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3 Strikes And You're Out: The association between social support and the HIV sexual risk behaviors of disclosed African American MSM

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An abstract of

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Abstract

3 Strikes And You're Out: The association between social support and the HIV sexual risk behaviors of disclosed African American MSM

By Cydney Bullock

Historically, African American men who have sex men (AAMSM) have had significantly higher rates of HIV infection as compared to other men who have sex with men (MSM) (CDC, 2005; Millet, Flores, Peterson, & Bakeman, 2007; Newman & Berman, 2008; Bohl, Raymond, Arnold, & McFarland, 2009; Wilson & Moore, 2009). Of AAMSM who disclose and identify as gay or bisexual, these AAMSM have higher rates of HIV than those who do not disclose a sexual identity (CDC, 2003; Bond et al., 2009; Crawford et al., 2002). In order to better understand this phenomenon, this qualitative study examined the possible association of social support and HIV sexual risk behaviors among openly gay African American men in the Metro Atlanta area.. A thematic analysis of focus group data revealed that the norms and values of a social support system may have a greater influence on an individual's participation in risky sexual behaviors than the presence or lack of social support. The results also identify various sources of social support among both the African American and gay African American communities. Further the findings agree with the current literature surrounding the relationship between disclosure or sexual identity and the presence of social support. Together, these findings not only add to literature regarding the possible impact of social support on participation in risky sex behaviors but may give insight to the use of this type of framework in future research regarding social support and health. Additionally, this study's results could be used to develop individually-based interventions that are more culturally relevant for high risk and highly complex subgroups, and inform interpersonal, institutional, communal, and societal level prevention efforts as well.

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Chapter 1: Introduction

Overview of Research Questions

Disclosure of sexual identity for many men who have sex with men (MSM) is a means to become part of the gay community. However, disclosure can be associated with prejudice, social isolation, discrimination, and abuse (Corrigan, Larson, & Hautamaki et al., 2009; Kennamer, Honnold, Bradford, & Hendricks, 2000; Mays, Cochran, & Zamudio, 2004; CDC, 2003). Research has shown a correlation between disclosure and strong sources of social support (Beals, Peplau, &Gable, 2009; Savin-Williams, 1996). However, disclosure is difficult for African American men who have sex with men (AAMSM) due to the community dynamics and homophobia within the African American community (Beals et al., 2009; Savin-Williams, 1996). Research has also found an association between strong social support and decreased sexual risk taking in AAMSM (Mimiaga, Reisner, & Cranston et al., 2009). Together, this research suggests that AAMSM who disclose have stronger support systems than those that did not and also have a lesser risk for HIV infections. Contrary to expectations, recent findings show that AAMSM who disclose and identify as gay or bisexual have higher rates of HIV than those that did not disclose a sexual identity (CDC, 2003;Bond, Wheeler, Millet, Lapollo, Carson, & Liau , 2009; Crawford, Allison, Zamboni, & Soto, 2002). This finding could be due to many factors, but little research has examined the relationship between social support, disclosure, and sexual risk for this target population. The current study aims to bridge this existing gap in the quantitative literature by qualitatively exploring social support and its association to participation in risky sexual behaviors among disclosed AAMSM, through the following research questions: (1) Is social support a facilitator of

disclosure among AAMSM? , (2) Are those who have disclosed more likely to participate in risky sexual behaviors? , and (3) Does being disclosed/openly gay or bisexual within the African American community lead to decreased feelings of social support?

Background

Since its identification in 1981, the Human Immunodeficiency Virus (HIV) has reached epidemic proportions (CDC, 2009). Recently, the Centers for Disease Control and Prevention (CDC) released the latest HIV incidence estimate for 2006, with 56,300 new cases in the United States (CDC, 2009). This estimate was worse than the previous estimate of 40,000 new HIV infections per year (CDC, 2009). In an attempt to combat this public health issue, HIV prevention efforts have increased in importance worldwide. Organizations like the CDC continue to work diligently to understand this epidemic and the populations with the greatest disease burden. Their findings consistently reveal that the highest rate of transmission continues to be concentrated among MSM. MSM alone made up 53% of the new HIV cases found in 2006 (CDC, 2009). The high prevalence of HIV among the MSM group has been attributed to several high risk factors, including but not limited to, greater risk of exposure to infection, frequency of receptive anal intercourse, multiple sexual partners, unprotected anal intercourse (UAI), alcohol and drug use, and needle sharing (Samuel & Winkelstein, 1987; Millet, Peterson, Wolitski, & Stall, 2006; Koblin, Chesney, Husnik., Bozeman, Celum, & Buchbinder, 2003).

African American MSM and HIV

Of all MSM, AAMSM have historically had significantly higher rates of infection (CDC, 2005; Millet, Flores, Peterson, & Bakeman, 2007; Newman & Berman, 2008; Bohl, Raymond, Arnold, & McFarland, 2009; Wilson & Moore, 2009). With 35% prevalence, the CDC describes them as “one of the most disproportionately affected

subgroups in the U.S," (CDC, 2009; CDC, 2010). In the CDC's most recent report, AAMSM come in a close second behind white MSM who currently account for 46% of new HIV cases (CDC, 2009). Myriad hypotheses have been tested to figure out why this subgroup is at such a greater risk. Few, however, have returned scientifically valid results. In a review of the literature regarding the greater risk of infection among AAMSM, Millet et al. (2006) collected evidence surrounding 12 separate hypotheses. Of these hypotheses only two were supported by scientific evidence: (1) AAMSM are more likely to contract sexually transmitted diseases that can facilitate the acquisition and transmission of HIV, and (2) AAMSM are less likely to have been tested or know their HIV status and can potentially expose their partners to HIV (Millet, Peterson, Wolitski, & Stall, 2006). The remaining hypotheses such as "Black MSM are less likely than other MSM to identify as gay or to disclose their sexual identity, which may lead to increased HIV risk behavior", were formed around similar risk behaviors, and found not to be supported by the empirical literature (Millet et al, 2006). Yet, the rates of HIV remain high among AAMSM. It could be possible that an explanation could be associated with an inverse of a particular hypothesis. For example this review found that Black MSM are less likely than other MSM to identify as gay or to disclose their sexual identity report fewer sexual partners. Maybe disclosure and factors that influence it have an impact on sexual risk behaviors.

