateness of HIV prevention and HIV testing activities through churches are presented.

Critical Race theory, the Black church and HIV prevention

HIV rates among Black men with same-sex attraction (MSSA) are high in the United States. The term “men who have sex with men” (MSM) is most commonly used to describe this population of men; however, this term obscures social dimensions of sexuality and inadequately represents the diversity of sexuality for Black men (Young & Meyer, 2005). Thus, this paper refers to them as men with same-sex attraction to describe a population of men with sexual practices and/or identities that are not exclusively heterosexual. Black MSSA account for a high proportion of HIV infections, whether considered among all men with same-sex attraction, or among all persons of Black race. For instance, the last cycle of HIV data collection from CDC in 2006 reported 53% of total new HIV infections were attributed to men with same-sex attraction and within that proportion, 35% were Black race. This rate of new infections among those aged 13-29 years of age was even more concerning for black men, as the rate was nearly twice the rate of white young MSM and more than twice the rate of young Hispanic/latino MSM (CDC, 2011).

Black MSSA may be at increased vulnerability to HIV transmission because of social and cultural issues related to multiple minority group identities such as poverty, unequal access to testing services, institutional racism, heterosexism and HIV stigma (Malebranche, Peterson, Fullilove, & Stackhouse, 2004; Jeffries et al., 2008; Ward, 2005; Nanin et al., 2010). Interventions tailored to Black MSSA have resulted in removing selected barriers to HIV testing with low to moderate success (Jones, Gray, Whiteside, et al, 2008; Wilton, Herbst, Coury-Doniger, et al, 2009). Culturally relevant efforts to

address HIV risk and provide HIV prevention services such as testing and education for this population are needed. Experts and authors have identified the Black church as a one setting to address HIV risk concerns because of the churches' vital role in the Black community (Ayers, 1995; Lewis, 2003; Miller, 2007; Hill & McNeely, 2011), as well as success using church settings and foci with other health related programs. (Corbie-Smith et al. 2010; Cowart et al., 2010; Sutton & Parks, 2011)

The Black church in the United States is described as the primary religious institution within Black culture that serves as a source of solace and refuge for Blacks in American society (Lincoln & Mamiya, 1990). The church emerged as a protective force within the community against social issues including racism and discrimination from the dominant European culture during slavery, and maintained social action against such racism throughout the course of history (Rubin & Billingsley, 1994; Valera & Taylor, 2011). Specifically, during the era of slavery and Jim Crow laws within the United States, the church played a pivotal role in advocating for Black civil rights, political equality and economic sustainability for the community. As such, the Black church assisted Black Americans in dealing with a harsh life, establishing a collective identity and sense of belonging within American society (Rubin & Billingsley, 1994; Billingsley, 1999; Eng, Hatch & Callan, 1985). In addition to providing standards for moral living, social and spiritual support, the Black church provides tangible social goods such as financial support, education, and a variety of physical health programs for members (Ammerman et al., 2002; Corbie-Smith et al., 2010). Thus, churches are religious institutions that can mediate cognitive, affective and instrumental support for health and well-being.

The church and other religious institutions represent aspects of culture that define patterns of social interaction, particularly for Blacks in American society (Hatch & Cunningham, 1985). Scholars conclude that Black churches are important for both physical and psychic life (Whitehead, 1985; Corbie-Smith, Goldmon, Isler, Washington, Ammerman, Green & Bunton, 2010), and churches have been credited with contributing to the resiliency of Black Americans despite experiences with racial segregation and discrimination. In fact, churches are viewed as the most influential and readily identified organizations in many Black communities. For this reason, public health professionals often seek to collaborate with churches to address health concerns such as HIV, diabetes, and prostate cancer (Ammerman et al., 2002; Blank, Mahmood, Fox, & Guterbock, 2002; Ayers, 1995; Cowart, Biro, Wasserman, Stein, Reider & Brown, 2010; Smith, Simmons & Mayer, 2005).

A major challenge for church-based health initiatives addressing HIV prevention, however, includes moral and social values that challenge the open discussion of healthy sexuality and diverse sexual practices (Hill & McNeeley, 2011; Pitt, 2011; Smith et al., 2005; Valera & Taylor, 2010). Many individual churches recognize the importance of using their position to address the heavy burden and overrepresentation of Blacks in HIV transmission (Ayers, 1995, Smith et al., 2005; Woodyard, Peterson, & Stokes, 2000); however, the Black church may foster privilege to certain groups within Black communities, namely heterosexual men and women (Ward, 2005; Pitt, 2011). Consequently, researchers have noted that the church is intolerant of non-normative sexual and gender expression i.e. homosexuality (Valera & Taylor, 2010; Ward, 2005).

