

Distribution Agreement

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

Berthine M. Njiemoun

Date

Don't Block the Intersections of Who I Am: Using Photovoice Methodology to Explore the Multiple Identities of YBMSM

By

Berthine M. Njiemoun
MPH
Hubert Department of Global Health

Sophia A. Hussen, MD, MPH
Committee Chair

Don't Block the Intersections of Who I Am: Using Photovoice Methodology to Explore the Multiple Identities of YBMSM

By

Berthine M. Njiemoun
B.A. in Political Science
University of Chicago
2013

Thesis Committee Chair: Sophia A. Hussen, MD, MPH

An abstract of

A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Hubert Department of Global Health

2016

Abstract

Don't Block the Intersections of Who I Am: Using Photovoice Methodology to Explore the Multiple Identities of YBMSM

By Berthine M. Njiemoun

Background: Young Black men who have sex with men (YBMSM) are subject of research because of increasing rates of new HIV infection in this group compared to their White and Hispanic counterparts. A potential explanation for this disparity is their position at the intersection of multiple complex and sometimes minority (gay and Black) identities. Little research focuses on the intersectionality of YBMSM identities.

Objectives: To understand how YBMSM conceptualize their multiple intersecting identities and to explore general aspects of YBMSM daily experiences.

Methods: We used Photovoice methodology, a participatory action research tool, to collect data. Participants took photographs of meaningful events in their lives, they analyzed the photographs in discussion sessions, and identified relevant themes. Transcripts were coded using MAXQDA, a qualitative analysis software. Thematic analysis was used to inductively create additional themes.

Results: Participants described their identities as far more complex than race, gender/sexual orientation, and HIV risk. Although 1) race, 2) gender/sexual orientation, and 3) HIV/AIDS form important parts of their identities, 4) individual factors (interests/hobbies and employment), 5) relationships, and 6) community involvement also contribute to their complex intersecting identities.

Discussion: Understanding the multiple intersecting identities of YBMSM contributes to the existing literature, which largely focuses on HIV/AIDS. There are implications for developing interventions specifically tailored to YBMSM identities with positive outcomes for their overall wellbeing. Future research should emphasize YBMSM intersectional identity formation, including societal influences.

Don't Block the Intersections of Who I Am: Using Photovoice Methodology to Explore the Multiple Identities of YBMSM

By

Berthine M. Njiemoun
B.A. in Political Science
University of Chicago
2013

Thesis Committee Chair: Sophia A. Hussen, MD, MPH

A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Hubert Department of Global Health
2016

Acknowledgements

I would like to extend my sincere gratitude to my adviser, supervisor, mentor, and friend Dr. Sophia Hussen. Sophia, you have taken me under your wing and provided guidance through my academic career at RSPH. I appreciate the countless conversations and advice not only on coursework but also on my professional advancement and overall personal wellbeing. Your accomplishments, work ethic and humility are nothing short of amazing. Thank you for working with me through this challenging process and helping me overcome obstacles.

Thank you to the wonderful leadership at AID Atlanta's Evolution Project for welcoming me and allowing me to conduct this project. Thank you for your enthusiasm in brainstorming ideas and for your support during the weekly nightly sessions. Your contribution to the lives of YBMSM is unmatched and inspiring.

Thank you to the 9 fantastic young men that participated in the Photovoice project. You guys were instrumental in the success of this project. Thank you for your time and commitment. Most importantly, thank you for candidly sharing your life stories with me and for allowing me to tell those stories. I cherish your friendship and I am excited to be a part of your many milestones and achievements.

Finally, thank you to my family and friends. To my parents Mr. & Mr. Njiemoun, your decision to leave Cameroon was not in vain. I will continue to work hard to make you proud. Thank you for the unconditional love and support. To my siblings Landry, Sandrine, and Martial, thank you for your encouraging words and for being good role models. To my friends, thank you for support and for listening to my many frustrations. I am forever grateful.

Table of Contents

Introduction.....	1
Problem Statement.....	2
Study Purpose.....	4
Research Questions.....	4
Definition of terms.....	4
Literature Review.....	6
HIV and YBMSM.....	6
Racial Minority Identity.....	8
Sexual Minority Identity.....	9
Intersection of racial and sexual minority identities.....	10
Intersectionality.....	11
Photovoice.....	11
Methods.....	14
Recruitment.....	14
Ethical Considerations.....	15
Study Settings.....	15
<i>Figure 1: Photovoice Timeline.....</i>	16
<i>Session 1: Introduction.....</i>	16
Data Collection.....	18
<i>Session 2: Freestyle.....</i>	19
<i>Session 3: Freestyle.....</i>	19
<i>Session 4: What does your gay culture mean to you?.....</i>	20
<i>Session 5: What is your identity?.....</i>	20
<i>Session 6: What are some meaningful relationships in your life?.....</i>	20
<i>Session 7: What are your insecurities?.....</i>	21
<i>Session 8: What makes you happy?.....</i>	21

<i>Session 9: IDIs</i>	22
<i>Figure 2: Photovoice Timeline and Attendance</i>	22
Data Analysis.....	23
Results.....	27
Participant Demographics.....	27
<i>Figure 3: Participant Demographics</i>	27
Participant Profiles.....	27
<i>Figure 4: Conceptual Framework, Intersectional Identities</i>	30
Racial Identity.....	31
Gender/Sexual Orientation Identity.....	34
Intersection of Identities.....	39
HIV/AIDS.....	42
Individual Factors.....	43
Interests/Hobbies.....	43
Employment.....	45
Relationships.....	46
Self.....	46
Family/ Friends.....	47
Romantic Relationships.....	48
Community Involvement.....	49
Discussion/Conclusion.....	51
Racial Identity.....	52
Gender/Sexual Orientation Identity.....	53
HIV/AIDS.....	54
Individual Factors and Community Involvement.....	55
Relationships.....	56
Strengths/limitations.....	56

Conclusion.....	57
References.....	58
Appendix.....	70

List of Pictures

Rah.....	32
Capture.....	33
Promise.....	34
Comfortable.....	35
The Line in Between.....	36
The Light Within.....	39
Freedom Fighters.....	39
Unity.....	39
Do Not Block Intersection.....	40
Crossroads.....	41
Free Candy, Free Condoms.....	42
Always on the Go.....	42
Triumeq.....	43
Fifth Element.....	44
Eye of Horus.....	44
It's in My Veins, It's Who I Am.....	45
Outreach.....	46
Hearts.....	46
Fire in My Belly.....	46
Community.....	48
New Family.....	48
The 'Him' in My Life.....	49
Steve.....	49

Community.....50
Mr. D.50

Chapter I: Introduction

In the United States, HIV affects gay, bisexual and other men who have sex with men (MSM) at alarming rates (CDC 2013). Gay, bisexual, and other MSM comprise an estimated 2% of the population but accounted for approximately 75% of all new HIV infections from 2008 to 2010. In 2010, nearly 26% of all new HIV infections in the United States occurred in young people ages 13 to 24 years. Most of the new infections were in MSM, noting a remarkable increase of 22% in new infections of all age groups. Blacks shoulder the most severe burden of HIV. Blacks are diagnosed at rates as high as 19 and 4 times the rates in Whites and Hispanics, respectively (CDC 2011).

Young Black people account for a majority (57%) of all new HIV infections among youth in the United States (CDC 2015). In 2010, the highest rate of new HIV infections among MSM occurred in young Black MSM (YBMSM) aged 13–24. They accounted for 45% of new HIV infections among Black MSM and 55% of new HIV infections among young MSM overall (CDC 2015). Currently, YBMSM have more new infections than any other subgroup by race, ethnicity, age, sex, and risk factor/transmission category (CDC 2012). From 2005 to 2014 rates of HIV diagnoses among YBMSM increased by 87%, while remaining relatively steady in other racial, ethnic, and sex groups (CDC 2016). Although, the CDC provides potential causes for the increase in prevalence over time, some fundamental facilitators of these disparities are still subject for debate (Chu & Selwyn 2008). The CDC states that the following challenges contribute to the racial/ethnic disparities in HIV infection rates: the increasing prevalence of HIV in Black populations and the fact that Blacks generally have sex with partners of the same race/ethnicity results in higher HIV infection risk; the higher rates of other sexually transmitted

B. M. Njiemoun

diseases (STDs) increase the chances of HIV infection; the lack of awareness of HIV status may lead to increased unintentional transmission; the socioeconomic issues such as homelessness, access to care and HIV prevention education, and other factors such as stigma, fear, and discrimination prevent Blacks from getting tested and receiving adequate treatment (Warren, Fernandez et al. 2008). Challenges that young MSM face include: low perception of risk leading to an increase in high-risk sexual behavior, older sexual partners who are more likely to be infected with HIV, substance use which increases the likelihood to engage in risky sexual behavior, low rates of testing and low rates of condom use (CDC 2015). Surprisingly, the difference in risk between YBMSM and other MSM has not been proven to result from HIV-related risk behaviors. A recent study found that YBMSM public high school students actually had a lower prevalence of HIV-related risk behaviors compared to other MSM. Although Black students had an earlier sexual debut than their White and Hispanic counterparts, they had a lower prevalence of alcohol and drug use before sex and overall (Kann, Olsen et al. 2016). Since the increasing rates of HIV infection in YBMSM are not entirely explained by individual HIV-related risk behaviors (Sullivan, Rosenberg et al. 2015), researchers have explored other factors such as identity (Gatter 1995, Harper 2007, Halkitis, Brockwell et al. 2011, Harper, Fernandez et al. 2013, Clarke and Smith 2015, Harper, Serrano et al. 2015, Hussen, Harper et al. 2015, Wade and Harper 2015, Quinn and Dickson-Gomez 2016).

Problem Statement

To make YBMSM the center of HIV research requires an understanding of what it means to be a YBMSM. While the literature on LGBT (lesbian, gay, bisexual, and transgender) identity is expanding, not much is known about YBMSM identity due to their position at the intersection of two minority identities (Black and gay). Research on Black identity is less likely to focus on gay

B. M. Njiemoun

identity (Abes E. S. 2007). Black Americans tend to hold more traditional and negative opinions of homosexuality than Whites (Glick and Golden 2010). Studies have shown that YBMSM often experience stigma and discrimination from their family members, Black communities, churches, or social networks that are supposed to be supportive (Arnold, Rebchook et al. 2014, Quinn and Dickson-Gomez 2016) As a result, YBMSM, particularly HIV-positive YBMSM, have to negotiate their multiple minority identities in order to exist in these social networks. They often have to stifle one aspect of their identities in favor of another. This can lead to ‘internalized homonegativity’, a process through which gay individuals develop adverse views of self as a result of society’s concepts of their minority sexual orientation identity (Quinn, Dickson-Gomez et al. 2015, Quinn and Dickson-Gomez 2016). Internalized homonegativity, stigma and discrimination are correlated with bad health outcomes for YBMSM. The majority of studies on YBMSM identity inevitably circles back to HIV/AIDS treatment and prevention methods. As mentioned above, there is tremendous value in studying the intersections of YBMSM identity to help explain the major health disparities in this population. Equally valuable is realizing that YBMSM are experts in their own lives and should be the best source of information concerning their individual identities. Photovoice methodology, a participatory action research tool (PAR), allows YBMSM to tell their stories from their perspectives. Using Photovoice with YBMSM is a fairly emerging approach. Kubicek and colleagues have used Photovoice in response to the limited availability of HIV prevention interventions for YBMSM. They found that involving YBMSM was key to the adaptation of an evidence-based intervention to reduce sexual risk behavior (Kubicek, Beyer et al. 2012). A second study explored the daily lives of seven non-gay identifying Black MSM with mean age 41 years old. Researchers found that Black identity, barriers to HIV prevention and health promotion were main themes in the men’s lives.

B. M. Njiemoun

Additionally, Black identity was reported as more prominent than sexual orientation identity among Black MSM (Mamary, McCright et al. 2007). This provides more evidence for the need to explore the multiple intersecting identities of YBMSM.

Study Purpose

The purpose of this study is to get an understanding of the identities of YBMSM, an often marginalized group that is subject to much research due to the increasing rates of HIV, through Photovoice methodology. To our knowledge, there is no Photovoice study with the main objective of understanding YBMSM multiple identities. This will help fill the gap in the literature on YBMSM by using their voices/perspectives through photography and in-depth discussions. Another purpose is to document the daily experiences of YBMSM. This study aims to portray YBMSM in a context other than HIV/AIDS as it only represents a fraction of the events in their lives and communities. It will highlight factors that enable YBMSM to lead productive lives even in the face of many challenges that may be unique to their group. This study used intersectionality as a theoretical framework and research findings to conceptualize the multiple identities of YBMSM.

Research Questions

1. How do YBMSM conceptualize their multiple identities?
2. What are the general aspects of YBMSM everyday lives?

Definition of terms

YBMSM: Black men between the ages 13 and 25 years who have sex with men

B. M. Njiemoun

Racial identity: an individual's concept of self based on a group's shared physical or genetic traits

Sexual orientation identity: an individual's concept of sexual preference. For example, heterosexual (attraction to the opposite sex), homosexual (attraction to the same sex), bisexual (attraction to both male and female sexes), and others

Gender identity: An individual's internal sense of being male, female, a mixture of male and female, or neither male nor female

Intersectionality: a theory of intersecting social identities (age, gender, sex, race, class etc...) and how they interact in society.

Photovoice: a PAR using photography and discussion to include participants in the research process, empower them and encourage social change.

Chapter II: Literature Review

HIV and YBMSM

A lot of attention is on YBMSM to explore factors that contribute to the increasing rates of HIV infection compared to their White and Hispanic peers and the findings are inconclusive. In a study to assess associations of race/ethnicity with HIV prevalence and HIV-related behaviors among young MSM, YBMSM were nine times more likely to have HIV than young white MSM. Differences in factors associated with HIV (older age, being unemployed or a non-student, substance use, and condom use) did not explain the differences in HIV prevalence (Harawa, Greenland et al. 2004). Some studies report similarities in individual risk behaviors based on race/ethnicity such as unprotected anal intercourse (Flores, Bakeman et al. 2009) and number of sexual partners (Mustanski, Garofalo et al. 2007), while other studies show significant racial/ethnic differences in social determinants including poverty, unemployment, racism, stigma, lack of education, and barriers to health care (Quinn, Voisin et al. 2016). Substance abuse increases the likelihood of participation in high-risk sexual behavior (Garofalo, Mustanski et al. 2007). Contrary to many hypotheses, YBMSM are either equally or less likely as their White and Hispanic counterparts to use drugs and alcohol in situations involving sex (Stueve, O'Donnell et al. 2002, Wong, Kipke et al. 2008). Furthermore, STDs increase the chance of acquiring and transmitting HIV (Fleming and Wasserheit 1999). Although young minorities have been reported to have some of the highest rates of STDs (CDC 2006) the literature on the risk of STDs in YBMSM presents mixed findings. Some studies show that YBMSM are more likely than young White MSM to report a history of STDs (MacKellar, Valleroy et al. 2005, Dariotis, Sifakis et al. 2011, Sullivan, Rosenberg et al. 2015) while others find no significant difference in

B. M. Njiemoun

prevalence of STDs between YBMSM and young White MSM (Weinbaum, Lyerla et al. 2008).