Social Support and Disclosure

Research has shown a link between social support and disclosure of sexuality, in that social support has been identified as a facilitator of disclosure (Beals et al., 2009; Savin-Williams, 1996). For disclosure to occur in most cases, the potential discloser must feel that they have strong sources of social support (Beals et al., 2009; Savin-Williams,

1996). The function of social support is to serve to combat social stigma and provides a medium to eliminate the fears of isolation, rejection, and abandonment. Social support also minimizes adverse societal reactions of the larger community by providing what the potential discloser believes to be a constant source of support that will remain after disclosure.

Social Support and Disclosure and African American MSM

Social support in the capacity of disclosure is extremely important for AAMSM. Social support has been a substantial piece of the African American experience. It has served as a way of coping as a minority (Mays et al., 2004). Disclosure aims to threaten this safe haven if the support system is fragile. This, in addition to the homophobic culture that is inherent to the African American community, can leave disclosed AAMSM feeling exposed and rejected (Kennamer et al., 2000; Taylor, Lincoln, & Chatters, 2005). Feelings of rejection can have serious implications to their participation in risky sexual behaviors (Benotsch, Kalichman, & Cage, 2002). Social support has also been identified as a protective health factor and that decreased social support can increase one's likelihood of participation in sexual risks such as having unknown sexual partners, multiple sexual partners, and unprotected intercourse (Benotsch et al., 2002).

Disclosure and Sexual Risk Taking

A study done by Shoptaw et al. (2009), examining associations between internalized homonegativity and demographic factors, drug use behaviors, sexual risk behaviors, and HIV status among MSM and bisexual men found that internalized homonegativity was highest among African American and bisexual men. Internalized homonegativity is synonymous with homophobia and the negative feelings associated with homosexual identity. In addition to the high levels of internalized homonegativity,

this study found an HIV prevalence of 47.5% in this group (Shoptaw, Weiss, & Munjas et al., 2009). While the article does not discuss HIV status as related to sexual orientation, 79% of men who did not identify as Gay or Bisexual reported having sex with men (Shoptaw et al., 2009). In addition to these results, the study also found that more than half of respondents reported unprotected sex, thereby demonstrating a link between disclosure and the consequences of sexual risk-taking.

Statement of Purpose

The proposed study aims to address the gaps left from previous research by assessing social support among disclosed AAMSM, aged 18 to 45. This study aims to investigate the following research questions: (1) Is social support a facilitator of disclosure among AAMSM? , (2) Are those who have disclosed more likely to participate in risky sexual behaviors?, and (3) Does being disclosed/openly gay or bisexual within the African American community lead to decreased feelings of social support?

Together these questions will allow for the study to gauge how risk behavior of disclosed AAMSM is associated with social support, disclosure, and the societal norms within the African American community.

Theoretical Background

Although, there is no published research regarding disclosed AAMSM and their sexual behavior as related to their perceived social support; there is research regarding the risky sexual behaviors of MSM. Within this research different theoretical frameworks have been used to explain sexual risk behaviors. The most common frameworks used include the Theory of Planned Behavior (TPB) and the Social Cognitive Theory (SCT) (Kok, Hospers, Harterink, & De Zwart, 2007; Mausbach , Semple , Strathdee, Zians , & Patterson ,2007; van Kesteren , Hospers, & Kok, 2007; Stephens,

Braithwaite, Conerly, & Brantley, 2006). While these theories are successful in understanding sexual risk behavior, they place a great emphasis on the individual.TPB draws upon the assumptions that people act based on their intentions; while self-efficacy is the crux of SCT (Glanz, 2008, 169-188; Kok et al., 2007). Resultantly, these theories alone do not provide the most advantageous mechanism to understand behavior in a larger social context as outlined by this study's research questions.

In order to address the aims of the proposed study, understanding and accounting for the role of the larger social context is essential. Therefore to appropriately gauge and assess how the individual, interpersonal, communal, institutional, and societal levels interact to affect individual risk behavior, this study utilized the Socio-Ecological Model (SEM). SEM is a theoretical framework that has been used to examine the interrelatedness of various social aspects in an individual's environment and their effects on individual behavior. SEM is comprised of levels and Gregson and colleagues (2001) define each level of SEM by different criterion. The individual level is characterized by knowledge, attitudes, beliefs, personality traits and influences on individual behavior. The interpersonal level includes interpersonal relationships that provide social identity such as family, peers, and social networks. The communal or community level encompasses social norms, standards, and systems. The institutional level is defined by the rules, regulations, and informal structures as seen in schools or religious groups. Lastly, the societal level, which encompasses all of these levels, also includes local, state, or federal policies and laws that regulate or facilitate healthy actions (Gregson, Foerster , & Orr et al., 2001). Each level provides a different understanding within an overall

context of society and social norms which are often left out when considering risky sexual behaviors.

SEM has been applied in studies regarding health behaviors with known benefits that many fail to engage in such as, nutrition and physical activity (Gregson et al., 2001; Elder, Lytle , & Sallis et al., 2007). This model has also been used to understand the determinants that affect sexual risk and protective behaviors such as condom use, in heterosexual individuals DiClemente, Salazar, Crosby, & Rosenthal, 2005). Given that this model has demonstrated success in understanding sexual risk behaviors in other groups, it should be useful to investigate the same behaviors among AAMSM.

The application of the SEM will address the limitations of other theories utilized in previous research surrounding sexual risk behaviors and AAMSM. By providing a broader context to account for socio-cultural influences, use of this model could offer more to explain the HIV disease burden among AAMSM. This model places individual behaviors into the socio-cultural context needed to understand the beliefs and identity of this population (Kennamer et al., 2000; Warren, Fernández, Harper, Hidalgo, Jamil, & Torres, 2008). Furthermore, this model allows for examination of the influence of social support on individual behavior. The inclusivity of this model also allows for the investigation of institutional influences like that of the Christian church that has been found to be an integral part of social support within the African American community (Taylor et al., 2005). Finally, the SEM is more flexible in the constructs that can be used to understand behavior. Addressing the different levels that influence behavior and form this model can be used to create an all-encompassing contextual understanding of the

motives and mechanisms of individual health behavior by not just focusing on the individual but also the components that influence individual decision making.

Chapter 2: Literature Review

As demonstrated in Millet at el.'s literature review, much of the public health community is working diligently to discern why AAMSM as a subgroup carry such a burden of HIV infection (CDC, 2009; Millet et al., 2007). There is a complexity to AAMSM as a subgroup that could explain the lingering questions researchers have yet to answer. Many studies have investigated complex issues such as the "down low" identity of men who secretly have sex with men and what it could mean for AAMSM and their participation in risky behaviors (Bond et al.,2009). However, studies have found that men who disclosed their sexual identity were more likely to be involved in higher sexual risk taking and also had higher rates of HIV infection (Crawford et al., 2002; CDC, 2003).