Scholars suggest that because of the Black church's intolerance of homosexuality (Mays et al., 1992; Peterson, 1992), participation in the church may promote sexual secrecy and decrease self-esteem among Black MSSA (Woodyard, Peterson & Stokes, 2000). This makes public health efforts using the Black church for HIV prevention a challenging endeavor given the burden of disease reflects the population excluded from the churches ideals of community, the non-heterosexual Black man (Meyer & Northridge, 2007, Parker & Aggleton, 2003; Pitt, 2011).

Some scholars are advocating utilizing the church for HIV prevention with this population (Hill & McNeeley, 2011; Smith et al., 2005; Alder et al., 2007; Williams, Palar, & Derose, 2011), thus it is important to consider the views of Black MSSA toward the church, and to gain an understanding of how these men describe their experiences and relationships to this institution. The men's views and experiences may influence their use or non-use of services offered by, for and at churches. While researchers have gathered evidence from the perspective of ministers and the Black church (Corbie-Smith et al., 2010; Fulilove & Fulilove, 1997; Smith et al., 2005; Leong, 2006), few investigations have explored the views of Black MSSA on the church and its' potential for HIV prevention. This article will describe views of Black MSSA on the nature of the Black church and their relationships to the church as it relates to their racial, gender and sexual identities. The perceived relationships to the church and the meaning of men's experiences within the church may have considerable implications regarding the feasibility and acceptability of HIV testing and prevention through the Black church.

Methods

This is a secondary analysis of previously collected narratives of Black men with same-sex attraction. Because of the influence of race on health, we applied a critical race theoretical perspective to help interpret the HIV narratives. Critical Race Theory (CRT) is an interpretive framework used to explain the position of marginalized groups from the viewpoint of that group and is most applicable in population health investigations where racial identity is associated with a health outcome (Graham, Brown-Jeffy, Aronson & Stephens, 2011). Accordingly, CRT recognizes the importance of understanding the larger role of race relations and cultural interactions in society influence with health.

Interview Procedures

In-depth personal interviews with 23 Black men with same-sex attraction originally collected as part of a CDC funded Minority AIDS Research Initiative study exploring HIV testing experiences were re-analyzed. Original study investigators used snowball, network and venue based sampling to recruit Black men, 18 years of age or older, that self-identified as a man who had sex with other men. Venues for recruitment included local bars and areas known to be frequented by gay and bisexual Black men such as bookstores, but did not include HIV testing facilities. Interviews were conducted using a semi-structured interview guide focused on HIV testing that was developed based on an ecological perspective, expert input and available literature. The guide explored several topics related to HIV testing including racial, sexual and masculine identity, HIV risk assessment and sexual risk taking. Demographic information including age, educational attainment, and religious affiliation were collected. Interviews lasted an

average of 60 to 90 minutes and were digitally recorded and informed consent was obtained from participants.

The original study investigators provided access to interview guide and de-identified transcripts to the current study primary author. The secondary analysis applied Critical Race Theory to interpret narratives, which was not a part of the original investigation. For the purposes of this article, we focused on participants perceptions of the Black community related to the church and sexual expression. The primary questions eliciting these views and experiences included “What is the Black community to you?” “How much do you feel you are a part of the Black community?” “What was the influence of church in your life?” Each interview question was followed by probing questions based on participant response. The secondary analysis used an interpretive/constructivist approach to represent and present the narratives. This approach uses story-telling to infer meaning from narratives and places emphasis of the context surrounding participant experiences.

Analytical Strategy & Coding

The primary author read each transcript twice and used memo-writing to begin understanding the narratives. Memo-writing is an essential aspect of the analysis in that it provides a way to reflect on the data and keep identified themes with true fidelity to participant meaning (Creswell,2009). Next, the primary author used discourse analysis to understand how men describe their lived experiences as non-heterosexuals within the Black community and their experiences connecting with the larger community, ideas about the Black church and thoughts on HIV prevention. Discourse analysis helps

describe language use and how different identities like race and sexuality shape relationships, and negotiation of social goods like HIV (Starks & Brown-Trinidad, 2007). The primary author identified codes reflecting the major tenets of CRT including misalignment between the dominant culture, privilege and discrimination and used interpretive reading to identify and catalogue themes within the narratives. Interpretive reading involves constructing and documenting what the data represents and what can be inferred from narratives (Mason, 2002). The primary author and another member of the research team reviewed themes and discussed codes in detail to reach agreement on interpretations. Themes were refined and re-categorized until they reached the point of saturation where no new themes were identified. Finally, the primary author ‘culled’ each transcript for views on race, sexual identity and lived experiences for each interview and then used a constant comparison process assessing experiences across the range of interviews. CRT guided this iterative process by focusing on each narrative of HIV testing reported as inquiry. After themes were discussed, the authors constructed thematic statements to present the narratives from the viewpoint of the participants, consistent with the goals of CRT.