The inconsistent findings in literature demonstrate that the reasons for the racial/ethnic disparities in HIV infection are not well understood. Additional research needs to be conducted to understand factors that influence HIV risk in YBMSM. The differences in HIV infection prevalence are observed in age, ethnic/racial identity, and sexual orientation identity categories (CDC 2016). Understanding individual and social HIV risk factors requires an assessment of what it means to be a YBMSM in the United States. According to the CDC HIV infection continues to increase in YBMSM 13 to 24 years old due to risks associated with their age (CDC 2012). Researchers find that adolescence and young adulthood are full of periods of transition including cognitive capacities, physical growth, developmental goals associated with independence (ex: education, car, apartment, employment), and identity development (Brittian 2012, Hussen, Andes et al. 2015).

Erikson classified identity and psychosocial development from childhood to adulthood in eight age categories. The group of YBMSM falls into two of these categories namely stage five (12 to 18 years old) and stage six (18 to 35 years old). Stage five is crucial because it marks the beginning of autonomy. Much of an individual's identity before this point is shaped largely by his/her reaction to external factors. During stage five, 'Identity vs. Role Confusion', adolescents begin to explore how their environments or social contexts react to their individual actions. This stage involves constant struggles to establish one's place and identity in society. This is also when people begin to form morals, ideals and convictions that play a role in their relationship with others. Those who successfully navigate this stage achieve what Erikson calls the virtue of fidelity or the ability to live by society's expectations and rules. Adolescents who do not begin to form their identities and develop morals and ideals during this period experience self-doubt and

B. M. Njiemoun

confusion about their purpose in the world (Douvan 1997, Wallerstein 1998, Tateno, Ikeda et al. 2011, Brittian 2012). The next stage of development is ‘Intimacy vs. Isolation’. This is when young adults begin to develop closer relationships with others. People invest in relationships that eventually translate to a sense of security and deep commitment. Typically, people tend to get married at this stage. Those who are successful in this stage achieve love as a virtue, which they use to create social and interpersonal connections. Young adults who are not successful in forming committed relationships and establishing intimacy can develop feelings of isolation and depression (Orlofsky 1976, Wallerstein 1998, Brittian 2012).

These stages of development prove that all youth experience psychosocial vulnerabilities while exploring their identities. The YBMSM experience in the United States is complex because not only do they grapple with tensions due to age, they also struggle with their dual racial and sexual minority status. And these struggles are linked to increased sexual risk behavior such as unprotected anal intercourse (Dyer, Shoptaw et al. 2012, Huebner, Kegeles et al. 2014) and other psychosocial health problems (ex: depression and excessive alcohol and drug use) (Mimiaga, O’Cleirigh et al. 2015).

Racial minority identity

In the theory of Nigrescence, the process of becoming Black, William Cross conceptualizes Black racial identity through multiple stages (Cross 1991). He postulates that healthy racial identity development is achieved when Blacks navigate through ‘Pre-Encounter’, ‘Encounter’, ‘Immersion-Emmersion’, ‘Internalization’, and Internalization-Commitment’ stages. The ‘Pre-Encounter’ stage is characterized as a period of indifference. Blacks pay little to no attention to the influences of race in their lives. Their identity is shaped by the belief that the world functions

B. M. Njiemoun

as non-Black, which can sometimes lead to ideas that degrade the development of their Black identity. At this stage people can take on negative stereotypes that can result in low self-confidence. In the 'Encounter' phase people are aware of their status as a minority and recognize the impact of race in their lives. In the following stage people are completely immersed in Black culture and reject non-Black ideals. Then, they internalize their Black identity, creating a sense of security. At this stage people are comfortable with other groups and are willing to interact with people from non-minority groups. In the final stage, people find commitments to express their Black minority identity while connecting with other cultures (Cross 1991, Davis, Alexander et al. 2010, Goode-Cross and Tager 2011, Rivas-Drake, Seaton et al. 2014, Rivas-Drake, Syed et al. 2014, Umana-Taylor, Quintana et al. 2014). This model shows that Black identity formation is complex and requires successful navigation through multiple stages. Individuals can experience different stages at various times in their life, which allows them to assess and make changes to their racial identity depending on certain life events.

Sexual minority identity

The development of sexual identity is equally multifaceted. People from an ethnic/racial minority tend to live in communities with similar people from whom they learn how to exist in society. As a contrast, individuals from a sexual minority grow up in environments that are less supportive and usually plagued with homophobia, discrimination and stigma. Cass's Homosexual Identity Model describes stages (awareness, comparison, tolerance, acceptance, pride, and synthesis) individuals progress through to come to terms with their sexual identity (Cass 1979). Additionally, researchers have found that instead of being deterred from expressing sexual identity, individuals actually began to behave in ways that are consistent with

B. M. Njiemoun

their minority status. For example, a young man growing up in a heterosexual environment with homosexual feelings will eventually adopt homosexual behaviors as a way to reconcile the pressures between his feelings and behaviors (Rosario, Schrimshaw et al. 2006, Rosario, Schrimshaw et al. 2008). Adolescent and young MSM create new spaces that help shape their identities. For example, they use the internet to facilitate certain activities like communicating and meeting other MSM and ultimately becoming part of MSM communities, which leads to acceptance of sexual identity (Harper, Serrano et al. 2015).

Intersection of racial and sexual minority identities

The literature on identity development of the intersection of ethnic and sexual minorities is limited. There are few studies that examine the intersection of race and identity for Black men and even fewer for people with multiple identities, YBMSM or HIV-positive YBMSM. However, Harper and colleagues explored the role of multiple identities in adherence to medical appointments among HIV-positive gay/bisexual adolescents. They found that participants who had strong ties to their racial identity more likely to attend medical appointments. The reasoning behind this is that adolescents who have an unwavering sense racial/ethnic identity are less prone to experiencing conflicts and therefore are stable enough to navigate things such as medical appointments. Additionally, participants who reported more adverse feelings toward gay/bisexual people were more like to not show up for an appointment (Harper, Fernandez et al. 2013). Ultimately, most of the literature on identity either focuses on the processes of ethnic identity development or those of sexual identity development separately (Jamil, Harper et al. 2009). Furthermore, studies on YBMSM and MSM identity often focus narrowly on HIV or HIV risk behaviors in isolation without attempting to understand these complex psychological

B. M. Njiemoun

influences. There is a need to understand the complex intersecting identities of YBMSM in depth and from their perspectives, as this is mostly missing in the literature.

Intersectionality

The concept of intersectionality was coined by feminist theorists. It was used to describe the multiple oppressed social identities of Black women and how they act on each other (Purdie-Vaughns and Eibach 2008). Since then, the intersectionality framework has been adapted for use in multiple contexts including physical activity, developmental science, psychology, and nursing homes (Abichahine and Veenstra 2016, Duffy, Blustein et al. 2016, Ghavami, Katsiaficas et al. 2016, Williams, Sethi et al. 2016). Intersectionality theorizes that individuals exist in distinct social spaces as a result of their multiple social identities shaped by various systems of oppression and privilege (Carbado, Crenshaw et al. 2013). Intersectionality frames people's experiences beyond a single lens and considers how different identities coexist within a context that may reinforce stigma, inequality and discrimination. It is therefore a useful framework with which to analyze the experiences of YBMSM, who are living with multiple intersecting and often stigmatized identities.

Photovoice

Qualitative research methods offer the opportunity to get information directly from the viewpoint of the participants being studied. Photovoice, a PAR method, is unique because 1) it involves participants in the research process as co-investigators, 2) it provides a way for participants to capture and voice their opinions about their lives through photography; 3) it allows them to

B. M. Njiemoun

collaboratively interpret their photos with peers; and 4) it empowers participants by giving them a sense of agency and ownership of various aspects of their lives (Wang 1997).

Photovoice was developed as “a process by which people can identify, represent, and enhance their community through ...cameras...to enable them to act as recorders, and potential catalysts for change, in their own communities”. It is particularly appropriate as a means for marginalized communities to document and represent their experiences rather than having others tell their stories. It allows individuals to take photographs surrounding a particular issue and provide a context or a ‘voice’ for those pictures. Photovoice is different from many other research processes because it seeks the participants’ perspectives on their social circumstance, and it helps engage participants in the research process through art (Wang 2001).

The concept for Photovoice is the result of a mixture of theories including: feminist theory, documentary photography, and Paulo Freire’s theory of critical consciousness. Feminist theory relies on the idea of equality and people’s right to actively seek improved social, economic and political circumstances. Photovoice reflects these qualities in that it explores individuals’ experiences from their own perspectives and it empowers, or gives a voice, to traditionally silenced communities. There are several links between Photovoice and documentary photography such as the act of using a camera to capture images and tell a story. Unlike documentary photography, Photovoice places the camera in the hands of the subject. Participants or community members are active agents in capturing and telling their own stories from their perspectives. Additionally, the concept of Photovoice is based on Freire’s theory of critical consciousness, which states that “problem –posing education starts with issues that people see as central to their lives and then enables them to identify common themes through dialogue” (Minkler 1980). Freire contends that individuals could begin to conceptualize their communities

B. M. Njiemoun

by engaging in discussions about social and political influences through visual image.

Photovoice expands on this idea and allows people to critically examine their environments through pictures, discussions and storytelling. Individuals are empowered as they become photographers, participants, and researchers. They are involved in data collection, analysis and dissemination processes (Wang, 1994).

Chapter III: Methods

Recruitment

We were introduced to potential participants through AID Atlanta, a comprehensive AIDS Service Organization that provides prevention, care services, and education programs to address the high incidence of HIV/AIDS among MSM. One of the education programs, the Evolution Project (EP) is a community center for young Black gay men and transgender people between 18 to 28 years old. The program provides a protected environment for young adults to learn HIV and STD risk reduction skills by engaging in activities such as discussions, movie and game nights, fitness group, balls, and community forums. Additionally, EP provides HIV testing, STD screening, linkage to care and counseling services. Before our first meeting with EP, a letter was sent explaining the project goals. We met with the leadership team in early March 2015 where both parties discussed the project goals and Photovoice methodology. We talked about telling the stories of YBMSM to enrich the literature largely focused on HIV/AIDS and to fulfill the first author's MPH thesis requirement. After the second meeting, the leadership agreed to participate in the project. We submitted the study protocol and approval letter to the Institutional Review Board (IRB). All initial meetings and the majority of the project sessions took place at AID Atlanta's building.

We attended one of the program's weekly meetings to introduce the project to potential participants. One of EP's coordinators and a study participant, acted as a liaison between the researchers and members of EP. Initially 7 participants agreed to meet for the first session held the last week of August. On the day of the first session, 2 participants were recruited at an HIV Counseling training session. Coincidentally, those 2 participants were members of EP.

B. M. Njiemoun

Unfortunately, only 3 of the initial 7 potential participants attended. The total number of participants for the first session was 5, including the 2 new participants.

Ethical Considerations

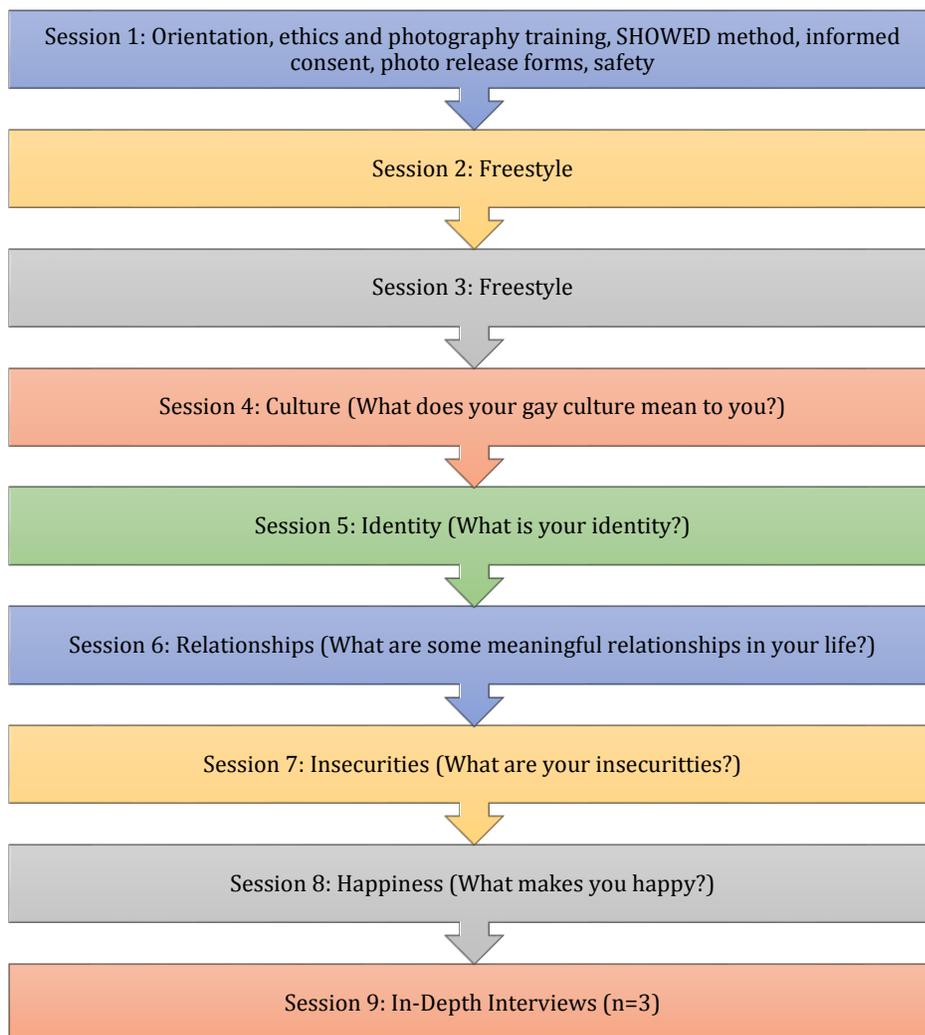
We reviewed the written, oral, and photo release consent forms with the participants in a group during the first Photovoice session. Participants had the opportunity to ask questions before signing the written consent forms, which they all did. The study was approved by the Emory University Institutional Review Board (IRB).

Study Settings

Data were collected over a three-month period (August, 2015-November, 2015). Sessions were held at AID Atlanta and the Rollins School of Public Health (RSPH). Pictures were taken in various places around Atlanta, Washington D.C., St. Louis and Ohio based on participants' travels.

B. M. Njiemoun

Figure 1: Photovoice Timeline



Participants agreed to attend 8 weekly sessions. The sessions took place on Tuesday evenings and lasted 1-2 hours. This schedule was most appropriate as participants worked during the day or late at night. All sessions were digitally recorded for subsequent transcription and qualitative data analysis. Below is a summary of each session.