Disclosure of sexual identity for many MSM is a means to become part of the gay community and has played a role in the development of organizations focusing on fighting the growing rates of HIV (Kennamer et al., 2000). For most MSM however, disclosure can be associated with prejudice, social isolation, discrimination, and abuse (Corrigan et al., 2009; Kennamer et al., 2000; Mays et al., 2004;CDC, 2003). Within the gay community there is a social stigma surrounding gay men and therefore MSM as a whole (Cochran & Mays, 2000). Stereotypically, MSM are negatively portrayed in society and viewed as sexual deviants (Cochran & Mays, 2000; Kennamer et al., 2000). Not only do MSM fear prejudice regarding their sexual identity, but further ramifications, such as thoughts of loss of familial support, factors into their

disclosure decisions (Kennamer et al., 2000; Hequembourg & Brallier, 2009). Given these barriers, surprisingly this does not prevent individuals from disclosing their sexual orientation and openly being themselves. Many men have “come out of the closet;” however the majority of these men are white and highly educated (Kennamer et al., 2000). Kennamer et al. (2000) aimed to investigate the different context created for disclosure of sexual identity among AAMSM, who they describe as being “double minorities”(Kennamer et al., 2000).

It would appear that disclosure takes on a different form for AAMSM (Kennamer et al., 2000). The Black experience creates complex divisions among AAMSM such as "homo thugz", bisexual, and down low (Mays et al., 2004). AAMSM create these non-heterosexual identities as a way to cope and shield themselves from the homophobia that exists within African American culture (Kennamer et al., 2000; CDC, 2003; Mays et al., 2004). In an examination of the "down low" identity, a term used to describe Black men who identify as heterosexual, but secretly have sex with men, 31% of AAMSM identify with the term down low (Bond et al., 2009). Being disclosed or openly gay in the African American community can potentially be a great risk for African American MSM to take. In most cases the potential discloser will be to those they believe will provide them with the greatest social support (Beals et al., 2009; Savin-Williams, 1996). Based on these empirical findings, one would assume that disclosed AAMSM would have stronger support systems than those that did not disclose and therefore have lesser risk for HIV infections (Bond et al., 2009;CDC, 2003;Mays et al., 2004). However, studies like those done by Crawford et al. and the CDC have shown that this is not the case (CDC, 2003; Bond et al., 2009; Crawford et al., 2002). In a study of the “down low” identity,

Bond et al.(2009), found that out of 1151 MSM, 68% did not identify as “down low” and of these men 38% were HIV positive as compared to 14% of those who did identify as “down low”(Bond et al., 2009). Identifying as “down low” is essentially non-disclosure of sexual orientation; while a non-association with this “down low” identity would be a disclosure of sexual orientation. A possible explanation for these statistics could lie within the idea that the issues preventing disclosure may continue to linger after disclosure of sexual orientation and identity. This in turn may have an effect on the strength of the social support systems of those disclosed and possibly their risk behavior.

Communities and networks that facilitate disclosure should be comprised of those who are non-judgmental (CDC, 2003). These individuals would represent integral pieces of strong social support. Among the disclosed community there is a mass number of social support networks. Many of those involved with the social support networks of this community are empathetic to the issues plaguing fellow disclosed community members. Therefore, they are familiar with aspects related to social support and social integration for those who have disclosed their sexual identity or are ‘out’ in the mainstream community (Hart & Fitzpatrick, 1990). Organizations have rallied together for equal rights in marriage, housing, and the opportunity to live as freely as anyone else in society. These groups often commune together and create safe spaces for one another. By creating communities that normalize same sex partner relationships and associated behaviors, the support groups within the disclosed community promote positive non-heterosexual identity (Kennamer et al., 2000; Peterson, Rothenberg, Kraft, Beeker, & Trotter, 2009). Being a part of these groups allows for a safe haven from heterogeneous social norms that stigmatize and oppose sexual behaviors of MSM. By creating communities that

normalize same sex partner relationships and associated behaviors the support groups within the disclosed community promote non-heterosexual identities (Peterson et al., 2009; Mays et al., 2004). These networks also provide support regarding HIV infection (Kennamer et al., 2000; Valles, 2002). Being a part of social support systems that are comprised of other members of the gay community, not only provides educational support about HIV, but facilitates a reduction of risky sexual behaviors through changing peer norms, minimizing isolation, and promoting positive self identities (Valles, 2002; Kennamer et al., 2000). While these social networks are beneficial, AAMSM are less likely to be involved (Kennamer et al. 2000; Peterson, 1991). Much like disclosure, social support takes on a different context for MSM within the African American community (Kennamer et al., 2000).

Culturally, much of an individual's social support within the African American community is categorized by family and religion (Kennamer et al.,2000; Chatters, Taylor, Lincoln, & Schroepfer, 2002; Taylor et al., 2005; Mays et al., 2004). Social support is an integral part of the African American experience, and vital in dealing with the challenges they face as a minority in society (Mays et al., 2004). For AAMSM this need for strong social support is even more crucial in helping them to maneuver and cope, due to the additional stressor of their sexual preference (Mays et al., 2004). The Christian Church, which has been at the crux of the African American community, teaches against a homosexual lifestyle and therefore against AAMSM (Kennamer et al.,2000 ; Taylor et al., 2005). Due to these teachings, social support can be lost or strained once a homosexual identity is disclosed. Additionally, strong religious values can cause further rifts among African American disclosers and their families that practice these values. For

AAMSM the decision of disclosure could mean an abandonment of the protection their families and communities have represented. This exposure to society in turn leads to a forced re-integration into a new community.

The new mainstream gay community is predominately white and culturally does not provide the same support AAMSM need to successfully form their new open sexual identity (Warren et al., 2008). Research has found an association between decreased risk taking in AAMSM and community engagement, which demonstrates the importance of social support among this subgroup (Mimiaga et al., 2009).Without strong and continued social support, AAMSM's ability, actual as well as perceived, to engage in safe sex practices may be restrained due to closeted expressions of sexual identity (Warren et al., 2008). This may inhibit their ability to get to know their sexual partner as well as their sexual partner's HIV status while promoting the need to have "down low" identities, multiple sexual partners, and unprotected intercourse (Benotsch et al.,2002).