Results

Sample Characteristics

Participants ranged in age from 18-44 with an average age of 28. All participants lived in Atlanta at the time of the interviews. Thirteen of the men were originally from southern states, 6 men were from northern cities and 4 men were from western states. Three participants completed graduate degrees, 6 men completed college degrees, and 8

men reported having some college attainment. Four of the men had no college education and two of the men did not complete high school. Participants had the option of identifying as homosexual, bisexual, heterosexual, gay, same gender loving or some other identity. Sixteen of the respondents identified as homosexual or gay, two respondents identified as same gender loving, 3 participants chose bisexual and 2 chose some other identity. The majority of men in this study (12) reported their religion as protestant; other men (5) identified their religion as non-denomination Christian, one identified as Taoist and another as Unitarian and the remaining four participants identified their religion as spiritual. To protect identity, researchers labeled each interview with pseudonyms to present narratives.

Qualitative Findings

The findings from the discourse and thematic analysis are presented below. Analysis of the transcripts reveal that men view the church as a central facet of the Black community, believe the church influences perceptions of sex and sexuality within the community, and experienced negative interactions within the church because of their sexuality. The quotes reflect a shared narrative by men in this study. Selected quotes are not isolated responses, but illustrative of the feelings and experiences of the entire sample.

The church as influential within the Black community

Participants believed the Black community revolved around the ideas and doctrine of the Black church. As articulated by Larry, many men grow up attending church and identify the church as a central part of the Black community.

The black community to me of course... to me the community is black people, the black church definitely. I grew up somewhat going to church on a consistent basis. So the black community definitely to me revolves around the church-Larry

Even for the participants that do not attend church, the church influenced lives because of the impact it has on other Black persons in the community.

I would say that I guess you know lots of other black people do go to church...I think it really informs the opinions of lots of other black people. So in that way I guess you know indirectly, it does have this big impact on my life.-Jason

The men perceived that the Black church was once an institution that reached out to help all members of the Black community, but it no longer plays that role in today's society. Andrew discusses the influential role of the church as an institution that reached out to make the community better, but perceived that the church has evolved into an institution that looks down upon sinners and separates people within the church.

I think that the church used to really be a place of refuge. They used to be a place where folks went and they got the help they needed and they you know you've reached out to all of them...drunks, prostitutes, whatever it was, they were welcomed. Today's mega churches they ain't like that you know you get looked at and you get ushered to a certain spot that they feel like your kind should be in and that's crazy-Andrew

One thing consistently mentioned by men in this study was they did not like the religious experience of the Black church that focused on condemning sinners. The men at times avoided church because of such "bashing" and feel many Blacks are controlled by the teachings of the church.

You know it's like you go to some of these Baptist churches in the south, I mean they were calling down fire and brimstone on a litany of evils and everything else and I knew from the beginning I didn't like that type of religious experience-
Donte

The church left a lot of scars though because for a long time I didn't go to church. I didn't lose my connectivity but I didn't go to church. So you know all the bashing that they do. All the hatred that they spew, the double standards, the selective sins that have bothered me for a long time... the church is used as a form of mind control of the people -John

I go to church and I grew up in the church... but they are some of the most hypocritical people that I mean I think could ever exist 'cause they will look down on you over the silliest things...and to be gay and black and in the church and to hear some of the stuff that they say-Jason

Sexuality and the Black Church

Participants reported that the Black church has negative beliefs about homosexuality that influences the attitudes toward sex and sexuality within the Black community, which makes it difficult to be Black and Gay.

Black people are entrenched in religion and that kind of directs their thought and the perception of being gay is less than a man and not of God so that makes it difficult-Kevin

You know you've got churches preaching from the pulpit that you know homosexuality is you know is an abomination in God's eyes.-Brandon

There was a general perception among participants that the Black church teaches homosexuality as a sin, that homosexuals need to be saved or they are going to hell.