Session 1: Introduction (August 25th, 2015 at Aid Atlanta)

Attendance: Adviser, EP's leadership, and participants (n=5 Damien, Robert, John, Quincy, Ryan)

B. M. Njiemoun

Introduction: The initial meeting was an introductory and photography training session. There was a presentation with the agenda for the session. To go along with the theme of Photovoice, each person in the room participated in an icebreaker activity to describe a photo. This activity helped build rapport and create a safe environment. This was especially important because, there was potential that some information shared during the sessions would be personal and sensitive. All participants did not know one another, but there was a sense of comfort and connection because of their involvement with EP. Some participants were closer than others.

Ground Rules: Although there was a facilitator, the sessions were structured to incorporate input and direction from participants. For example, after the icebreaker activity, participants were asked to establish some ground rules and a set of codes of behavior to help facilitate the sessions. They identified various topics including attendance, respect, active participation, and confidentiality. It was important to emphasize that the group sessions were a safe space where participants could share sensitive information.

Photovoice as PAR: After setting ground rules, Photovoice was presented as a PAR tool commonly used to engage marginalized people who do not usually have a say in decisions that affect them. We discussed the central concept of Photovoice that participants are experts in their lives and communities and have complete ownership of the project. The researcher's role is taking care of session logistics, facilitating discussions, and writing the report. The primary focus is the participants' descriptions of their photos and discussion topics. Ultimately, Photovoice aims to empower participants to use their voices to speak about their lives and paint a complete picture of themselves as YBMSM. Some examples of existing Photovoice projects and subsequent policy actions were presented.

B. M. Njiemoun

Photography Ethics and Safety: Before participants received their cameras, we discussed photography ethics and safety. Possessing a camera and capturing images of people, places and things gives a photographer a certain kind of power. We talked about ethical principles (do no harm, do good, fidelity, and justice) to protect photographers and their potential subjects. We discussed getting verbal consent from people whose faces might be recognizable in pictures. Additionally, participants received relatively expensive digital cameras that might make them vulnerable to theft, so they were advised to take precautions while taking pictures by avoiding dark places and using their discretion to gauge the safety of an environment.

Photography Training: Damien, an experienced photographer and study participant, trained participants on basic photography skills.

Data Collection

Participants were to take photos of moments in their lives based on the weekly themes. Since the sessions were on Tuesday evenings, they agreed to email the 3-5 photos by noon every Tuesdays to be uploaded and presented during the sessions. To help conceptualize pictures during discussions, participants had copies of the SHOWED forms (Appendix 1) as a guide to describe their photos. We also create a GroupMe, a text message application, to as a primary route of communication. As a group, participants decided not to choose a theme for the following week. They wanted to have a ‘freestyle’ week to practice using their cameras and take pictures that were not necessarily centered around one theme.

At the end of session 1 each participant had a camera and a folder with copies of the study description, photography training summary, consent forms, and SHOWED forms.

B. M. Njiemoun

Session 2: Freestyle (September 1st, 2015 at AID Atlanta)

Attendance: (n=5 Damien, Robert, John, James, Trey)

During this session, we reviewed materials and information from the previous week. There was further discussion about Photovoice as a research tool and the importance of using photos to describe surroundings. Participants e-mailed photos to the facilitator before the session. The photos were arranged, uploaded and projected on a screen for discussion. Participants took turns describing the photos and the events surrounding them. This week, EP hosted a summer Luau for its members, and significant portion of the pictures came from that event. This showed that participants interacted outside of the setting of Photovoice potentially helping them form stronger bonds. Of note, only two participants used their SHOWED forms. Many did not find them useful and the group decided to make them optional. One participant preferred taking pictures with his phone instead of the digital camera. At the end, they once again decided to do another 'freestyle' week of pictures without a specific theme. They agreed to choose a theme for the subsequent sessions.

Session 3: Freestyle (September 8th, 2015 at organization)

Attendance: (n=6 Damien, Robert, John, Quincy, Ryan, Devon)

A new member joined the group this week. He received training on all aspects of the project and gave his consent. A participant, who did not attend the session the previous week, described his photos. The discussion followed with each participant explaining the events surrounding each photo. At the end of this session, they chose a theme for the next week which was framed as a question to guide their photos for the following session, "What does your gay culture mean to you?"

B. M. Njiemoun

Session 4: What does your gay culture mean to you? (September 15th, 2015 at AID Atlanta)

Attendance: (n=3 Damien, John, Ryan)

The format for this session was different from the previous sessions. Participants began with a discussion of the theme (What does your gay culture mean to you?). The discussion was then followed with photos and descriptions of each photo and additional discussion. As usual, the sessions were interactive and participants made comments, shared stories, and asked questions. They chose a theme for the following week, which was “What is your identity?”

Session 5: What is your identity? (September 22nd, 2015 at SPH)

Attendance: (n=3 Damien, Robert, Sean)

A new member joined the group. He heard about the project from friend and was eager to share his story. He was also trained but eventually could not continue to participate due to conflict with his work schedule. This session was held at a different location because the usual space was occupied. Participants were notified of the change a week before the session. This is a potential reason for low attendance. A participant volunteered to drive some people in case transportation was a barrier. Photos from last week were discussed. Participants talked about the theme first then progressed to the pictures. At the end of this session, they chose “relationships” as the theme for the following week.

Session 6: What are some meaningful relationships in your life? (September 29th, 2015 at RSPH)

Attendance: (n=2 Damien, John)

B. M. Njiemoun

A couple of participants attended a conference in Washington D.C. They wanted to meet again at SPH because they liked the change of environment. Participants discussed the nature of their various relationships. They used SHOWED forms to conceptualize their photos. They wanted to talk about their insecurities for the next session.

Session 7: What are your insecurities? (October 6th, 2015 at AID Atlanta)

Attendance: (n=5 Damien, Robert, John, Quincy, Trey)

Participants who were absent from other sessions presented their photos from those sessions first. They realized the usefulness of the SHOWED forms but admitted that filling them out was their least favorite part of the project because it felt like work. One participant consistently filled out his forms weekly, while others did so sporadically. They had an in-depth discussion about their insecurities. They seemed comfortable sharing very personal information in that setting. The presentation of pictures with additional comments followed. For the final session some participants expressed interest in continuing the project beyond the 8 weeks. We decided to conduct a few one-on-one interviews at the end of the last session.

Session 8: What makes you happy? (October 20th, 2015 at AID Atlanta)

Attendance: Adviser, EP's leadership, and participants (n=4 Damien, Robert, John, Ryan)

During this last session participants talked about their sources of happiness. They shared their overall positive experience with the Photovoice project. The leadership team expressed interest in making Photovoice a permanent part of their regular programming. The cameras were collected and donated to EP for future projects. Participants were presented with certificates of completion.

B. M. Njiemoun

Consistent with the concept of Photovoice, the culminating event is some sort of exhibit to showcase photographs. In the past, these exhibits have been used to engage community members, stakeholders and policymakers in discussions that can potentially lead to social action. We briefly brainstormed ideas to frame the showcase. The exhibit is set to happen in the near future. Participants want to invite friends and family members to view their photos.

Session 9: In-depth interviews (IDIs) (November 10th, 2015 at organization)

Attendance: (n=3 Damien, Quincy, Trey)

Two participants were interested in extra sessions to supplement missed sessions. Interviews were semi-structure and lasted approximately 25-45 minutes. These interviews did not include pictures. There was no rigorous interview guide. Some questions included: How would you describe Photovoice to someone else? What have you learned from your participation? What issues do you think YBMSM in the U.S. face in their everyday lives? Participants shared some demographic information, talked about their overall experience with Photovoice, and described their plans for the future.

Figure 2: Photovoice Timeline and Attendance

Participants	1	2	3	4	5	6	7	8	% attendance	IDIs
Damien									87.5	Yes
Robert									75.0	N/A
John									87.5	N/A
Quincy									37.5	Yes
Ryan									50.0	N/A
James									12.5	N/A
Devon									12.5	N/A
Trey									25.0	Yes
Sean									12.5	N/A
% attendance per week	55.6	55.6	55.6	33.3	33.3	22.2	55.6	44.4		

= present

= absent

B. M. Njiemoun

Data analysis

The Photovoice project produced three types of data: visual, text, and audio. The visual data came from participants' weekly photographs. The text was collected from the SHOWED forms used to conceptualize the photographs. The audio data was from the recorded weekly sessions and additional IDIs. Using data from various sources can prove to be beneficial in some cases and disadvantageous in others. This process is called data source triangulation. Triangulation is the use of various data sources in qualitative research to form a complete understanding of a particular subject. It allows for inclusion of diverse perspectives that contribute to rich data. It can also help test data validity by looking at commonalities in different data sources. Conversely, mixing different types of data presents some challenges (Carter, Bryant-Lukosius et al. 2014). For example, can we treat data collected from a group discussion equally as data from individual interviews? Group discussions tend to rely on participants' dynamics and interactions, which gives potential for influence in ideas, whereas IDIs are more intimate and not susceptible to collective influence. For the purposes of this project, all data was used equally. Since the focus of Photovoice is on the participants, it is appropriate to include information at different time points and in different formats. We aimed to create a narrative of individuals' lives as told by those individuals.

Ideally, Photovoice requires participants' involvement in 3 stages of analysis (Wang and Burris 1997):

1. **Selecting:** Picking specific photos that represent the message they want to convey about their lives and communities
2. **Contextualizing:** recounting narratives about what the photos mean
3. **Codifying:** identifying themes that develop from the photos

B. M. Njiemoun

PAR dictates that participants be involved in the research process including data analysis. This prevents the researcher or anyone other than participants to ascribe meaning to events or issues concerning their lives and communities. In our study, participants chose themes before taking photos and they provided captions for photos they wanted to include in the analysis as well as telling stories about each photo during the sessions. While they identified initial themes, they were not present when the researcher assigned the codes to the transcripts. The majority of the codes were the weekly themes chosen by the participants; the rest came from an inductive thematic analysis of the data.

Thematic analysis is a strategy that allows researchers to sort through the information, zone in on specific topics and develop certain patterns that eventually become themes. Conducting thematic analysis involves multiple steps including: becoming familiar with the data, generating preliminary codes, searching for themes, reviewing themes, defining and naming themes, writing the report (Braun and Clarke 2006). Based on Wang's steps for analyzing Photovoice data and Braun's stages of thematic analysis, the researcher's process is outlined below.

Becoming familiar with data

The first couple of sessions were not centered on a specific theme. For the remaining sessions, participants identified themes before taking photographs. During the sessions some themes from other weeks were identified in other sessions. For example, the theme of identity was salient throughout various sessions. At the end of the project, the researcher transcribed the recordings verbatim and imported the transcripts into the qualitative software MAXQDA. After a few transcripts, the researcher began to inductively identify some themes that were not expressly chosen by the participants in the list of weekly themes. While transcribing, the researcher also

B. M. Njiemoun

created memos, small notes that capture the researcher's thoughts and analyses as he/she interacts with the data and that may help to document emerging patterns.

Generating preliminary codes, searching for themes, defining and naming themes

The weekly themes from the sessions were used as preliminary codes. Additional codes were identified inductively as described above. For example, there were various instances where participants helped one another with information on how to use their cameras, information about art shows, contact potential housing and aid organizations, and several other resources. As this pattern emerged, the researcher made memos and eventually created a code to capture those moments called 'collaboration'. Once all transcripts were coded with a theme, the researcher read through the codes and grouped similar themes under one code. For example, the code 'religion' was initially used to capture instances where participants mentioned words like 'God, Jesus, or church'. It appeared that 'religion' was not prominent in the data. When participants mentioned those words they were not necessarily talking about religion, they were referring to their different activities. As a result, 'religion' was incorporated within the 'community' code. They talked more in-depth about being spiritual and focusing on their internal well-being. A new code, 'self-care' was created. Furthermore, the researcher used segmentation tools in MAXQDA to group different texts associated with the themes and codes. The different segments were organized in the table and photographs were attached to corresponding text.

Writing the report

Participants were interested in portraying different parts of themselves. As a result, 'identity' is the main focus of the paper. In every session, 'identity' was mentioned and described. It was related to race, gender, education, employment, relationships, community and many other

B. M. Njiemoun

aspects of their daily lives. For the write-up, the themes were presented with corresponding texts and pictures to provide evidence of that theme in the data. These were arranged in order of connections to 'identity'. This was determined by looking at the number of code intersections with identity using MAXQDA.

Chapter IV: Results

Participant Demographics

Participation in the project was flexible, therefore some participants joined after the project started. Participants ranged in age from 22 to 25 years old. The levels of education varied from some high school education to bachelor's degrees. While none of them was currently enrolled in school, a few expressed interest in further education. Some were taking steps to learn new skills and trades in efforts to be competitive for employment. A majority of the men were at least employed on a part-time basis. Those who were unemployed received assistance from aid organizations including food and housing. Two participants revealed they were HIV + and openly shared their diagnosis stories.

Figure 3: Participant Demographics

	Participant	Age	Education	Employment Status
1.	Damien	25	Bachelor	yes
2.	Robert	25	Bachelor	yes
3.	John	24	Associate	yes
4.	Quincy	25	Bachelor	yes
5.	Ryan	25	Some college	yes
6.	James*	24	High school	no
7.	Devon*	24	Some college	no
8.	Trey	22	some high school	no
9.	Sean*	23	some high school	yes

*participants who only attended 1 session and did not submit photos

Participant profiles

Below are brief profiles of each of the participants. Of note, all names used throughout this manuscript are pseudonyms.

B. M. Njiemoun

Damien is a 25-year old college graduate. He is one of the program coordinators at EP. He is a self-identified nerd, specifically a comic book nerd. He loves to read and enjoys creating and experiencing art. As a professional photographer he likes to document events and people's lives. He is passionate about HIV/AIDS because he knows and has been romantically involved with people who are HIV-positive (he's HIV-negative).

Robert is a 25-year old college graduate. He majored in journalism and enjoys writing stories and poems. He is passionate about fashion and style. He loves shopping at thrift and consignment shops because he can put together unique outfits. He is part of an HIV/AIDS research team. He realizes the impact that HIV/AIDS has in his community and is active in education efforts and activism in his spare time as well.

John is 24 years old high school graduate with some years of college and technical school certificates. He is also an HIV/AIDS research team member. He is an ambassador for a program that challenges HIV/AIDS stigma and discrimination in the gay community. He frequently attends conferences and speaks about HIV prevention and treatment services. He enjoys hanging out with his fraternity brothers and research team members.

Quincy is a 25-year old college graduate. He currently works at a restaurant and aspires to pursue a career in music entertainment. He is spiritual and generally interacts with people based on the energy they exude. In his spare time, he models and does henna tattoos.

Ryan is a 25 year old high school graduate. He works at the airport. He describes himself as someone who loves to have fun. This was evident because he frequently made the group laugh. He enjoys going to movies and dinners with his best friend.

B. M. Njiemoun

James is a 24 year old high school graduate and former business owner. He had a catering business and aspires to own a restaurant. He likes to host his friends at his place where they play games and have a good time.