Lack of social support could potentially be associated with greater sexual risk and heightened risk for HIV infection. Beyond its association with disclosure, several studies have linked social support to health outcomes (House, Landis, & Umberson, 1988; Uchino, 2006; Callaghan &Morrissey, 1993; Stansfield, 1999). These studies examined the influences of social support on overall health, physical health, immune function, cardiovascular function, and, neurological function as well of how it is measured. Finding that individuals who were more socially integrated were healthier and decreased incidence of disease in these individuals demonstrate the lack of social support as a major risk factor for poor health (House et al., 1988; Uchino, 2006; Callaghan &Morrissey, 1993; Stansfield, 1999). While these results demonstrate an association, the

causal mechanism and explanation of this relationship remain unclear (Stansfield, 1999). Understanding the relationships between health and social support is important due to its potential to positively impact health as a buffer. Some difficulty in clarifying this connection could lie in the variability that exists in defining social support. Social support is a concept that varies depending on individual or community (Callaghan &Morrissey, 1993). It is possible the variation in measurement also limits the precision and operationalization of social support as a concept (House et al., 1988; Stansfield, 1999). Of the measures that assess actual and perceived social support such as quality and density it could be the perceived level of support that has the greatest impact on health (House et al., 1988; Stansfield, 1999). In examining social support among AAMSM assessing how they define social support is essential to understanding how they operate within social settings and the mechanism by which it influences their participation in risky sexual behaviors.

This research can address the gap that exists regarding the association between social support among disclosed AAMSM and their participation in risky sex behaviors. The majority of research conducted has compared social support as related to disclosure. There has also been a breadth of research regarding HIV positive status disclosure and social support. Demonstrating the need for research regarding social support among disclosed AAMSM African has not yet been conducted. Seeing that this population is at such a great risk for HIV infection, it is important for researchers to more closely examine and understand this relationship. Additionally, a large part of the literature has scrutinized the risks of younger men from 15-25 (CDC, 2003; Mays et al., 2004; Peterson et al., 2009; Warren et al., 2008; Bakeman & Peterson, 2007). Although several studies

have honed in on the sexual networks of AAMSM, very few have looked at older AAMSM. It has also been noted that many AAMSM have older sexual partners. These limits on age may affect experiences with disclosure and social support. This in turn could possibly have an association between sexual risk taking behaviors and HIV infection.

This study aims to address the limitations of the previous studies by assessing social support among disclosed AAMSM, ages 18 to 45. Further, this study aims to investigate how social support facilitates disclosure, and whether disclosure in the context of social support allows for less risky sexual behaviors. By further examining the meaning of social support within the African American community and MSM, this study hopes to understand perceived social support in among AAMSM. In addition, this study aims to assess what it means to be disclosed/openly gay within the African American community and what does this mean for their social support post-disclosure. These pieces together will allow for the study to gauge how risk behavior is associated with social support, disclosure, and the societal norms surrounding non-heterosexual behaviors within the African American community.

Chapter 3: Methods

Methodology

This study utilized a qualitative study design to explore the affect of social support among disclosed AAMSM on their participation in sexual risk behaviors. The flexibility of the design will allow for the researcher to explain possible relationships between social support and sexual risk behavior and define norms beyond the fixed responses that are indicative of a quantitative study. The use of this study design is appropriate because of the exploratory nature of the research questions.

The Atlanta metropolitan area was selected as the target location to answer this research question due to that fact that 13% of Atlanta's population identifies as gay, lesbian, or bisexual and 55.8% as African American (GLMA, 2001; Gates, 2006; US Census Bureau). Based on these demographics, this region provided access to the target population of disclosed AAMSM. Beyond the requirement of being a disclosed AAMSM, meaning they must openly identify as gay or bi-sexual, participants in this study met three additional eligibility criteria. They must reside in the Atlanta metropolitan area, have sex with men, and be between the ages of 18 and 45. Potential participants who did not meet all of the study criteria were not eligible to participate in this study. Eligibility criteria were selected on the basis that this study examined social support in disclosed AAMSM. Furthermore, including men who live in the Atlanta metropolitan area and not just Atlanta allowed for our findings to be generalized to a larger area and worked well with the fluidity of our sampling methodology.

Participants:

Participants (n=20) for this study were sampled using purposive sampling, a non-probability sampling method. This sampling method was chosen as the best way to find eligible participants to answer this study's research questions. As a research method, purposive sampling involves the search for a certain group or people to meet the inclusion criteria of the study based upon the research question. Also, it is often used for qualitative studies and studies with small sample sizes, like this one. Participants were recruited via flyers at the Hope Clinic, Emory University, the Jungle Night Club, and Piedmont Park. The Hope Clinic is a vaccine clinic in Decatur that works with AAMSM on multiple vaccine and prevention studies. Both the Jungle Night Club and Piedmont Park are venues the Hope Clinic utilized to recruit for several of their studies. These locations are known to be frequented by men who would be eligible for this study. Emory University is also included in this list of venues, due to the access it would give to males in the lower age bracket of 18-30. The flyers included information detailing how to get involved in the study and information about the incentive for participating which was a $10 gift card and food during the focus group. Potential participants contacted the principal investigator (PI) and expressed interested in the study. When contact was made with the PI, potential participants were screened for their eligibility via phone with the eligibility questions found in Figure 2. All eligible and interested participants where then provided more information about the study, and given the focus group date and location.

Data collection and management

Data were gathered from three one- hour long focus groups. Focus group participants ranged in age 21 to 37, and in each focus group there were between 6 and 8

participants present (N= 20). The focus group size of 6-8 participants was selected due to this sizes being suggested as the optimum number of participants for focus groups in previous studies (Krueger & Casey, 2000). Additionally, this sample size is indicative of the purposive sampling method where theoretical saturation usually dictates the sample size. In sampling this community, repeated patterns and ideas are usually reached after doing focus groups with smaller groups of men (Guest, Bunce, & Johnson, 2006). For this reason a smaller sample is all that is needed to effectively answer the research questions. Median age and number of participants for each focus group as well as sexual orientation can be found in Table 1.

Table 1: Median Age, Number of Participants, and Sexual Orientation of participants for each focus group

Focus Group Number	**Median Age (SD)**	**Number of Participants**	**Number of Participants that identify as Openly Gay**	**Number of Participants that identify as Bi-Sexual**
1	25.17 (SD=1.77)	6	6	0
2	25.57 (SD=3.46)	7	7	0
3	30.71 (SD=3.33)	7	7	0

The first focus group was held at the Young Residence. It was chosen in addition to the Hope Clinic to help minimize participant burden for those who live further from Decatur, in hopes that this site would facilitate participants' attendance. The remaining two groups were held at the Emory University Hope Clinic.