I was brought up National Baptist and believing that I needed to be saved as a sinner born in original sin by the blood of Jesus and fellowship in that church. That's what I was brought up to believe-Chris

[homosexuality?]That it was wrong. I mean of course I got that whole thing about oh you're going to hell. It's an abomination to God. That's mainly all the messages I really had even before I even...everybody knew- Thomas

Some of the men suggested that these homonegative views perpetuated by the Black church are a contributing factor to men feeling a need to hide their sexuality within the Black community.

So you've got a lot of black men who aren't coming out because the fear of black church and their family. Plus their family has those same beliefs so they don't want to come out, they won't come out and be themselves you know in their own community.-Leonard

The narratives presented here articulate that the men are torn between religious ties to their community that offer spiritual support and protection from racial prejudice, but then are met with sexual prejudice. Because of the lack of support for their sexuality within the church, Black MSSA perceived that the church is a divisive institution. Thus, the men did not view the current Black church as a source of solace or help for them.

Discussion

Critical Race Theory guided analysis to elucidate how Black MSSA perceive the Black church as a cultural institution within Black culture that creates, reinforces and teaches homonegative views. Men did not discuss their racial and sexual identity separately but rather in tandem. As such, CRT was limited in its ability to discuss the

important intersection of sexuality for Black MSSA. However, the perspective of Black MSSA as they related to the church and HIV prevention was identified.

Men in this study discussed the Black community as having negative and divisive attitudes towards homosexuals within the community influenced by the doctrine of the Black church. In fact, the men reported the church as “bashing” and “spewing hatred” which further contributed to the feeling that they were not welcome by the church doctrine. The narratives are consistent with past research suggesting that Black MSSA experience difficult sexual development because of strong community ties to Christian church beliefs about homosexuality (Francis & Liverpool, 2009; Ward, 2005; Alder et al., 2007). As other authors suggest (Valera & Taylor, 2010), this inability to express sexuality is a primary issue in navigating HIV risk and subsequently engaging in HIV protective behaviors. The rejection from these cultural institutions, as described in these narratives, due to non-heterosexual behaviors and identities, creates a compound sense of disenfranchisement with implications and challenges for public health professionals seeking to prevent the spread of HIV in this population. These findings are consistent with past and recent reports (Corbie-Smith, et al 2010; Hill & McNeely, 2011; Pitt, 2011; and Sutton & Parks, 2011)

Implications for HIV prevention

This analysis offers insight onto whether the church is a viable option to reach Black same-sex attracted men for HIV prevention. Narratives reveal the church as a strong and influential aspect of racial culture influencing community perceptions of sexuality. Thus, there is potential for church interventions to have community level

impact, given the influence the church has on the minds and perceptions of Black persons who attend and do not attend church, similar to the discussions by Sutton and Parks, (2011). However, the perceptions influenced by the church are often homonegative and create negative attitudes towards homosexuals within the Black community. Can churches help in the fight against HIV for Black MSSA when belief system rejects sexuality as valid?

Hill and McNeely, (2011) offer that HIV prevention education that focuses on underlying causes of transmission through the church will indirectly affect Black MSSA. However, no effective interventions specifically designed to reach MSM through the church has been identified (Hill & McNeely, 2011). To assist in the fight against HIV for all members of the Black community, Black churches must first address their attitudes, ideology and disposition towards non-heterosexual members of the community (Corbie-Smith, et al, 2010; Pitt, 2011), Black MSSA may not feel comfortable accessing HIV prevention services from churches if they feel the church holds negative beliefs towards homosexuals.

Conclusion

Critical Race Theory offers opportunities to interpret Black MSSA lived experiences and discuss issues related to reaching these men for HIV prevention from their own perspective. Narratives suggest the church may not be the best agent, partner or setting to reach Black men with same-sex attraction. If churches continue to be homonegative in thought and action, Black MSSA may not accept HIV prevention services or testing programs offered through churches. To address HIV disparities for this

particular group of Black men, researchers must identify aspects of culture and organizations more ready, willing and able to assist men to deal with issues of sex and sexuality.