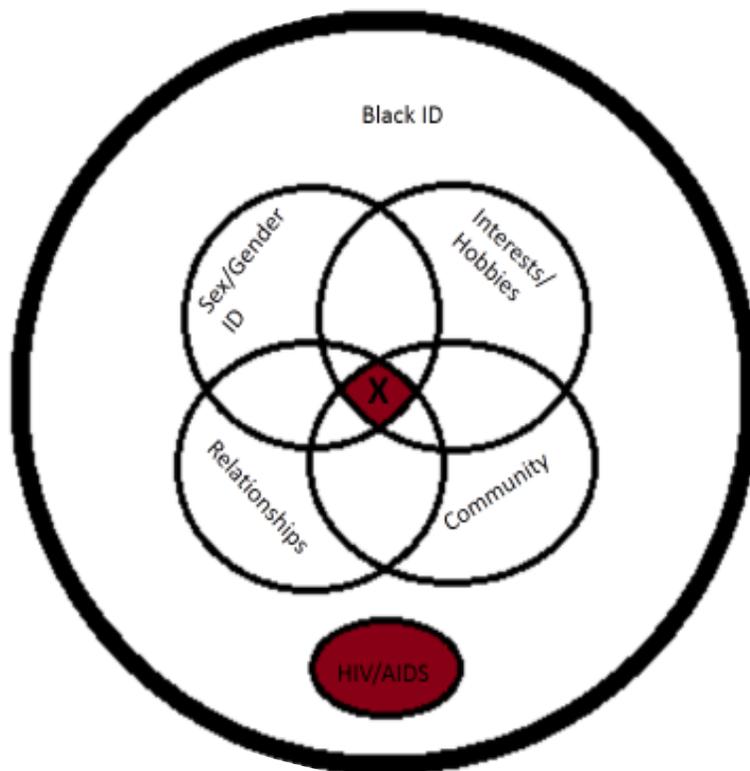
Devon is a 24 year old high school graduate who has completed a couple of years of college. He is passionate about advocating for civil rights. Although he was only present for one session, he was very vocal about racism and police brutality.

Trey is a 22-year old with some high school level education. He wants to return to carpentry school to improve on his building skills. He currently builds shelves in his spare time. He is writing a book about gay men and HIV/AIDS. He has faced many issues including domestic abuse, homelessness, and incarceration, however he maintains a positive outlook on life. He always has a smile on his face. He volunteers at a service organization, which offers GED classes, food, and safe places for youth to spend time away from the streets.

Sean is 23 years old and has completed some years of high school. He describes himself as a performer. He is also involved in HIV/AIDS work. He frequently attends outreach events and speaks to other youths about prevention.

B. M. Njiemoun

Figure 4: Conceptual Framework, Intersectional Identities of Participants



This diagram depicts participant's conceptualization of their multiple identities. The biggest circle containing the other circles represents Black identity. They exist within the confines of what it means to be a Black person in America. Being Black is obvious by skin color and cannot be changed. From a distance and within seconds of an encounter, people can almost always pinpoint racial identity. Besides the fact that all participants identified as male, the other single thing they have in common is being Black. The sex/gender, hobbies/interests, relationships, community circles are overlapping and intersecting because they operate simultaneously in their daily lives. There are many interacting identities within each category as well. For example, relationships includes but is not limited to family, friends, and romantic partners. HIV/AIDS is isolated because it is a part of participants' lives, but does not define all of their lives. Although HIV/AIDS is prominent in some of their communities, places of employment, as well as

B. M. Njiemoun

interests, participants want to portray that their lives involve more than HIV. Some are HIV-positive, while others know people who are HIV-positive. It is red because it is a topic of research within this population, especially due to the high rates of infection compared to their counterparts of different races. The X in the middle represents the intersection of all identities. It is red because it is the focus of this study. It is a space where participants want to exist with all their identities. They want to live and thrive in that intersection without pressures and resistance from themselves or society.

During analysis, it became clear that the theme of identity was salient in all discussions. For the participants, identity is not fixed or singular, it is fluid and consists of multiple complex intersections that change depending on context and experience. Furthermore, these multiple identities influence how they experience the world and these experiences can only be recounted from their perspectives and individual voices. Participants described their identities as far more complex than race, gender/sexual orientation, and HIV risk. Although 1) race, 2) gender/sexual orientation, and 3) HIV/AIDS form important parts of their identities, 4) individual factors (interests/hobbies and employment), 5) relationships, and 6) community involvement also contribute to their complex intersecting identities.

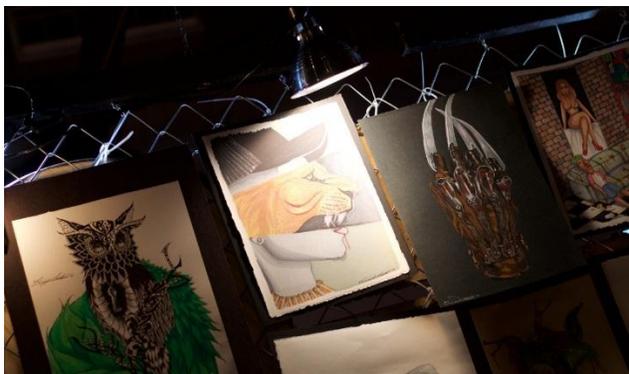
1) Racial Identity

Participants rarely spoke of their identities exclusively as Black men. They frequently talked about race in relation to gender/sexual orientation identity. The first discussion of race was in terms of heritage. Participants stated that their racial identities are tied to their lineage, tracing back to Africa. Some expressed interest in genealogical tests that pinpoint their personal origins. In fact, one participant traced his mother's lineage to Sierra Leone. He captured a photo at an art

B. M. Njiemoun

gallery that prompted him to talk about his heritage, which is a core part of one's identity. He wishes to continue to trace his origins on his father's side and plans to make symbols of those cultures permanent features of his physical identity.

Picture 1: RAH



So the focus of the picture is what's in the center. The lion and the person's face. So I took this picture last Thursday, it's called Rah. It was an artist showcase and so this is the piece that I saw and it stood out to me and was significant because I found out in the last year that my mother's family is from Sierra Leone. We're from the Timne people in Sierra Leone and so one of the national symbols of Sierra Leone is a Lion. So that's why that stuck out to me. And I'm in the process of figuring out where my father's side of the family is from. The Lion and whatever other national symbol is relevant for me is gonna comprise my next tattoo.

A second mention of racial identity was centered on Sandra Bland's arrest and death. Sandra Bland was a Black woman who was arrested and jailed for a minor traffic violation and was later found hanged in her jail cell. This discussion was not tied to the session's topic or a particular photograph. It shows that participants used Photovoice meetings as a space to discuss current events in their daily lives. They agreed that they had become increasingly aware of their Blackness due to the recent events surrounding the Black Lives Matter movement. They expressed frustration with police brutality against young Black men and discussed different de-escalation strategies should they be in a similar situation.

So for me, I'm just like I can't fault either situation. I get the nonviolent, be quiet, be humble and stand in your right but then I get the aggression, I get the sadness, I get the broken heartedness, I get the anger of the Black community. I can't pick or choose what's best. I think we just, it's hard, it's a hard and touchy situation.

B. M. Njiemoun

Because of the negative events and negative portrayals of Black men in the media, participants believe it is their responsibility as Black men to get involved in the movement and the community to help create a new positive narrative for Black men in the U.S.

Picture 2: CAPTURE



This was a march and it happened on Labor Day and it was Stand Up and Represent ATL so it was an annual thing that was a regular thing a long time ago then it stopped and got picked back up. Here is a friend doing what she does best capturing history for herself and the community. She's a very good friend, workout buddy and fellow photographer. And how this relates to our lives, there's power in supporting, we have to be ones in control of capturing and telling stories when they're about us. Why does this problem exist? We've been shown countless times that our culture as Black people but not the people themselves are valued but everything about us is important. What can we do about it? Show up and show out, when we fight we win.

The third discussion of race was in relation to the stigma associated with mental health in the Black community. Although participants place great emphasis on their happiness and self-care, they state that seeking professional help is sometimes frowned upon in their respective networks. If someone is experiencing mental and psychological difficulties, the usual remedy is to get over it or allow time to 'heal' their wounds. Participants have benefitted from talking to mentors, pastors, friends, or mental health professionals to devise strategies to cope with troubles associated with navigating their multiple intersecting identities including but not limited to breakups, HIV diagnoses, and general feelings of depression. This counsel seeking behavior has helped them become more introspective. This level of introspection is evident in their in-depth discussions of themes and photos.

Picture 3: PROMISE

I went through a breakup with my then fiancé. One of the things that I promised myself that I would do is go to counseling. I want to be different and do different things and counseling was one of those things that I was going to do differently. And this is the space that I go to for counseling so that's the chair that I sit in. I turned it Black and white because it has more depth and gravity in this context. Mental health is a big issue in the Black community that is rarely addressed proactively. There's a lot of stigma around talking about our problems with a stranger, it's like airing the dirty laundry and what happens in this house stays in this house

type of mantra has taken a lot of lives or diminished the value or the quality of life for us because we just don't talk about the things that we really need to talk about with people who are actually trained to hear them from us and give us real practical solutions around moving forward. Talking about experiences with mental health and suggesting counseling to loved ones will help reduce the stigma around it. I'm actually coming up on the end of my first like round of 10 sessions and I opted for 5 more and it's been really beneficial.

2) Gender/sexual orientation identity

Participants' identities as gay men permeated every aspect of their lives. For most, coming to terms with this gay identity was a difficult process. They experienced familial, intrapersonal, and societal pressures hindering their full expression of gay identity.

Well my issue is accepting myself. Growing up as a kid my brother wanted me to get a girlfriend, and I was like "it's not gonna make me happy, it's not really what I want", and that was a very stormy time for me. And when I got kinda older I didn't date, I didn't do anything. I would see stuff but I was like nah, my brother and them are gonna be like 'oh that gay shit'. But I got older and kinda just said "fuck it".

One participant recounts instances in which he battled with his gay identity. While his college environment highlighted gay identity, he did not feel comfortable sharing that part of himself with others. He actively wanted to be "recognized as one of the straight guys". However, he realized that the more he tried to shy away from his gay identity, the more people labeled him gay.

Not only do participants get labeled as gay, they also labeled themselves and other gay men with varying degrees of 'gayness'. There were multiple examples of people not being 'gay enough' or

B. M. Njiemoun

being ‘too gay’. One participant described that his peers do not consider him ‘gay enough’ because of his ‘hetero-norm’ lifestyle. Conversely, he believes gay men who act in an overly feminine manner are ‘too gay’ and are constantly seeking attention. This exposes some tension in the way gay men view each other and their different forms of expression. They agree that gay identity consists of numerous layers.

To a lot of gay people I may seem like maybe I’m not gay enough. I get questioned a lot, especially when I’m at work. They say I don’t act like the really feminine ones at work who just do too much and sometimes when I look at them I see through it, like you’re doing that for attention maybe the kind of attention that you’re seeking will be the wrong kind of attention.

Participants also agreed that gender and sexual orientation identity is fluid and occurs on a spectrum. No one is strictly homosexual or firmly heterosexual. No one is completely masculine or feminine. Although they all identify as gay, some report feelings of attraction to the opposite sex. They enjoy the freedom to express themselves on that spectrum. They also reject societal ideals that dictate standards of attraction and expression. The following is a thorough explanation of one participant’s experience with gender roles and sexual orientation.

Picture 4: COMFORTABLE



It could be me, it could be anybody else.

I was thinking about gender, and being gay and all of those gender roles and comments that come along with being feminine or masculine and being a boy and being a girl. In the fashion world, this is very muscle, very modern day how gay men dress with this type of shoe, the cuff and the style versus being a young child and being a boy who’s told that you always need to play with guns and you always need to run around and do this. Now it’s representing a place where he’s completely comfortable in his shoes. When I took it that’s the story that came to

Picture 5: THE LINE IN BETWEEN

On the surface this is a picture of bathroom. This picture represents gender for me and then that line in the middle between the two, for me I realize that throughout my life a part of my identity has always been attached to society's version of how my masculinity needed to be expressed and how if it didn't fall within those lines then I'll automatically be considered something outside of how I identify myself. It's taken away from the fact that I can't define my own masculinity. This is my masculinity. My version of masculinity is what I create. It doesn't fall in the confines of physical strength and being tough, it's defined by the fact that I can merge those 2 traditional characteristics and

create my own and I feel like in a society especially being gay Black men, most of us are considered non-gender conformant just because we like men and that's not masculine quality to love another man but I like to define my own gender, the way in which I express it.

To me this represents me wanting to embrace what other people call femininity and not be afraid of it because so many times in certain environments especially when I was coming into myself as a gay identifying man, I felt like I wasn't gay enough and then in certain environments I felt like I was too gay.

No one fits completely into either one of those boxes, I feel like if you do it's not through what your heart is speaking it's through the lens of what other people are expecting so whoever this masculine, macho, savage man is it's not from his true heart, it's because someone else projected that image unto them and they just carry it along. Or the woman who is extremely feminine and sexual and sensual, it's not because of her own eyes, it's through the eyes of other people.

Participants also talked about how their gender/sexual orientation identities contribute to their gay culture. Gay culture is “like a canvas with many colors, many strokes, to me it's just like normal, I really don't see it as gay culture. It's just like a person likes men and that's just that. It's no different from being straight. Because the same thing that straight people do is the same thing that gay people do.” This description resonated with the group. The canvas with many different colors can be said to represent the multiple complex identities. Another participant offers this explanation of gay culture:

From the outside looking in the more hetero-norm societies have these preconceived notions of what they think the homosexual lifestyle is and what gay people go through on the daily basis but actually living and you know being me from day to day I may see one thing or one situation in a completely different way than someone who may not be homosexual or may not identify as LGBT.. Just a different outlook on life that's what I think about when I see 'What does gay culture mean to you?' Just a different perspective day to day view of life.

B. M. Njiemoun

One participant conceptualizes gay culture as the product of constructing an identity through hardships including discrimination. He gives the example of people who become homeless because of their homosexual identity or people who are neglected by loved ones because they are transitioning from male to female. There is an upside to being gay despite the negative aspects and living outside of the norm without access to certain basic civil rights.

The good thing about it is that we can create whatever we want our life to be outside of that space with whatever we have and with whoever is around and whoever we want to build that with.

Being marginalized from society allowed participants to build their own networks. There is power in building one's own network because the individual chooses things and persons he wishes to include. Part of this creation that is unique to the gay culture is the gay family.

Damien: From what I've experienced it's a group of gay guys, particularly Black gay men, that have created a family structure in a way that we traditionally recognize it in a hetero-normative way and there isn't necessarily anything romantic going on between the gay mom and the gay dad it's just the role that they play to the generally younger gay folks in space, in the home space, like it's probably an apartment or a house that everybody goes to and it's a gay uncle, a gay dad.

Interviewer: So do they live together?

Damien: Not necessarily but there is a central space for everybody to go to or there's a central thing that everybody congregates around.