Before beginning each focus group participants gave verbal consent for their participation. As a method to acknowledge receipt of the consent, the consenting facilitator and a witness signed consent forms for the study and they were stored in a locked file box at the PI's residence. All focus group participants were given a blank copy of the consent to keep for their records. The consent indicated that they would be recorded and that the recording would be transcribed. The participants were also instructed that they could withdraw from the study at any time. Lastly, participants consented that in the event that a focus group is disturbed, they would participate in a rescheduled group with no further compensation. At the conclusion of each focus group, all participants were thanked and paid for their participation. In receipt of their payment, all participants initialed the payment log.

Data collection within the focus groups utilized a structured question guide in order to provide structure to the group. This guide included topics regarding social support as it relates to disclosure, sexual orientation, sexual behavior, the African American community, and the society at large (Appendix 3) It was comprised of questions designed to assess a combination of theoretical constructs, as related to the various levels of SEM, such as collective efficacy, social systems, and normative beliefs from the Social Cognitive Theory, Diffusion of Innovations, and Theory of Planned Behavior, respectively. Additional constructs can be found in Appendix 3. All focus

groups were audio-taped. Participants were instructed to use nicknames when speaking throughout the session.

Data Analysis

All focus group discussions were transcribed verbatim by the principal investigator. Upon transcription a thematic analysis was performed. Thematic analysis was determined as the method of analysis due to its flexibility and usefulness as research tool to account for qualitative data (Braun & Clarke, 2006). Rabiee (2004), discussed how the focus group process facilitates thematic data analysis begins through the emergence of themes throughout the facilitation of the focus group discussion and data collection. As an analysis method it allows for themes and patterns to be identified and reported in rich detail (Braun & Clarke, 2006). Further, thematic analysis can be used within different theoretical frameworks. This study utilized one overarching framework and three separate theories. Using an analysis method that is applicable across all theories used to guide the questionnaire allow for a complete understanding of the study's results. Once overarching themes were identified from the focus group transcripts, these themes and those codes from the transcripts were used by the principal investigator to create a coding tree. Codes included, social support norm, being black and gay, church, lack of social support, and sex norms. These codes were then placed under overarching themes of Social Support, Disclosure and Social Support, Behavior and Social Support, and Visibility of Homosexuality versus Acceptance of Homosexuality. Several of the codes found in the coding tree can be found in Table 2.

Table 2: Description of themes and codes used in a thematic analysis to identify the association of social and HIV sexual risk behaviors of disclosed AAMSM

Theme	Description	Codes
Social Support	The support given by Family, friends, or the community. It can be physical, emotional, financial, or mental.	Definition of Social Support, Sources of Social Support, Surrogate Sources, Social Support Networks
Disclosure and Social Support	The relationship between the disclosure of one's sexual orientation and the presence/lack of social support.	Facilitate, Social Support Loss, Comfort, Be Self, Disclosure Control, Barriers
Behavior and Social Support	The relationship between the one's participation in risk behaviors and the presence/lack of social support.	Sex Norms, Importance of Sex, important, Secret, Personal Pretence
Visibility of Homosexuality Versus Acceptance of Homosexuality	The relationship between the increasing visibility of homosexuality and acceptance of homosexuality.	Black Male Masculinity, Stereotype, Awareness, Location, Diversity, Media

Chapter 4: Results

Study Participants

The study sample consisted of 20 African American men who resided in the Metro-Atlanta area, and were between the ages 20-37, with an average age of 27.25 (SD=4.04). All 20 men were disclosed men who have sex with men (MSM) and identified as gay. Due to the nature of the study no additional demographic information was collected from participants.

Themes

There were four major themes that emerged from the focus groups. They included social support, disclosure and social support, behavior and social support, and visibility of homosexuality versus acceptance of homosexuality.

Social Support

In defining the term social support, participant responses demonstrated its ability to represent different things for different people. Additionally, in sharing the variability in social support respondents also discussed the various types of social support. Participants discussed financial, emotional, and physical support as the types of social support found in these both the African American and gay African American communities. There was a consensus among respondents that the type of social support varied by the source, community, and individual.

> *"I think it means a lot of different things. It doesn't just look one way to everybody. I say again it can vary from person to person because in dealing with*

African American MSM or gay men or bisexual men there may be different across the board."-Daddy Big Bucks

Reflective of its complexity as a theme, social support had three major sub-themes that emerged from the focus groups. These themes included overall sources of support in both the African American and African American Gay communities, the church, and the city of Atlanta.

Sources of Support in the African American and African American Gay communities

Respondents were asked to identify sources of social support in the African American community as well as sources within the African American Gay community. The church, family, and friends were identified consistently as sources of support within the African American community. These sources were also identified as sources of social support in the African American Gay community in addition group specific sources. Group specific sources included community organizations, Atlanta, the house and ball community, the gym, bars, and clubs. It is possible that these additional sources found in the African American Gay community developed as a result of change in original sources of social support and were created initially as surrogate sources.

"Anytime you're doing something different you have to find other people who speak the same language as you do. And who can understand and been where-where you've been before. So you might not want to stay with the same support group that you once had or you could pull off of with both things that you need but it absolutely changes."-Mike

Over time, these surrogate sources maintained a presence within this community in an effort to facilitate the development of new ideas and identities that come along with living as an openly gay African American male in both the African American and the African American Gay communities.

> *"Because as I've said before once you start forming your own opinions. Because you can be all the way up to age 15 or wherever to start to identify yourself whether it be sexually or where you want to be financially, what you want to do as a career. Do you want to preach do you want to sing? If you are surrounded by people who haven't done that or can't give you the answers on how to get there you need for your support system to change anyway. And it does. It changes anyway, but you need to create your own new family –new support group. New friends or whatever the case may be so yes it changes just because and then yes it should change as well."-Mike*

Each source of social support is representative of the various values, norms, and ideals of the respective communities. In representing different pieces of the community, social support can be relative to how you fit into that community and the community's perception of you. This is can be seen in the various segments of the African American gay community.

Focus groups revealed that there was diversity within this community that is often misrepresented to individuals who are not members of the African American gay community. In discussing the diversity present in this community, respondents remarked that the various groups have social support unique to their own values and group norms.

"We have different subcultures. So we gay first of all, and then we black gay, which is a sub culture which is a sub culture of being in this culture and then within that subculture you have masculine, you have the feminine, you've got dl, you got I'm just gay and I don't wanna be associated with all that, you know." - Shayla

Respondent T builds on this understanding of diversity as it relates to the social support in this community, stating:

"It's very sectioned. There's many groups of where there is social support here in this group and then there is social support in this group and then there is social support in this group. And it's very diverse and yet you know cliquish."-T

Church

Previous research has demonstrated the important role of the Christian Church in the African American community (Taylor, 2005). It has served as a source of all types of social support within this community. Respondents shared why it is so important to the African American community.