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CHAPTER IV

EPILOGUE

The studies presented in this dissertation resulted from a secondary analysis of individual interviews collected in a previous study of HIV testing experiences of Black men with same-sex attraction. The first manuscript from this analysis extracted three main motivations for testing that included testing as self-care, engaging in perceived risk behavior, and feeling race or sexuality elevated risk. These findings suggest HIV prevention efforts must address and promote accurate risk assessments, focus on increasing perceived susceptibility and advocate regular testing regardless of sexual behaviors. Moreover, the narratives presented here indicate the HIV testing paradigm of prevention may be effective through leveraging positive aspects of both sexual and racial identities to inform individuals and groups at risk and promote HIV testing. The second manuscript found a general perception among participants that Black churches are a large part of Black culture that influences how individuals think and feel regarding sex and sexuality. It is important not to generalize these narratives to all Black men with same-sex attraction or to all Black churches, but it is clear there is a general perception among men that this institution is an aspect of culture that teaches homosexuality as wrong and makes life as a sexual minority difficult. Subsequently, targeting non-heterosexual men through churches may be an ineffective approach. It is important researchers identify aspects of culture and organizations more apt to deal with sex and sexuality to address the

burden of HIV infection among any group, but particularly a group where sexual identity is a key component in navigating HIV risk.

Overall, I learned that Black men with same-sex attraction are in a unique position in society that is very little understood by research and public health practice. I think it important for researchers to move beyond isolating how these men are different but rather start to look at the similarities between their sexual behaviors, perception of risk, and HIV testing practices. Moreover, there is great need for more qualitative explorations that elicit stories that situate time, place and context in order to understand from the perspective of the target group how HIV risk is perceived, navigated, and dealt with. Finally, it is imperative that Public Health professionals implement comprehensive sex education, behavioral interventions, and health communication campaigns that includes discussion of same-sex behaviors, attraction and interest to help normalize sexual development and combat cultural norms influenced by religious doctrine regarding sex and sexuality.

APPENDIX A

CODEBOOK

Lived Experiences (LEXP) - includes text discussing childhood growing up, important life events including death, parental divorce, and estranged relationships. Also other information regarding formative life experiences that influence participant's worldview.

Sub codes include:

- Family Expectations
- Family Relationships
- Community experiences
- Learned behavior

Racial Identity (RACEID)- includes text related to thoughts about being a black man, being black in general, participant perceptions of society expectations based on their race and all experiences based in race. Sub codes include:

- Attitudes toward Culture
- Isolation/Exclusion
- Cultural Norms
- Discrimination

Sexual Expression (SEXE) – includes text about navigating sexuality in society, thoughts on being gay and descriptions of experiences related to sexuality. Sub codes include:

- Sexual Identity
- Gender roles
- Homonegativity
- Sexual prejudice

HIV Risk Assessment (HIVRIS)- Includes any text discussing participant perception of risk for HIV, including personal definitions of risk, descriptions or experiences with unprotected sex, and personal ratings of risk level. Sub codes include:

- Risky Sex
- Partner Risk Assessment
- Sexual practices
- HIV knowledge
- Social ID & risk

HIV Testing (HIVTES)- Includes any and all text describing HIV testing including process, place, thoughts on the testing, motivations for testing or not testing and testing of sexual partners. Sub codes include:

- Motivations to Test
- Barriers to Testing
- Testing knowledge
- Social ID & testing
- HIV Beliefs

APPENDIX B
IRB APPROVAL

UNCG Mail - IRB Notice

Page 1 of 1



Robert Aronson <rearonso@uncg.edu>

IRB Notice

1 message

IRB <irbcorre@uncg.edu>

Fri, Mar 4, 2011 at 1:43 PM

To: rearonso@uncg.edu

Cc: w_mcgee@uncg.edu, cifario@uncg.edu, irbcorre@uncg.edu

To: Robert Aronson
Public Health Education
161E Mclver Building

From: UNCG IRB

Date: 3/04/2011

RE: Notice of IRB Exemption

Exemption Category: 4.Existing data, public or deidentified

Study #: 11-0111**Study Title:** Applying Critical Race Theory to Understand HIV Testing Experiences of Black Men with Same-Sex Attraction in the U.S.

This submission has been reviewed by the above IRB and was determined to be exempt from further review according to the regulatory category cited above under 45 CFR 46.101(b).

Study Description:

Determination form.

The purpose of this study is to assess HIV testing experiences among a group of black men with same-sex attraction and explore these factors in the context of their social identities and lived experiences.

Investigator's Responsibilities

Please be aware that any changes to your protocol must be reviewed by the IRB prior to being implemented. The IRB will maintain records for this study for three years from the date of the original determination of exempt status.

CC:Warner McGee, Public Health Education, Chris Farring, (ORED), Non-IRB Review Contact, (ORC), Non-IRB Review Contact