Participants agree that the construct of the gay family is important and those involved play significant roles in each other's lives. Gay families are chosen based on personalities and necessity. Some YBMSM who lack social and familial ties tend to gravitate towards establishing a gay family as a form of support. It is important to note that participants believe the gay family is commonly found in the Black gay communities. This is an example of intersecting identities, where being Black and gay is associated with distinctive behaviors. While all participants were not a part of a gay family, they highlighted the importance of guidance and mentorship as part of their gay culture.

B. M. Njiemoun

In my situation I don't consider myself to be in a gay family but I do have a lot of older gay males in my life who I consider to be mentors. These are people who have helped me in one way or another. Be it in professional life, be it in personal life be it in like almost every aspect of my life I have like 5 men who are older and gay that I can call on for assistance or anything like that...we simply built a relationship outside of work, platonic relationship outside of work and it just kinda grew from there and it just kinda became this mentorship/mentee type relationship.

One participant stated that the construct of the gay family was not important to his own identity. He describes his lifestyle as 'hetero-norm'. In fact, he states that his participation in Photovoice has allowed him to be around more YBMSM. This variance in opinions shows that even within the gay community people are individuals and do not all share the same thoughts and beliefs.

I know who I am as an individual, I accept who I am as a person. It's just that growing up as a gay Black man, a lot of things weren't a must for me. Having gay friends or just being around, the only reason I've been around as many Black people is because I am a part of EP, that's it. But as far as my actual day to day lifestyle I have a very hetero-norm life where it gets to a point where a lot of stuff just become a bit much for me. Certain things become a bit much... Just let's say like Pride, I understand the pride. The only reason I go to Pride is if I'm helping and giving out safe sex packages. My first time seeing a, I don't know what it is but I call it the most ghettoest thing I've ever seen. What do you guys call it when they have the, they dance like fish face, and they were like... but I liked it (referring to j-setting and ball culture)

J-setting was also described as part of Black gay culture. It is a style of dancing popular among Black gay men in the Southeast. It resembles majorette-style dancing and usually features a team that performs and competes. Participants described ball culture as a subset of gay culture. It is an entertainment event in which different people under houses or gay families compete in a catwalk for trophies and prizes. Some people compete in drag. There's a masculine category and a 'fish' or feminine category among many others. These events are usually spontaneous without much structure. They are organized by groups of friends. The following images depict participants' interpretation of their gay culture.

Picture 6: THE LIGHT WITHIN

If you pay attention to this photo, this is the reflection. I was sitting on the train on my way home from work like around 6:30 am and the person that was sitting across from me, his reflection, I describe this picture as the light within. With the topic of the photos, gay culture, I took this because I thought about the shit that just being gay a person has to go through. Instead of turning the ugliness into something dark you turn your struggles into something good which created the light within yourself to make you that strong Black gay person that you are today. He was sleeping, but I just used his reflection because I was trying to get the light itself and blur him out.

Picture 7: FREEDOM FIGHTERS

The topic of gay culture and that is a major part of the gay culture, fighting for civil rights. Being a gay person to have the right to marry, not be discriminated from work because you're gay, we have a lot of fighters that are here but the people that started a lot of them are gone on with the Lord and now we have other people that are following their footsteps and saying, they planted the seed and we have to water it...I see myself in a way but in the aspects of mine it's a bit more like I find myself a bit more on the counseling and psychology side of it...I like being able to help someone. That's my way of fighting, making better decisions.

Picture 8: UNITY

This is a portrait at the exhibit but in itself, that doesn't just speak for gay rights it speaks for human rights in general. I'm really inspired by cultures, I'm really a cultural person and I see so many different cultures in so many different countries but I see one hand and that hand represents all of us. It's like we're no different, we're all the same like if we turn our hands over we're all the same color and it's just bursting out across the masses. I really feel like we're all connected in some shape or fashion. Like if you sit down and talk to somebody and ask them like six degrees of separation we're connected in some way.

2.1. Intersection of identities

Participants frequently referred to their racial identity in conjunction with their sexual orientation. They described their racial and sexual orientation identities as linked, overlapping, and intersecting. They both contribute to their complex multiple identities and in most circumstances are not mutually exclusive. Essentially, their other identities exist in the context of

B. M. Njemoun

Black identity. Their various interests and involvements also form part of their identities.

Participants spoke extensively about the freedom to exist with these distinct characteristics

because they often encounter systems that hinder them from that sort of expression. Additionally,

living life in the intersections gives them power to be creative and build spaces where they can

freely exist.

The overlap of being gay and being Black and gay just by virtue of being that, existing as that, puts you outside of the stereotypical space so that you're not necessarily given a path to walk. When you're outside of that it can be really daunting and confusing and lonely. One, just trying to figure all of that out but at the same time being empowering and really beautiful because you can create whatever you want to be so it doesn't matter anymore if this was a White thing or a Black thing or a gay or straight, if it is your thing then it's yours and you can have that because nobody is expecting you to be like them anyways so you don't have to be like anyone else. You can be exactly what you want.

Picture 9: DO NOT BLOCK INTERSECTION



I'm a person of words and when I was walking around thinking about pictures of how to express my identity I was like I'm a words person, words mean a lot to me. I'm a writer, I love to hear what people have to say. That means a lot to me and it's not just words that are obvious. I'm a person who searches for deeper meaning so I like poetry, I like imagery, I love that type of stuff so for me when I saw this Do Not Block Intersection it's like don't block me, don't block the intersections of who I am as a person, don't try to say go that way this is the right way, don't block all aspects of who I am because essentially you are going to break me and damage me because you're not allowing me to free flow into the person I'm meant to be. This represents that for me.

B. M. Njiemoun

Picture 10: CROSSROADS



This speaks to the overlap of being gay and being Black and existing outside the stereotypical space so that you're not necessarily given a path to walk. It says being Black and gay puts us out of the stereotypical man box and disrupts respectability politics. This is for our own good because we are forced to create our own lives often in other ways that are out of the norm. We are taught particular paths and to deviate is a challenge and causes discomfort so there's always a social resistance as a result.

Growth is challenging and uncomfortable. Deviating from the given path is to live a life of constant resistance to the norm, until you no longer cause social backlash. Being gay is an ok thing now, what is not ok is to talk shit about a gay person and it is becoming more and more unacceptable to talk shit about a trans-person and again I think there's a 2 edged sword to that.

There's a lot of power in being outside of the norm but the more gay culture or queer culture becomes normalized the more and more it just becomes ok to be you to exist and there's a strength, a resilience that is lost because you have nothing to have to resist anymore, which I think leaves open a lot of room for irresponsibility to happen too because if there is no resistance then it's very easy to take for granted the life that you live and take for granted the consequences of the choices that you make because everything is all good.

We should keep creating our lives in the overlap, be Black and a bike rider, be gay and a police officer. The more our roads cross the more fluid life is for everyone. This picture is of crossroads of 2 different things stamped and labelled respectively but together make something that is a bigger picture and a bigger breadth of life, which ultimately is what gay culture means to me, it's like a bigger breadth of life.

Of note, one participant expressed concern over the normalization of YBMSM. From his point of view, attempts to make the YBMSM experience 'mainstream' and acceptable present threats synonymous with the period of desegregation in the 1960s. The ostracism of black people created a resistance, which gave them the opportunity to create black businesses and carve out a new Black cultural identity. An example of this culture was the Harlem Renaissance. Life outside of the norm enabled Blacks to be creative and enterprising. Desegregation halted the Blacks-only movement and required blacks to work for the good of the entire society. As a result, resistance, a core part of creating, was no longer necessary. Similarly, the participant stated that Black gay culture is becoming too normal, which diminishes the power of living and thriving in the intersections of ones identities.

I fear the same thing with queer culture because the more and more it becomes normalized the more and more it just becomes ok to be you to exist. There's a strength, a

B. M. Njiemoun

resilience that is lost because you have nothing to have to resist anymore, which I think to a certain degree leaves open a lot of room for irresponsibility to happen too because if there is no resistance then it's very easy to take for granted the life that you live and take for granted the consequences of the choices that you make because everything is all good like it's cool.

This level of reflection and analysis demonstrates participants' experience with self-expression and passion about depicting their multiple identities. They were empowered by adding their individual stories to the narrative of YBMSM that mostly focuses on HIV/AIDS.

3) HIV/AIDS

Although the main focus of the project was not HIV/AIDS, participants acknowledged that it was an issue they encountered on daily. One participant revealed his status almost immediately. Another shared his status during the IDI. Some participants seemed to know more about HIV/AIDS than others. In the course of Photovoice, a participant lost a friend who was HIV-positive. The following pictures show that HIV/AIDS is a constant concern in their lives.

Picture 11: FREE CANDY, FREE CONDOMS: DON'T EAT THE CANDY AND LEAVE THE CONDOMS BEHIND



As far as you know, this is work. This is, but it's also very personal too with the amount of people that I know that are HIV-positive. The amount of people that I've love romantically and not that have been HIV-positive. So, and each one of those bags represents someone, a person that it needs to go to and that was at the center of our event.

Picture 12: ALWAYS ON THE GO



It's the study of young gay Black men and the correlation between unprotected anal sex and substance use like alcohol and marijuana and how that correlates to higher rates of HIV amongst Black MSM. And it was just a moment of realization for me of how I was like I have a purpose. When I was standing in the park and we were handing it and just talking to people and have people listening to what we have to say and realize how important it is for Black gay men to be involved in research and how passionate I am about that, I just had a moment when I was standing there and I was like 'wow this mean a lot to me' so I took a picture of it.

B. M. Njiemoun

One participant described his intersecting identity as an HIV-positive YBMSM. Being HIV-positive was a fairly new part of his identity. Although this new label is associated with stigma, he has learned to view it as a source of strength to persevere and to continue raising awareness about HIV/AIDS in the YBMSM community by sharing his story.

Picture 13: TRIUMEQ



I am conquering my HIV even though I am reminded daily by taking my medicine. I'm also empowered because when I take my medicine every day it shows that I am managing how this disease affects me. I've only been diagnosed for, actually it's funny because today is 3 months since I've been diagnosed. I've only been on medication for 2 months and I became undetectable and my viral load is suppressed. That empowered me to deal with the sadness and I can protect myself and protect my partner and have a sense of security for people that love me and realize that I can manage it. I was exposed 2-3 weeks before I tested and that's why I was immediately put on medication and it was easier for my immune system to take heed to the medication and become virally suppressed. I think about so many people who just don't have that knowledge or people who don't realize we're all at risk especially in the Black gay community. No matter how much you know or how less you know it's an issue that we all face.

Because HIV/AIDS is at the forefront of YBMSM literature, participants want to elucidate other aspects of their lives. They do not want YBMSM to be synonymous with HIV/AIDS.

4) Individual factors

In addition to race, gender/sexual orientation and HIV/AIDS participants took various pictures that represent their interests, hobbies, and employment.

4.1. Interests/hobbies

Participants' interests constitute a part of their identities because they reflect how they choose to spend their time. Participants report being deliberate in their decisions to invest time and energy in certain activities. Outside of work, they engage in recreational activities that provide opportunities for self-growth and development. They considered their participation in Photovoice as one of those activities that can potentially improve their daily lives by virtue of having the

B. M. Njiemoun

opportunity to share their stories. They also enjoy art shows, comic books, tattooing, and music among other activities. Participants described their various interests and hobbies in depth and related them back to specific aspects of their distinct personalities.

Picture 14: FIFTH ELEMENT



This is probably my favorite of the set of pictures I took. This is the same artist showcase. So it was her and two other women that were dressed up. I actually titled this picture "Fifth Element" because anybody that's seen that movie, this gives me like real colorful alien out there kinda imagery. And it just kinda speaks to my interests. I'm interested in like the sci-fi, the weird, and she just, she literally, well she was in the middle of a conversation she saw me pull my camera out and she turned and looked at me and this is what resulted. Bomb-ass picture.

Picture 15: EYE OF HORUS



I drew the eye of Horus on my hand because I'm always meeting people and with that I mean it is an ancient symbol but for me it's bigger than that. It's like the third eye that we all possess. The eye that sees everything, hears everything, represents everything, that all seeing eye and not like the form of illuminati or nothing like that but just that inner sight of who you really are creatively. I don't know if you can tell but I'm on my balcony. That's where I spend most of my time. That's the only place where I feel most free. I live on the access floor so I'm right next to the highway. I always see cars and I'm able to just sit there and put into perspective that everybody that's in the car and driving by they have their own separate lives and then I'm sitting on my balcony and I'm able to reflect on my life and to really think about who I am, who I aspire to be and who I'm becoming in this moment..

Picture 15: IT'S IN MY VEINS, IT'S WHO I AM

Basically the passion that I have which is music and writing but not just writing songs but just writing in general. I feel like those are the buttons to my soul, to my life cycle on that keypad like you can control my energy and how I feel by manipulating those words with the sound from that board and then here it's like it gives me energy, it gives me fire. Music is my passion but I think as a community how it relates to us I feel like oftentimes we don't really know who we are or what we wanna do so we just live this mundane life and we just kinda perpetuate what society tells us we are or who we should be and we don't kind of fight back, we just kinda conform and I came to Atlanta to find out who I am and I've been here since 2010 and I'm just now getting in the studio but I realize that everything happens when it's supposed to and when you really take time to hone in on who you are, like I've not been so connected with who I am as a being until now and things like this happen when you become magnetized and you attract all those things that you aspire to do and that you aspire to be so this picture represents my passion that give me chills. Like I'm always singing, I wake up in the morning singing and I dream of songs, I love listening to people sing all different types of music. Music is really popular but it's in my veins, my grandfather is a gospel singer, it's like it's who I am.

4.2. Employment

Often people introduce themselves in terms of their profession. This shows that what people do for a living is a central part of their identities. 'Employment' emerged as a major theme.

Participants spend the majority of their days at work. All participants were at least employed on a part time basis. Some worked in the service industry, a few worked for community organizations, and others worked in research. Most participants were employed in settings that encouraged dialogue on issues affecting YBMSM such as HIV/AIDS, discrimination, stigma, and homelessness. While conversations about these subjects give participants a sense of agency and presence on their communities, they can also become overwhelming. Some participants report mixed feelings about their work and further highlight the importance of seeking counsel and engaging in leisure activities to feel recharged.

Picture 16: OUTREACH

This is this past weekend in Savannah during the Pride celebration and at that event one of the organizations I work with Speak Out, we were asked to table that event and this is showing, bringing attention to HIV/AIDS awareness, education, and everything that surrounds that whole field of public health. We had wristbands and a lot of people came to get that information. The spinning wheel thing that you see over here that has like a lot of questions centered around STDs and infections and that was fun because seeing some of the reactions that people got was like oh my God is that factual or are you making this up and it's like no this is why it's important to get tested to know your status and just protect yourself and your partner.

Picture 17: HEARTS

This is what it looks like, they also do CNA classes inside the building and they actually help you pay for these classes. They give out MARTA cards like I said diapers, they do a lot. To me, Mr. D. in general, I wanna do what he does. I want his job. It's crazy but I want his job and at the same time I want to be able to build homes for these young men and have my own woodworking shop. I think it would be so much fun but it empowers me because I wanna see people happy, I wanna see you know young men, whether they're gay or straight, you know I prefer to work for men (laughs), but you know seeing them succeed really empowers me so that's why I just did Hearts all by myself.