"Generally speaking I think the black church offers hope to a-a group of person who are kind of desperate. Kind of like when you go to church, I remember being young and having this faith um, you know to see through some situations a lot of black people undergo. "-Shayla

Respondent Daddy Big Bucks also addressed the faith associated with the church.

"African American communities tend to rely heavily on the church. Um because a lot of African Americans have a strong faith-strong belief. So in talking to their

clergy or a higher power, they feel connected. I think that is one of the reasons why the African American community is so entrenched with religion and church, for that reason. "

This representation of faith and hope has been integral in the history of the African American community.

"I think in the African American population we deal with struggle of different things than other races so I think that for the African American community faith and hope is what they've used to get through their struggles. They go to church and they talk to other clergy in the social network, in order to you know get through their days. I think it's about struggle and having faith and hope."- Americaniqa

Being present as a source of support in times of struggle for a whole community is indicative of why this source is so valuable. However this presence does not translate equally among all African Americans, especially those who identify as gay or homosexual. Nonetheless, the church is still viewed as a source of support in this community. The churches that maintain as support systems within the African American gay community are affirming churches. These churches do not focus on the values that clash with homosexuality, but rather focus on God and Love. Speaking of his church, which has a strong gay following, Respondent BJ states

"I love the church definitely because our pastor just preach on love, acceptance and everybody is somebody and God loves everybody. Um, so for me I don't go to

those churches that gay bash people and all that kind of stuff. To me we're a progressive-progressive Pentecostal church."

They serve as a way for openly gay African American men to continue to be linked with this source and what it represents. Mustafa further addresses how African American gay men or MSM can stay connected by "*find[ing] their own way to serve God. As far as doing their own type of worship they might get a group of friends together and sing gospel music."*

Atlanta

The city itself represents a form of social support for many African American gay men especially those currently living in the Metro Atlanta area. It is a place where they are able to identify with several others and feel free to be themselves.

"Experiences like we don't have that same, some people say public displays of affections some people frown upon that anyway but being gay it's a whole different element of it. Holding hands in public or kissing your partner, experiencing that or even dressing even if you wanted to be transgender cross dress or dress in a funky way it's still um, people they judge you from that and I think being in a place where you aren't judged it does kind of make people feel better"-Love

What respondent identified as a city of transplants from other cities and towns, Atlanta offers a support network in its visible and large gay community. The presence of this community creates an idea of a safe haven for many African American gay men. As respondent Love stated

"Gays have flock to Atlanta cuz they came here and visited that one time and they went to piedmont park and they saw hand holding and they went to the club and they had a good time and they felt like this is the bigger issue is that not you know people will move to the city and they become a whole new person because of what Atlanta represents for black gay men, gay men in general."

However in addition to the positive atmosphere surrounding being gay in Atlanta, there still remains the location of the city in the South. Respondents referred to this area as the "Bible belt" and discussed the issues that arise in this location as compared to Northern areas.

"Yea it like the whole –its more church and um u think the north there's a lot of free spirit independentness. I guess that stems from 1865, the war between the north and the south. The North always wanted to have a kind of independent free feeling. The south is more we want to stick to values and traditional old values where gay isn't a traditional value. So I think it's different living in the south than it is in the north. Because its more broken, I don't wanna use the word broken but I see more people who don't have a family support system than they do up north. I think it's just easier to come out"-Americaniqa

Homosexuality, while it is more visible in Atlanta, clashes with traditional Southern Christian values. As previously discussed the church is very important in the African American community and many African American gay men have been pushed or shamed away from this vital support institution. The religiosity inherent to the south as well as the African American community could shed light on social support issues

African American gay men face even in a progressive and predominately African American Atlanta. The large African American presence brings with it the Christian values and heterosexual norms of this community. They remain culturally relevant and impact how African American gay men and MSM operate in Atlanta.

Disclosure and Social support

All respondents acknowledged the presence of social support as a facilitator of disclosure of one's sexual identity. In understanding the ability of social support to operate as a facilitator of this disclosure, respondents spoke in terms of comfort. Once comfortable in a particular group or with a particular individual, respondents believed it was easier to disclose their sexuality. Shayla recalled his disclosure of his sexual orientation to his best friend in college, *"I think I thought I had that support and I thought that I had that person that I could confide in. You know that person that would pretty much be there."* The thought of having strong social support is what drives many to disclose. Americaniqa offers some explanation of this thought process.

> *"There's an aloneness that comes with coming out. Cuz you always feel that you are dealing with this by yourself. Um, you know you don't have gay people on TV to look up to. Especially in our generation we didn't. You didn't have people who you could say hey I know this person's gay. It was something you went through alone. But when you got the social support it's easier to start saying it out loud."*
> *–Americaniqa*

Inversely, the thought of having no support or a weak source of social support can also serve as a barrier to disclosing one's sexual identity. This is very problematic in the African American gay community. There is an established stigma surrounding

homosexuality in the African American community and it has influenced the majority of interactions gay African American men have within this community. Many AAMSM maintain non-heterosexual identities such as the "down low" identity as a shield because men who disclose their orientation and identify as openly gay African American men expose themselves to homophobia that exists within African American culture.

> *"If it wasn't um, such a stigma behind certain things I think that this whole notion of DL [down low] men wouldn't even exist. I think uh, we as black people create this notion and we play into it so much because we try to or we feel like you can change. You can't change nobody's sexual identity. No matter what you do."-Shayla*

In addition to these non-heterosexual identities as a response to the lack of social support, some men choose to remain closeted or act out.

> *"I think that our gay black people also mess themselves up too. Because if you-I know I had to learn that I had a social support system within my family. And because I thought that I was gay or because I knew I was gay and I just felt that oh they're gonna be like this, they're gonna be like this, they're gonna be like this towards me and actually it was nothing like that."-Gary*

In this community coming to terms with one's sexuality is often viewed as changing oneself. With this view, either an individual's support system views you as different or it is one's perception that your support views you as changed. As Gary and several other respondents noted, that perception of how you are viewed can affect your behavior in whether or not you disclose or participate in hazardous health behaviors.

Behavior and Social Support

The connection between behavior and social support brought out varying opinions from respondents. Most respondents felt that the presence of or lack of positive support was correlated with whether or not individuals engage in behaviors such as those that could put you at risk for HIV. As Americaniqa stated *"with a better support system you're less likely to make bad choices."* This suggests that African American gay males who perceive a strong presence of a positive social support system will engage in more positive behaviors and that those who perceive a lack of strong social support are more likely to engage in negative behaviors. One respondent recalled his behavior when he moved to Atlanta without a strong social support system,

> *"Because like when I moved here I was only twenty. So I literally like moved here by myself and I had like 3 friends from back home but yet those were female so they didn't count. Literally the first month, literally the first month I met a dude out at Downley, I met a dude twice. I had a different dude every day, every hour."-Casey*

Other respondents believed social support to have a smaller impact on one's decisions and behaviors. These respondents believed that behavior relies mostly on the individual. Although a social support system may be able to provide feedback it is the "personal preference" of the individual that determines their actions.

> *"It all comes down to a matter of personal choice. I can have someone in my support group telling me you shouldn't do this you shouldn't do that but ultimately the decision comes down to what I feel I want to do and when I want to do it. However I feel that if you have a good support system, they allow you to*

make that mistake but they won't necessarily hold it against you. They're still be there to help you through." –Jeremiah

In addition to the presence of social support, the norms of the social support group in each community were suggested to shape the participation of openly gay African American men in certain behaviors. It is possible that this occurs through an acculturation of these men into gay community, while remaining in the realm of the larger African American community. The norms and values of that community become the norms and values of that individual. This is evident when individuals change social support groups after their values differ from those of their initial support groups.

Some of the norms of the African American Gay community that were identified in the focus groups include nightlife, sex, physical appearance and fitness, and materialism. All focus groups shared ideas surrounding the nightlife such as darkness, night, alcohol, clubbing, secrets, or hiding. Respondent Love discussed what he believed was an obsession with the night within this community as a sort of guise for many interactions.

"I think it's a lot of stuff done in secret. Not having social support and not having nobody to tell anything to. You know especially when you're talking about this night the obsession gay men have with night like oh my God at night, doing things at night. It's a real implication of darkness that we are doing things under the table. I don't do this unless I'm going to the club. Even it seems private guys come to Atlanta from other cities alone. They're alone. They come here alone, pop bottle in the club, they're alone. Which mean that um, obviously implies that we

just here to meet someone of just interact with everybody and a lot of things happen."-Love

Respondent Casey explains that this obsession with the night stems from the social community. "There's a huge night life. To me the social community is like I don't see a lot of, a lot of day time black gay activities all I see is mainly night life" In addition to the darkness night offers, it is also symbolic of the secrets and hiding that have become part of the African American gay community. These secrets and hiding are mostly seen in the "coming out" process of AAMSM. Respondent Americaniqa discussed the impact of the African American community norms on this process and how these norms shape this norm within the African American gay community.

"Well in the black community there isn't a lot of suicide but there is a lot of secrets and hiding. There's a struggle you go through. So people still struggle, so it's a long process we go through. It's almost like you have to go through like 10 different stages of the process like when you have to admit it to yourself. And then after admitting it to yourself you go through all those stages of hiding it. You go through the dating girl; you're hoping it's a phase. At some point you keep going hoping that your friends and family don't find out and try to hide the secret better. Then you get to a point where you can't hide anymore. I mean some people either go away or come out with it and then their acceptance."-Americaniqa

Respondents also discussed the implications this hiding has on health behaviors that could put you at risk for HIV, in regards to having the correct and necessary information to protect oneself, having high rates of other STIs, and getting tested.

"I think it's tougher in the African American community which is why I think our STD rate is so high because there is not enough positive support to come out in. You're always in secret and hiding. You're not going to get the information that you need so you know how to protect yourself and I think especially with our youth is why we are more likely to get STDs. It's not something that is really spoken of in the African American community so it's hard to have a social group that backs that. "-Americaniqa

"It's also an admission if you doing something that you shouldn't be doing if u asking about STDs. Where can I get an HIV test or where can I get tested for it? You're doing stuff you don't need to be doing. Like as a male asking about where to get an HIV test you might be opening the door to questions you. That lack of talking leads to no information being said." –Bob Barker

Visibility vs. Acceptance

In recent years homosexuality has become increasingly visible in main stream society. This is seen through various mediums including the debate around the legalization of gay marriage. However this increase in visibility does not equate an increase in acceptance of homosexuality. Respondent Gary states "It just means that it's seen more. It doesn't mean that it's more acceptable."

Racial dynamics also appear to have an impact on the visibility versus acceptance debate. Respondent Adam said "*White people are more accepting."* Due to the fact that mainstream culture is mostly composed of a white majority, statements like Adam's regarding visibility and acceptance of homosexuality in society, are not surprising.

Majority of respondents attribute this difference to the idea of black male masculinity and the black experience in America.

In the African American community the ideal black male is viewed as very masculine and as a protector and provider who is defined by his ability to have a family. Homosexuality is seen as a contradiction to that ideal. Masculine, protector, and provider are not typical terms that are used when discussing gay men. Stereotypically, African American gay men are especially viewed as having more feminine traits than the average black male. Daddy Big Bucks refers to this stereotype, *"I think a lot of them envision I think when you come out and say you're gay is that you're going to start walking around in a pocket book and heels, or a weave or switching. It's a stereotype or stigma."*

For many respondents moving beyond these stereotypes, they pushed a combination of education and raising awareness about these stereotypes with their loved ones. Others have felt a need to live up to a piece of the black masculine ideal and have children. Respondent DJ commented on seeing this play out among gay African American men stating, "*You still have to prove you're a man. And the ultimate way to prove that is to have a child. I'm saying like in our community it's like perceived that way."*

The black experience in America also helps to shape how African American gay men operate in society. In comparing themselves to their white counterparts respondents like Aaron are aware that "People can look at me and say you're black, you're a man." However, beyond just their race, there is their sexual identity. Many respondents also felt

this was a key piece of who and how people interact with them. Respondent Love discusses his fight in trying to reconcile his sexual identity and race.

> *"I just feel like all my life I have to fight. I'm gay, I'm fighting my man, I'm fighting to be heard. Being black you fighting to be heard at work you know I'm fighting me, I'm fighting my family and friends to be accepted like people who love you. Like girls who tell you, you know when you grew up you know before you decided to come out and be who you are. Those relationships change. And then I'm fighting society and fighting with a man and love him who suffers the same if not worse than what I have its all I do I feel like sometimes I'm always fighting."*

Other respondents like Daddy Big Bucks and Americaniqa identified with this struggle.