Picture 18: FIRE IN MY BELLY

What we really see here is hickory wood burning in a furnace. This is a picture of at my job. We cook things on a hickory grill. But this picture to me represents like I'm an Aries, so my planet is Mars and Mars is a fiery planet and so what this represents to me is that I'm always in that state of fire because I'm such a passionate person. Everything that I do is passion, it's fiery, it's like all of me. I'm all consuming, just like the fire. So, when I look at this picture I'm looking in my belly like basically what I feel inside to make me wake up every morning and do what I do and to push me forward with all that goes on in our lives. Fire is something that you have to take a lot of force to put out and that part is just getting started.

5) Relationships**5.1. Self**

Participants place a lot of emphasis on their relationships with themselves. These relationships are conceptualized in terms of overcoming personal insecurities and obstacles. Participants

B. M. Njiemoun

detailed strategies they use to endure hardships including but not limited to seeking counseling, talking to peers/mentors, meditating, and hanging out with friends. These tactics give them strength to cope with the stress associated with being a YBMSM. Taking care of themselves physically and emotionally, allowed them to be better versions of themselves and cultivate healthier relationships with others. In this example, a participant describes a picture of himself.

This one is called self so this represents the relationship with me. The trajectory of that has kind of skyrocketed in the past few weeks but there's actually a lot to this picture. In the background what's faded is this photoshoot that I was a part of called Words. It was a nude photoshoot where we had to paint our greatest insecurities and fears on us and mine is failure. That picture is hanging up in my room and my greatest fear now is faded in the background. I don't think about failing anymore or that being anything for me to be struggling with, it's something that I've made friends with and it has faded in my life to become a motivation and not an obstacle and now I'm looking ahead, looking at what's next.

5.2. Family/friends

Most participants grew up in single-parent households. One participant who grew up with his mother describes a relationship based on reciprocal support that he doesn't believe exists in two-parent households.

We talked about the relationship we have with our moms and it's weird that, and I'm not sure how prevalent this is with Black gay men who were raised in single parent households but we have to play this dual role of sons and husbands at the same time. We are supported but then we also support in ways that I don't think is common in any type of parent-child relationship. I don't know if it's just the nature of how quickly we have to grow up being different and then knowing what our moms mean to us too. I don't know it's just that dual role we have to play and it can be taxing sometimes. It can be really taxing.

They reported having close connections to women in their families. Even participants whose mothers had difficulties accepting their homosexual identities eventually developed closer relationships. Male influence typically came from individuals outside of their families.

Participants' definition of family was not restricted to biological ties. As discussed in a previous

B. M. Njiemoun

section, some participants received family-like support through their gay families. Others considered close friends and community members as part of their families.

Picture 19: COMMUNITY



That's my best friend in the center. George is one of my mainstays you know good times and bad. He just randomly looked over when I was trying to take a candid shot and of course he sensed me across the way, meanwhile everyone else is aloof. Again this is community but more specifically, family because at the center of community for me is my family. Relatives are biological, family doesn't always have to be biological.

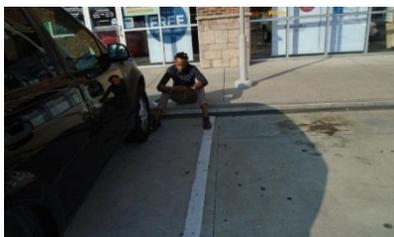
Picture 20: NEW FAMILY



To me it represents like a new, a family because you know moving from New Jersey and I ran a program very similar to that and being able to leave those relationships where they were and to come to a place that is very similar and the people embracing and people being able to be themselves and the diversity of what gay Black men look like and we're just having fun regardless.

5.3. Romantic relationships

Participants' romantic relationships evolved in the course of the project. One relationship went from intimate to casual and the other developed from casual to serious. One relationship ended because the participant was struggling to navigate his new HIV-positive identity, which hindered him from being a good partner/boyfriend. The other relationship began as a friendship at the beginning of the project. By the end of Photovoice, the participant went through a process of 'decluttering', which helped him realize the importance of that particular friendship. While they did not discuss specific criteria for partner selection, it seemed that they tend to form relationships with people in their social networks and communities (i.e. other YBMSM).

Picture 21: THE 'HIM' IN MY LIFE

(Beginning of Photovoice) He is so valuable to me. The distance of the picture represents something that like my heart is really distant from him even though like he's right in front of me and he's like exactly what I want. it's kind of like representing the fact that he wants to love me but I'm kind of like afar because of the things that have been in my own life and being newly diagnosed with HIV and dealing with like what comes with that but he's been there since day 1 since the day I was at the clinic since I texted him when it happened and but because I'm dealing with it and then moving from New Jersey to Atlanta less than 2 months ago and dealing with all that he's been there dealing with his own things but still has time to love me and one thing he said is that 'I want to build, I want to be more connected to you' so that distance represents that for me.

(Towards the end of Photovoice) Before I was talking about love that weekend we came to an understanding that we're not in the same place mentally even though I feel like I'm very level headed, I was naturally disconnecting with him because of my own darkness and he kind of fell out of the place we were before like he's always going to love me, he'll always be my friend but romantically we just weren't happy each other and it was a reality that I had to face.

Picture 22: STEVE

(Beginning of Photovoice) His name is Steve umm I did ask permission to use the picture and he was pretty interested to know what I was gonna say. Umm he's somebody who is, has increasing significance in my life and I don't know where that's going to lead to and what that really means right now so I haven't gone there yet. But yea, he's dope too.

(Towards the end of Photovoice) As of right now all roads are kind of leading to Steve and as I get closer to that light at the end of the tunnel. The conversation came up again and he asked me for exclusivity. What I also like about him is how dynamic he is. He has a lot to his personality and he has a lot of layers to him and that's really cool, that's cool for me because I can't be with somebody that I figure out right away and expect it to last.

6) Community involvement

In several instances participants expressed that their identities were tied to their different communities. One of these communities is EP. The program provides a place for participants to meet, interact, and engage in conversations on various topics. Access to EP programming and services gives participants a sense of community and belonging. In some cases participants describe forming strong bonds with other members of EP, creating a sort of family.

Picture 23: COMMUNITY

So this one you know just represents community, you know Black men, Black gay men, having fun in a non-, semi non-sexual way (all laugh) you know, we're kinda half naked. So yea, that's the significance of this photo, its community. And you know what my job and what my life really centers around, marginalized people, marginalized community, and my friends.

Another example of community is a service organization that aims to intervene on multiple risk factors that contribute to negative, delinquent and high-risk behavior in youths 16-24 year old. The program provides educational assistance, recreational spaces, food, and connections to shelter to the youth in Atlanta. It helps youth to achieve their potential and become leaders in the community. A participant and volunteer introduced the group to this organization. This place has helped the participant transition from jail because of an abusive relationship to a home and stable place of employment. The participant fondly describes his time at the organization. He has a special relationship with some of his mentors there and aspires to use his woodworking skills to build homes for at risk young men. This place empowers him to stay out of trouble, pursue a better future and help others.

Picture 24: MR. D.

He helps me find a job, basically his job is to help place young men that are on the street into homes and you know help them get jobs within like a week or two weeks, get IDs and everything. He does that. I was trying to help him clean his office but he won't let me. I think he's a hoarder guys (laughter) I'm telling you. And he spends his time, he spends his own money, his own car to go pick these young men up and place them. You know, he does ages 14-24 and he helps. He's really dedicated to everything he does and you know I had a friend recently that needed somewhere to go so I called him, you know that's just how it goes but that's what he does. But he's helped me a lot, just how to spell a word or you know anything like that, he's helped me.

Chapter V: Discussion/Conclusion

YBMSM are subject of much research due to high rates of HIV/AIDS associated with their age, race/ethnicity, and gender/sexual orientation. Low rates of testing, low rates of condom use, substance abuse, high rates of STDs, HIV stigma, incomprehensive sexual education, and socioeconomic barriers contribute to the high levels of infection in this group (MacQueen, Chen et al. 2015; Crosby, Geter et al. 2014, Crosby, Graham et al. 2016; Stueve, O'Donnell et al. 2002, Harawa, Greenland et al. 2004; Dariotis, Sifakis et al. 2011; Quinn and Dickson-Gomez 2016; CDC 2013). While the literature on YBMSM HIV risk is abundant and growing, there is limited information on their identities and life experiences outside of the context of HIV. This underrepresentation is also noted in qualitative studies exploring YBMSM's multiple intersecting identities from their voices and perceptions (Wade and Harper 2015).

The purpose of this study was to describe the multiple intersecting identities of a group of YBMSM from their point of view using Photovoice methodology. Participants took and conceptualized photos representing their daily lives during discussion sessions based on themes chosen by the group. We found that participants described their identities as far more complex than race, gender/sexual orientation, and HIV risk. Although 1) race, 2) gender/sexual orientation, and 3) HIV/AIDS form important parts of their identities, 4) individual factors (interests/hobbies and employment), 5) relationships, and 6) community involvement also contribute to their complex intersecting identities. Participants described themselves not only as young, Black, and gay, but also with terms like researcher, artist, son, archivist, and worker among other categories.

B. M. Njiemoun

On one hand, having multiple identities may be associated with social inclusion and being able to relate to diverse groups of people. On the other hand, negotiating those identities can also be related to adversities, stigma and discrimination especially for the minority group. Often, we are not aware of a particular aspect of our identity unless it is in disagreement with the dominant group in our society. Academic debates on multiple intersecting identities reveal three different hypotheses. 1) People with one minority identity experience more challenges than those with two or more identities; 2) People with two or more minority identities experience increasing challenges; 3) people with multiple identities experience “intersectional invisibility”. This concept refers to the process of social invisibility that individuals with multiple minority identities (ex: YBMSM or HIV-positive YBMSM) tend to undergo. Because they identify in various ways, they do not belong to a single group and are therefore ignored. Disadvantages associated with being invisible as a result of multiple identities include: discrimination, marginalization and disempowerment. (Purdie-Vaughns and Eibach 2008). For example our participants agreed that being a YBMSM can potentially isolate them from both the Black community and also the LGBT community. On the other hand, they also stated that having multiple identities and being socially invisible affords YBMSM the opportunity to create a space where all their different identities exist and are embraced.

Racial identity

Being Black in the U.S. was discussed in the context of the Black Lives Matter movement. Participants discussed violent and non-violent approaches to dealing with racial profiling and police brutality. While participants did not identify personal experiences with racism, they expressed a collective concern for the safety and well-being of Black people. Additionally, they highlighted the importance of mental health treatment seeking behaviors to help cope with

B. M. Njiemoun

various societal pressures. Participants view their mental health as more important than the negative ideas associated with counseling in the Black community. This is consistent with a study of attitudes towards mental illness, in which researchers showed that Black people were most likely to report depression as the most common mental illness. They were concerned about stigma associated with mental illness and preferred seeking counsel from religious entities instead of mental health professionals (Ward, Wiltshire et al. 2013).

Gender/sexual orientation identity

Unlike racial identity, sexual orientation identity was prominent in all discussions. Participants frequently shared their views on certain topics as gay men. Although pitting one identity over the other ignores YBMSM who live at the intersections of multiple identities, it seemed that gay identity was mentioned more than Black identity. Additionally, Black identity was almost always stated in relation to gay identity. For example participants rarely said ‘as a Black man’ but they often said ‘as a gay man’ or ‘as a gay Black man’. This suggests that participants viewed both identities as interconnected and that gay identity was slightly more relevant than Black identity. This distinction between racial and sexual identity may stem from the fact that being Black is visible and obvious, whereas in most cases one cannot assign a sexual identity by looking at a person. As a result, encounters with people from different races tend to be framed by preconceived ideas of that particular group’s behavior. Conversely, interactions with a gay person may not be biased if sexual orientation is not obvious. Therefore, it is likely for a YBMSM to only be considered in terms of his racial identity upon initial contact. When given the opportunity to talk about their lives, YBMSM may highlight their gay identity since they cannot escape their apparent skin color. In addition to their sexual orientation participants also emphasized freedom of expression. They endorsed the belief that gender/sexual expression is not

B. M. Njiemoun

categorical but occurs on a spectrum. Participants welcome the idea that no one individual is exclusively homosexual/heterosexual, masculine/feminine or male/female. For them and many others, such characterizations are continuous (Savin-Williams 2014) and contribute to their multiple complex identities.

Another aspect of participants' gender/sexual orientation identity was the creation of a gay family. The gay family was described as an alternative to a biological family that exists to support individuals who lack sources of positive reinforcements in their lives. Participation in balls is central to the gay family. Balls are events/spaces where YBMSM and others can assume different types of gender expression and compete for prizes. Other research has also examined gay families and found that while the gay family provides a supportive environment for YBMSM, it is also highly stigmatized within the broader gay community, which can be associated with negative health outcomes (ex: increased risk for STDs and HIV/AIDS) (Kubicek, Beyer et al. 2013).

HIV/AIDS

Participants discussed the pervasiveness of HIV in their everyday lives. While they considered HIV/AIDS awareness, research and other services important, they were concerned that it is the dominant topic of conversation about YBMSM. Participants encountered discussions of HIV in their places of employment and leisure. For the HIV-positive participants, HIV was described as a permanent part of their identities. They reported feelings of depression and anxiety about their initial diagnoses. Most participants were well versed on different risk factors and barriers that facilitate the increasing prevalence in their peer groups. They also knew how to navigate the health care system to initiate and remain in care, which is a crucial component in disease management. The importance of accepting one's HIV-positive identity was noted in a recent

B. M. Njiemoun

study of psychosocial influences on engagement in HIV care in this population, Hussen and colleagues concluded that adopting healthy multiple identities (ex. HIV+ and ethnic identity) is vital for engagement in care (Hussen, Harper et al. 2015).

Individual factors (interests/hobbies and employment) and community involvement

Participants' interests and hobbies reflected how they spent time away from work. Descriptions of interests were related back to aspects of their different identities. In some cases participants' hobbies still involved HIV/AIDS work while in others they enjoyed spending time with friends, cooking, and exercising among other things.

Employment is a significant part of identity for many adults (Irwin, Burg et al. 2002). All participants were employed on at least a part-time basis. Working affords participants the opportunity for financial stability and independence. While most participants expressed job satisfaction, they still had ambitions of exploring diverse career opportunities. Many participants' work was closely related to HIV/AIDS research and advocacy allowing them to be at the forefront of issues concerning their communities. Research shows that employment and higher income is associated with increased community involvement (Ramirez-Valles, Kuhns et al. 2014). All participants reported some level of commitment to community activities. Some frequently attend HIV activism programs while others volunteer at service organizations that target young people. This level of participation, including participation in the Photovoice project, helps create a sense of ownership of their community and further develops their multiple identities as YBMSM.

Relationships

B. M. Njiemoun

Participants conceptualized relationships in terms of 1) self, 2) family/friends, and 3) romantic partners. As stated by Erikson, participants are in the ‘Intimacy vs. Isolation’ stage. They achieved autonomy and have become more aware of their individuality. They are now ready to form substantial intimate relationships with friends and or romantic partners (Wallerstein 1998). Seeking counseling and talking to mentors was central to maintaining a healthy relationship with the self. Being present and involved in community activities fostered family-like bonds with friends. Growing up in a single-parent household revealed relationship dynamics that participants deemed different from the norm. Some participants assumed yet another identity/role of father and son in the absence of a male figure. This particular topic deserves more research attention because it could have some implications for identity formation. Finally, some romantic relationships ended while others developed.

Strengths and Limitations

The study explored the multiple intersecting identities of a group of YBMSM. Unlike many studies on YBMSM, the emphasis was on participants’ descriptions of their identities.

Accordingly, Photovoice empowered participants to take pictures, discuss, and create captions to help create a better picture of meaningful aspects of their daily lives.

In spite of these strengths, the study had a few limitations. One researcher facilitated the discussion sessions, and transcribed and analyzed the data. This exposes the study to some bias.

To remedy this, the researcher discussed some potential additional themes with a few participants during the optional IDIs. One potential weakness is inconsistent attendance.

Attendance was low for some of weeks (figure 2). Since there is no relationship between a photovoice group size and the quality of participation (Catalani and Minkler 2010), data collected from all participants was used, regardless of the number of sessions attended.

B. M. Njiemoun

Additionally, one participant was also a group coordinator for EP and he used a professional camera. One concern was the potential power dynamic between him and other participants. However, he did not seem to influence participants' views. They all interacted as peers.

Conclusion

This study qualitatively explored the multiple intersecting identities of a group of YBMSM. We proved that the YBMSM in our study consider their identities to be multifaceted and intersecting. They exist every day as young gay Black men. They interact with different people in their various communities. They work in different sectors, and they participate in various activities. While the study highlighted how YBMSM describe their identities in the present, future research can benefit from in-depth evaluation of YBMSM intersecting identity formation. This will supplement the literature on identity development theory, which does not account for different races or sexual orientation. Such assessment can be in the form of qualitative, quantitative, and mixed research methods to create reliable frameworks that describe YBMSM intersecting identity formation in a society where they are considered a minority. Additionally, our study participants are members of the EP education program, meaning that they have a certain level of awareness around issues in their communities that may not be universal. We can benefit from learning for a more diverse group of young men with mixed levels of exposure to YBMSM issues. Finally, future research should continue to focus on positive aspects of life as a YBMSM such as resilience or specific strategies they employ to thrive despite societal challenges like stigma and discrimination. Consequently, these studies can inform interventions that are tailored to improve the overall wellbeing of YBMSM.

This work was facilitated by the Center for AIDS Research at Emory University (P30AI050409)

References

1. Abes E. S., J. S. R., McEwen M. K. (2007). Reconceptualizing the Model of Multiple Dimensions of Identity: The Role of Meaning-Making Capacity in the Construction of Multiple Identities. *Journal of College Student Development*, 48(1), 1-22.
2. Abichahine, H., & Veenstra, G. (2016). Inter-categorical intersectionality and leisure-based physical activity in Canada. *Health Promot Int*.
3. Alvidrez, J., Snowden, L. R., & Kaiser, D. M. (2008). The experience of stigma among Black mental health consumers. *J Health Care Poor Underserved*, 19(3), 874-893.
4. Arnold, E. A., Rebchook, G. M., & Kegeles, S. M. (2014). 'Triply cursed': racism, homophobia and HIV-related stigma are barriers to regular HIV testing, treatment adherence and disclosure among young Black gay men. *Cult Health Sex*, 16(6), 710-722.
5. Baltierra, N. B., Muessig, K. E., Pike, E. C., LeGrand, S., Bull, S. S., & Hightow-Weidman, L. B. (2015). More than just tracking time: Complex measures of user engagement with an internet-based health promotion intervention. *J Biomed Inform*.
6. Baytop, C., Royal, S., Hubbard McCree, D., Simmons, R., Tregerman, R., Robinson, C., Price, C. (2014). Comparison of strategies to increase HIV testing among African-American gay, bisexual, and other men who have sex with men in Washington, DC. *AIDS Care*, 26(5), 608-612.
7. Braun V. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
8. Bregman, H. R., Malik, N. M., Page, M. J., Makynen, E., & Lindahl, K. M. (2013). Identity profiles in lesbian, gay, and bisexual youth: the role of family influences. *J Youth Adolesc*, 42(3), 417-430.
9. Brittian, A. S. (2012). Understanding African American Adolescents' Identity Development: A Relational Developmental Systems Perspective. *J Black Psychol*, 38(2), 172-200.
10. Carbado, D. W., Crenshaw, K. W., Mays, V. M., & Tomlinson, B. (2013). Intersectionality: Mapping the Movements of a Theory. *Du Bois Rev*, 10(2), 303-312.

B. M. Njiemoun

11. Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncol Nurs Forum*, 41(5), 545-547.
12. Cass, V. (1979). Homosexual Identity Formation. *J Homosex*, 4(3), 219-235.
13. Catalani, C., & Minkler, M. (2010). Photovoice: a review of the literature in health and public health. *Health Educ Behav*, 37(3), 424-451.
14. Centers for Disease Control and Prevention. (2016). Adaptation and National Dissemination of a Brief, Evidence-Based, HIV Prevention Intervention for High-Risk Men Who Have Sex With Men. *MMWR*, 65(1), 42-50.
15. Centers for Disease Control and Prevention. (2016). Disparities in Consistent Retention in HIV Care-11 States and the District of Columbia, 2011-2013. *MMWR*, 65(4), 77-82.
16. Centers for Disease Control and Prevention. (2011). Disparities in Diagnoses of HIV Infection Between Blacks/African Americans and Other Racial/Ethnic Populations-37 States, 2005-2008. *MMWR*, 60(4).
17. Centers for Disease Control and Prevention. (2015). HIV and Young Men Who Have Sex with Men.
18. Centers for Disease Control and Prevention. (2013). HIV in the United States: At a Glance.
19. Centers for Disease Control and Prevention. (2012). HIV Among Gay and Bisexual Men.
20. Clarke, V., & Smith, M. (2015). "Not hiding, not shouting, just me": gay men negotiate their visual identities. *J Homosex*, 62(1), 4-32.
21. Crawford, I., Allison, K. W., Zamboni, B. D., & Soto, T. (2002). The influence of dual-identity development on the psychosocial functioning of African-American gay and bisexual men. *J Sex Res*, 39(3), 179-189.
22. Crosby, R., Mena, L., Yarber, W. L., Graham, C. A., Sanders, S. A., & Milhausen, R. R. (2015). Condom Use Errors and Problems: A Comparative Study of HIV-Positive Versus HIV-Negative Young Black Men Who Have Sex With Men. *Sex Transm Dis*, 42(11), 634-636.

B. M. Njiemoun

23. Crosby, R., Pasternak, R., Salazar, L. F., & Terrell, I. (2013). How do young black men having sex with only women differ from those also having sex with men? *Sex Health*,
24. Crosby, R. A., Geter, A., DiClemente, R. J., & Salazar, L. F. (2014). Acceptability of Condoms, Circumcision and PrEP among Young Black Men Who Have Sex with Men: A Descriptive Study Based on Effectiveness and Cost. *Vaccines (Basel)*, 2(1), 129-137.
25. Crosby, R. A., Graham, C. A., Yarber, W. L., Sanders, S. A., Milhausen, R. R., & Mena, L. (2016). Measures of Attitudes Toward and Communication about Condom Use: Their Relationships With Sexual Risk Behavior Among Young Black Men Who Have Sex With Men. *Sex Transm Dis*, 43(2), 94-98.
26. Crosby, R. A., Mena, L., & Geter, A. (2015). Favourable attitudes towards serosorting are associated with overall less frequent condom use among young Black men having sex men. *Sex Health*.
27. Crosby, R. A., Mena, L., Geter, A., & Hickson, D. (2015). Similarities and Differences in Sexual Risk Behaviors Between Young Black MSM Who Do and Do Not Have Sex with Females. *AIDS Behav*.
28. Cross, W. E. (1991). *Shades of Black*. Philadelphia, PA: Temple University Press.
29. Dariotis, J. K., Sifakis, F., Pleck, J. H., Astone, N. M., & Sonenstein, F. L. (2011). Racial and ethnic disparities in sexual risk behaviors and STDs during young men's transition to adulthood. *Perspect Sex Reprod Health*, 43(1), 51-59.
30. Davis, R. E., Alexander, G., Calvi, J., Wiese, C., Greene, S., Nowak, M., Resnicow, K. (2010). A new audience segmentation tool for African Americans: the black identity classification scale. *J Health Commun*, 15(5), 532-554.
31. De Walt, P. S. (2013). Discourse on African American/Black Identity: engaging the expanded nigrescence theory with a diasporic consciousness. *Springerplus*, 2(1), 233.
32. Douvan, E. (1997). Erik Erikson: critical times, critical theory. *Child Psychiatry Hum Dev*, 28(1), 15-21.
33. Duffy, R. D., Blustein, D. L., Diemer, M. A., & Autin, K. L. (2016). The Psychology of Working Theory. *J Couns Psychol*, 63(2), 127-148.

B. M. Njiemoun

34. Dyer, T. P., Shoptaw, S., Guadamuz, T. E., Plankey, M., Kao, U., Ostrow, D., Stall, R. (2012). Application of syndemic theory to black men who have sex with men in the Multicenter AIDS Cohort Study. *J Urban Health*, 89(4), 697-708.
35. Eaton, L. A., Kalichman, S. C., & Cherry, C. (2010). Sexual Partner Selection and HIV Risk Reduction Among Black and White Men Who Have Sex With Men. *American Journal of Public Health*, 100(3), 503-509. Retrieved from <https://login.proxy.library.emory.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=48474661&site=ehost-live>
36. Fields, E. L., Bogart, L. M., Smith, K. C., Malebranche, D. J., Ellen, J., & Schuster, M. A. (2012). HIV risk and perceptions of masculinity among young black men who have sex with men. *J Adolesc Health*, 50(3), 296-303.
37. Fields, E. L., Bogart, L. M., Smith, K. C., Malebranche, D. J., Ellen, J., & Schuster, M. A. (2015). I Always Felt I Had to Prove My Manhood: Homosexuality, Masculinity, Gender Role Strain, and HIV Risk Among Young Black Men Who Have Sex With Men. *American Journal of Public Health*, 105(1), 122-131.
38. Fleming, D. T., & Wasserheit, J. N. (1999). From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sex Transm Infect*, 75(1), 3-17.
39. Flores, S. A., Bakeman, R., Millett, G. A., & Peterson, J. L. (2009). HIV risk among bisexually and homosexually active racially diverse young men. *Sex Transm Dis*, 36(5), 325-329.
40. Garofalo, R., Mustanski, B. S., McKirnan, D. J., Herrick, A., & Donenberg, G. R. (2007). Methamphetamine and young men who have sex with men: understanding patterns and correlates of use and the association with HIV-related sexual risk. *Arch Pediatr Adolesc Med*, 161(6), 591-596.
41. Gatter, P. N. (1995). Anthropology, HIV and contingent identities. *Soc Sci Med*, 41(11), 1523-1533.
42. Georgia Department of Public Health. (December 2015). HIV Surveillance Fact Sheet 2013. Retrieved from https://dph.georgia.gov/sites/dph.georgia.gov/files/HIV_EPI_Fact_Sheet_Surveillance_2013.pdf

B. M. Njiemoun

43. Ghavami, N., Katsiaficas, D., & Rogers, L. O. (2016). Toward an Intersectional Approach in Developmental Science: The Role of Race, Gender, Sexual Orientation, and Immigrant Status. *Adv Child Dev Behav*, 50, 31-73.
44. Glick, S. N., & Golden, M. R. (2010). Persistence of racial differences in attitudes toward homosexuality in the United States. *J Acquir Immune Defic Syndr*, 55(4), 516-523.
45. Goltz, D. B. (2014). "We're not in Oz anymore": shifting generational perspectives and tensions of gay community, identity, and future. *J Homosex*, 61(11), 1503-1528.
46. Goode-Cross, D. T., & Tager, D. (2011). Negotiating multiple identities: how African-American gay and bisexual men persist at a predominantly White institution. *J Homosex*, 58(9), 1235-1254.
47. Graziano, K. J. (2004). Oppression and resiliency in a post-apartheid South Africa: unheard voices of Black gay men and lesbians. *Cultur Divers Ethnic Minor Psychol*, 10(3), 302-316.
48. Grieb, S. D., Eder, M. M., Smith, K. C., Calhoun, K., & Tandon, D. (2015). Qualitative Research and Community-Based Participatory Research: Considerations for Effective Dissemination in the Peer-Reviewed Literature. *Prog Community Health Partnersh*, 9(2), 275-282.
49. Halkitis, P. N., Brockwell, S., Siconolfi, D. E., Moeller, R. W., Sussman, R. D., Mourgues, P. J., . . . Sweeney, M. M. (2011). Sexual behaviors of adolescent emerging and young adult men who have sex with men ages 13-29 in New York City. *J Acquir Immune Defic Syndr*, 56(3), 285-291.
50. Harawa, N. T., Greenland, S., Bingham, T. A., Johnson, D. F., Cochran, S. D., Cunningham, W. E., Valleroy, L. A. (2004). Associations of race/ethnicity with HIV prevalence and HIV-related behaviors among young men who have sex with men in 7 urban centers in the United States. *J Acquir Immune Defic Syndr*, 35(5), 526-536.
51. Harley, D., Hunn, V., Elliott, W., & Canfield, J. (2015). Photovoice as a Culturally Competent Research Methodology for African Americans. *Journal of Pan African Studies*, 7(9), 31-40. Retrieved from <https://login.proxy.library.emory.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=102095941&site=ehost-live>
52. Harper, G. W. (2007). Sex isn't that simple: culture and context in HIV prevention interventions for gay and bisexual male adolescents. *Am Psychol*, 62(8), 803-819.

53. Harper, G. W., Fernandez, I. M., Bruce, D., Hosek, S. G., & Jacobs, R. J. (2013). The role of multiple identities in adherence to medical appointments among gay/bisexual male adolescents living with HIV. *AIDS Behav*, 17(1), 213-223.
54. Harper, G. W., & Riplinger, A. J. (2013). HIV prevention interventions for adolescents and young adults: what about the needs of gay and bisexual males? *AIDS Behav*, 17(3), 1082-1095.
55. Harper, G. W., Serrano, P. A., Bruce, D., & Bauermeister, J. A. (2015). The Internet's Multiple Roles in Facilitating the Sexual Orientation Identity Development of Gay and Bisexual Male Adolescents. *Am J Mens Health*.
56. Hightow-Weidman, L. B., Muessig, K. E., Pike, E. C., LeGrand, S., Baltierra, N., Rucker, A. J., & Wilson, P. (2015). HealthMpowerment.org: Building Community Through a Mobile-Optimized, Online Health Promotion Intervention. *Health Educ Behav*, 42(4), 493-499.
57. Holtby, A., Klein, K., Cook, K., & Travers, R. (2015). To be seen or not to be seen: Photovoice, queer and trans youth, and the dilemma of representation. *Action Research*, 13(4), 317-335.
58. Huebner, D. M., Kegeles, S. M., Rebchook, G. M., Peterson, J. L., Neilands, T. B., Johnson, W. D., & Eke, A. N. (2014). Social oppression, psychological vulnerability, and unprotected intercourse among young Black men who have sex with men. *Health Psychol*, 33(12), 1568-1578.
59. Hussen, S. A., Andes, K., Gilliard, D., Chakraborty, R., Del Rio, C., & Malebranche, D. J. (2015). Transition to adulthood and antiretroviral adherence among HIV-positive young Black men who have sex with men. *Am J Public Health*, 105(4), 725-731.
60. Hussen, S. A., Gilliard, D., Caldwell, C. H., Andes, K., Chakraborty, R., & Malebranche, D. J. (2014). A qualitative analysis of father-son relationships among HIV-positive young black men who have sex with men. *J Urban Health*, 91(4), 776-792.
61. Hussen, S. A., Harper, G. W., Bauermeister, J. A., & Hightow-Weidman, L. B. (2015). Psychosocial Influences on Engagement in Care Among HIV-Positive Young Black Gay/Bisexual and Other Men Who Have Sex with Men. *AIDS Patient Care & STDs*, 29(2), 77-85.

B. M. Njiemoun

62. Hussen, S. A., Harper, G. W., Bauermeister, J. A., & Hightow-Weidman, L. B. (2015). Irwin, C. E., Jr., Burg, S. J., & Uhler Cart, C. (2002). America's adolescents: where have we been, where are we going? *J Adolesc Health*, 31(6 Suppl), 91-121.
63. Jamil, O. B., Harper, G. W., & Fernandez, M. I. (2009). Sexual and ethnic identity development among gay-bisexual-questioning (GBQ) male ethnic minority adolescents. *Cultur Divers Ethnic Minor Psychol*, 15(3), 203-214.
64. Jang, Y., Yoon, H., Chiriboga, D. A., Molinari, V., & Powers, D. A. (2015). Bridging the Gap Between Common Mental Disorders and Service Use: The Role of Self-Rated Mental Health Among African Americans. *Am J Geriatr Psychiatry*, 23(7), 658-665.
65. Kann, L., Olsen, E. O., Kinchen, S., Morris, E., & Wolitski, R. J. (2016). HIV-Related Risk Behaviors Among Male High School Students Who Had Sexual Contact with Males - 17 Large Urban School Districts, United States, 2009-2013. *MMWR Morb Mortal Wkly Rep*, 65(5), 106-109.
66. Klein, K., Holtby, A., Cook, K., & Travers, R. (2015). Complicating the coming out narrative: becoming oneself in a heterosexist and cissexist world. *J Homosex*, 62(3), 297-326.
67. Kubicek, K., Beyer, W., Weiss, G., & Kipke, M. D. (2012). Photovoice as a Tool to Adapt an HIV Prevention Intervention for African American Young Men Who Have Sex With Men. *Health Promotion Practice*, 13(4), 535-543.
68. Kubicek, K., Beyer, W. H., McNeeley, M., Weiss, G., Omni, L. F., & Kipke, M. D. (2013). Community-engaged research to identify house parent perspectives on support and risk within the House and Ball scene. *J Sex Res*, 50(2), 178-189.
69. LeGrand, S., Muessig, K. E., Pike, E. C., Baltierra, N., & Hightow-Weidman, L. B. (2014). If you build it will they come? Addressing social isolation within a technology-based HIV intervention for young black men who have sex with men. *AIDS Care*, 26(9), 1194-1200.
70. Livak, B., Michaels, S., Green, K., Nelson, C., Westbrook, M., Simpson, Y., Schneider, J. A. (2013). Estimating the number of young Black men who have sex with men (YBMSM) on the south side of Chicago: towards HIV elimination within US urban communities. *J Urban Health*, 90(6), 1205-1213.
71. MacKellar, D. A., Valleroy, L. A., Secura, G. M., Behel, S., Bingham, T., Celentano, D. D., Janssen, R. S. (2005). Unrecognized HIV infection, risk behaviors, and perceptions of

B. M. Njiemoun

- risk among young men who have sex with men: opportunities for advancing HIV prevention in the third decade of HIV/AIDS. *J Acquir Immune Defic Syndr*, 38(5), 603-614.
72. MacQueen, K. M., Chen, M., Jolly, D., Mueller, M. P., Okumu, E., Eley, N. T., Rogers, R. C. (2015). HIV Testing Experience and Risk Behavior Among Sexually Active Black Young Adults: A CBPR-Based Study Using Respondent-Driven Sampling in Durham, North Carolina. *Am J Community Psychol*, 55(3-4), 433-443.
73. Mamary, E., McCright, J., & Roe, K. (2007). Our lives: An examination of sexual health issues using photovoice by non-gay identified African American men who have sex with men. *Culture, Health & Sexuality*, 9(4), 359-370.
74. McFadden, R. B., Bouris, A. M., Voisin, D. R., Glick, N. R., & Schneider, J. A. (2014). Dynamic social support networks of younger black men who have sex with men with new HIV infection. *AIDS Care*, 26(10), 1275-1282.
75. Mimiaga, M. J., O'Cleirigh, C., Biello, K. B., Robertson, A. M., Safren, S. A., Coates, T. J., Mayer, K. H. (2015). The effect of psychosocial syndemic production on 4-year HIV incidence and risk behavior in a large cohort of sexually active men who have sex with men. *J Acquir Immune Defic Syndr*, 68(3), 329-336.
76. Minkler, M., & Cox, K. (1980). Creating critical consciousness in health: applications of Freire's philosophy and methods to the health care setting. *Int J Health Serv*, 10(2), 311-322.
77. Muessig, K. E., Baltierra, N. B., Pike, E. C., LeGrand, S., & Hightow-Weidman, L. B. (2014). Achieving HIV risk reduction through HealthMpowerment.org, a user-driven eHealth intervention for young Black men who have sex with men and transgender women who have sex with men. *Digit Cult Educ*, 6(3), 164-182.
78. Mustanski, B., Garofalo, R., Herrick, A., & Donenberg, G. (2007). Psychosocial health problems increase risk for HIV among urban young men who have sex with men: preliminary evidence of a syndemic in need of attention. *Ann Behav Med*, 34(1), 37-45.
79. Mutchler, M. G., McDavitt, B., Ghani, M. A., Nogg, K., Winder, T. J., & Soto, J. K. (2015). Getting PrEPared for HIV Prevention Navigation: Young Black Gay Men Talk About HIV Prevention in the Biomedical Era. *AIDS Patient Care STDS*, 29(9), 490-502.
80. Ohmer, M. L., & Owens, J. (2013). Using Photovoice to Empower Youth and Adults to Prevent Crime. *Journal of Community Practice*, 21(4), 410-433.

81. Orlofsky, J. L. (1976). Intimacy status: Relationship to interpersonal perception. *J Youth Adolesc*, 5(1), 73-88.
82. Purdie-Vaughns, V., & Eibach, R. P. (2008). Intersectional Invisibility: The Distinctive Advantages and Disadvantages of Multiple Subordinate-Group Identities. *Sex Roles*, 59(5), 377-391.
83. Quinn, K., & Dickson-Gomez, J. (2016). Homonegativity, Religiosity, and the Intersecting Identities of Young Black Men Who Have Sex with Men. *AIDS Behav*, 20(1), 51-64. doi:10.1007/s10461-015-1200-1
84. Quinn, K., Dickson-Gomez, J., DiFranceisco, W., Kelly, J. A., St Lawrence, J. S., Amirkhanian, Y. A., & Broaddus, M. (2015). Correlates of internalized homonegativity among black men who have sex with men. *AIDS Educ Prev*, 27(3), 212-226.
85. Quinn, K., Voisin, D. R., Bouris, A., & Schneider, J. (2016). Psychological distress, drug use, sexual risks and medication adherence among young HIV-positive Black men who have sex with men: exposure to community violence matters. *AIDS Care*, 1-7.
86. Ramirez-Valles, J., Kuhns, L. M., Vazquez, R., & Benjamin, G. D. (2014). Getting Involved: Exploring Latino GBT Volunteerism and Activism in AIDS and LGBT Organizations. *J Gay Lesbian Soc Serv*, 26(1), 18-36.
87. Rivas-Drake, D., Seaton, E. K., Markstrom, C., Quintana, S., Syed, M., Lee, R. M., Yip, T. (2014). Ethnic and racial identity in adolescence: implications for psychosocial, academic, and health outcomes. *Child Dev*, 85(1), 40-57.
88. Rivas-Drake, D., Syed, M., Umana-Taylor, A., Markstrom, C., French, S., Schwartz, S. J., & Lee, R. (2014). Feeling good, happy, and proud: a meta-analysis of positive ethnic-racial affect and adjustment. *Child Dev*, 85(1), 77-102.
89. Rosario, M., Schrimshaw, E. W., & Hunter, J. (2008). Predicting different patterns of sexual identity development over time among lesbian, gay, and bisexual youths: a cluster analytic approach. *Am J Community Psychol*, 42(3-4), 266-282.
90. Rosario, M., Schrimshaw, E. W., Hunter, J., & Braun, L. (2006). Sexual identity development among gay, lesbian, and bisexual youths: consistency and change over time. *J Sex Res*, 43(1), 46-58.

B. M. Njiemoun

91. Savin-Williams, R. C. (2014). An exploratory study of the categorical versus spectrum nature of sexual orientation. *J Sex Res*, 51(4), 446-453.
92. Siconolfi, D. E., Kapadia, F., Halkitis, P. N., Moeller, R. W., Storholm, E. D., Barton, S. C., Jones, D. (2013). Sexual health screening among racially/ethnically diverse young gay, bisexual, and other men who have sex with men. *J Adolesc Health*, 52(5), 620-626.
93. Stueve, A., O'Donnell, L., Duran, R., San Doval, A., & Geier, J. (2002). Being high and taking sexual risks: findings from a multisite survey of urban young men who have sex with men. *AIDS Educ Prev*, 14(6), 482-495.
94. Sullivan, P. S., Rosenberg, E. S., Sanchez, T. H., Kelley, C. F., Luisi, N., Cooper, H. L., Peterson, J. L. (2015). Explaining racial disparities in HIV incidence in black and white men who have sex with men in Atlanta, GA: a prospective observational cohort study. *Ann Epidemiol*, 25(6), 445-454.
95. Tateno, M., Ikeda, H., & Saito, T. (2011). [Gender dysphoria in pervasive developmental disorders]. *Seishin Shinkeigaku Zasshi*, 113(12), 1173-1183.
96. Tucker, J. S., Hu, J., Golinelli, D., Kennedy, D. P., Green, H. D., Jr., & Wenzel, S. L. (2012). Social network and individual correlates of sexual risk behavior among homeless young men who have sex with men. *J Adolesc Health*, 51(4), 386-392.
97. Turk, M. T., Fapohunda, A., & Zoucha, R. (2015). Using Photovoice to Explore Nigerian Immigrants' Eating and Physical Activity in the United States. *Journal of Nursing Scholarship*, 47(1), 16-24.
98. Umana-Taylor, A. J., Quintana, S. M., Lee, R. M., Cross, W. E., Jr., Rivas-Drake, D., Schwartz, S. J., . . . Seaton, E. (2014). Ethnic and racial identity during adolescence and into young adulthood: an integrated conceptualization. *Child Dev*, 85(1), 21-39.
99. Vu, L., Choi, K. H., & Do, T. (2011). Correlates of sexual, ethnic, and dual identity: a study of young Asian and Pacific Islander men who have sex with men. *AIDS Educ Prev*, 23(5), 423-436.
100. Wade, R. M., & Harper, G. W. (2015). Young Black Gay/Bisexual and Other Men Who Have Sex With Men: A Review and Content Analysis of Health-Focused Research Between 1988 and 2013. *Am J Mens Health*.

B. M. Njiemoun

101. Walker, J. J., Longmire-Avital, B., & Golub, S. (2015). Racial and sexual identities as potential buffers to risky sexual behavior for Black gay and bisexual emerging adult men. *Health Psychol*, 34(8), 841-846.
102. Wallerstein, R. S. (1998). Erikson's concept of ego identity reconsidered. *J Am Psychoanal Assoc*, 46(1), 229-247.
103. Wang, C., & Burris, M. A. (1994). Empowerment through photo novella: portraits of participation. *Health Educ Q*, 21(2), 171-186.
104. Wang, C., & Burris, M. A. (1997). Photovoice: concept, methodology, and use for participatory needs assessment. *Health Educ Behav*, 24(3), 369-387.
105. Wang, C. C. (1999). Photovoice: a participatory action research strategy applied to women's health. *J Womens Health*, 8(2), 185-192.
106. Wang, C. C., & Redwood-Jones, Y. A. (2001). Photovoice ethics: perspectives from Flint Photovoice. *Health Educ Behav*, 28(5), 560-572.
107. Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nurs Res*, 62(3), 185-194.
108. Warren, J. C., Fernandez, M. I., Harper, G. W., Hidalgo, M. A., Jamil, O. B., & Torres, R. S. (2008). Predictors of unprotected sex among young sexually active African American, Hispanic, and White MSM: the importance of ethnicity and culture. *AIDS Behav*, 12(3), 459-468.
109. Weinbaum, C. M., Lyerla, R., Mackellar, D. A., Valleroy, L. A., Secura, G. M., Behel, S. K., Torian, L. V. (2008). The Young Men's Survey phase II: hepatitis B immunization and infection among young men who have sex with men. *Am J Public Health*, 98(5), 839-845.
110. White, D., & Stephenson, R. (2014). Identity formation, outness, and sexual risk among gay and bisexual men. *Am J Mens Health*, 8(2), 98-109.
111. Williams, A., Sethi, B., Duggleby, W., Ploeg, J., Markle-Reid, M., Peacock, S., & Ghosh, S. (2016). A Canadian qualitative study exploring the diversity of the experience of family caregivers of older adults with multiple chronic conditions using a social location perspective. *Int J Equity Health*, 15(1), 40.

B. M. Njiemoun

112. Wong, C. F., Kipke, M. D., & Weiss, G. (2008). Risk factors for alcohol use, frequent use, and binge drinking among young men who have sex with men. *Addict Behav*, 33(8), 1012-1020.
113. Wright, E. R., & Perry, B. L. (2006). Sexual identity distress, social support, and the health of gay, lesbian, and bisexual youth. *J Homosex*, 51(1), 81-110.

B. M. Njiemoun

Appendix 1**SHOWED Form for guided discussions (Adapted from Wang & Burris)**

Name: _____

Title of picture: _____

Location: _____

Date: _____

S	What do you See here?
H	What is really H appening here?
O	How does this relate to O ur lives?
W	W hy does this problem, concern, or strength exist?
E	How could this picture E ducate people
D	What can we D o about it?