> *"For African Americans you already have strikes against you. You're a male, you're black, and you're gay. So it's already 3 strikes. Now for the white folk, the counterpart, they have the fact that they are male but they are white and they are privileged."-Daddy Big Bucks*

> *"You're reminded every day that you're black and when you're gay you're reminded that you're gay everyday as well. It's an everyday thing you don't get to forget that you're gay or black. You're reminded everyday in this community. When you walk outside and see straight couples holding hands you're reminded that you're gay. Every time you walk out the door you're reminded that you're black. Every time you turn on the TV or anything like that you're reminded. There's no white entertainment television station but there's a black*

entertainment station. We always are reminded that we're separate. They don't have to put its white for them or this is for us. We always have to say thing is for us. I think everything is always in a box and it's a struggle."-Americaniqa

This idea of constant struggle and fighting against one's identity demonstrates the difficulty many AAMSM face concerning their social support. In reconciling their sexuality with their race in order to function in society is often characterized by the balance between who they believe they are and who they are perceived to be by their respective support groups.

Chapter 5: Discussion

The findings of this study improve our understanding about how social support is associated with being openly gay African American men and their sexual risk behaviors. Several definitions of social support and sources of social support were identified. Responses also varied regarding how individuals operate within social support systems. This variation surrounding the concept of social support could be attributed to different people and communities having different meanings for social support. The study's findings suggest that it is difficult to assess social support in blanket statements. Specificity is important when examining social support as far as the type to truly determine the perceived support and its effects on the individual who either has it or is lacking it. Types of support that came up in data collection included but were not limited to emotional, physical, mental, and financial.

The study's findings also support the idea that social support facilitates disclosure among AAMSM. Respondents shared that both the presence of actual social support and the belief of a presence of social support aids in disclosure of sexual orientation. The assumed strength of the relationship with individuals within the support system is indicative of whether one will disclose.

Respondents were divided in whether they believed having more or less social support was indicative of participation in risky sexual behaviors. Several respondents felt that a strong presence of positive social support could decrease the likelihood of participation in risky behaviors. Respondents also believed that a strong presence of negative social support could increase the likelihood of participation in risky behavior. Thus, the type of social support and not just the presence of support can affect if

individuals engage in risky sexual behaviors. Depending on the values and norms that the social support group in question may have, the influences that the group has on an individual could be negative. Examples respondents commented such as secrecy and the importance of sex demonstrate how social support could expose this population to HIV by fostering risky sexual behaviors. Others felt that one's participation in risky behaviors was a personal decision; one behaved and acted based solely on their own will. There were also a few participants who acknowledged that both personal motives and the influence of social support could impact an individual's decision to engage in risky sexual behavior. These conflicting responses demonstrate a need for more work to explore and understand the motives surrounding engaging in risky behaviors to better understand how they can or cannot be influenced.

Unfortunately, the study's findings did little to address if disclosure of sexuality identity is associate with an increased likelihood of African American MSM to in engage in risky sexual behaviors. A full understanding of this relationship is important based on the links as identified by previous studies and as supported by this study's findings.

The study's results demonstrate a relationship between perceived social support and disclosure of sexual orientation. Disclosing one's sexuality and identifying as openly gay within the African American community can lead to decreased feelings of social support within the community. Respondents spoke not only of a lack of connectedness to important social institutions with the African American community, but they identified surrogate sources. These surrogate sources served as support either until the initial support was regained or were maintained as new sources solely in the African American gay community. A few respondents discussed a need to address this gap in social support

when African American gay men are trying to create new groups supportive of their sexual identity. They identified a need for social support services which including mental health services in the event of a loss of support.

Limitations

This study has several limitations. Among them is the lack of generalizablity. As a qualitative study it cannot determine causation and is not generalizable to populations outside of the sample. For this study, the data will prove valuable only to openly gay African American MSM living in the Atlanta metropolitan area between the ages of 21 and 37. Although this study was open to African American men who identified as bisexual as well as a wider age range that include participants 18-20 and 38-45, these individuals were not represented in this study. This could stem from recruitment venues. The majority of recruitment venues utilized in this study may not have been frequented by a wide a variety of individuals as previously hoped. Both the demographic and focus group data suggest a lack of diversity among participants. Further, the use a non-probability sampling method further diminishes the capacity of this study to be generalizable externally.

Furthermore, focus group findings can be influenced by social desirability. The nature of a focus group is to create a forum for everyone to share their thoughts and experiences. It could be possible that some participants may withhold or change information due to the presence of their peers. Additionally the presence of an outsider to that community, such as the facilitator, who is a heterosexual African American woman, can also introduce interviewer bias and alter participant responses. These alterations or changes are not limited to participants stating that they have only had positive

experiences with social support or do not engage in risky behaviors. They may also tailor their response to align with the goals of the researcher. Keeping in mind how participants may potentially alter their responses in a group setting, interviews may provide different data. While focus group interaction provided an interesting dialogue between participants and offered a community perspective, several individuals would preface or end with "my opinion." Further research with in-depth interviews may do more to assess social support experiences in openly gay and bisexual African American men.

An additional limitation of the findings of this study is the lack of assessed reliability. The transcripts were coded only by the PI. Cross coding by another source aid in determining the reliability of the codes and data. This ensures that based on the data collected from the groups that the ideas and themes are indeed salient and important in using the findings of the focus groups to answer the research questions. Not assessing the reliability of the codes created could mean that the findings of this study based on the codebook may be different from those found in from the transcripts by additional parties.

Implications

This study will add to the body of knowledge regarding African American MSM and HIV prevention. Given that this subgroup is at such great risk, making up 35% of HIV infections amongst MSM, action must be taken to prevent further infections in this vulnerable population (CDC, 2009). Further, this study may contribute to literature that explains these high rates. While previous studies have found that African American MSM were less likely to report sexual risk behavior when compared to other groups of MSM, these findings could inform studies investigating how social support plays a role in the frequency or discussion of risk behavior (Koblin et al., 2003). This study bridges an

existing gap in the literature by addressing social support and its association to participation in risky sexual behaviors among this population. The results of this study may inform researchers about this relationship and enable them to assess it with different tools.

Due to the lack of published literature surrounding social support among disclosed African American MSM, this study is exploratory in nature. However, the themes found from this study could be used to guide future investigations regarding social support and sexual behavior in this population. For example, based on the results of this exploratory study, survey instruments could be created and used to quantify the relationship between social support and disclosed African American MSM's participation in risky sexual behaviors. This could lead to further studies and a better understanding of the potential for social support to be an HIV protective factor among this population.

The use of multi-level framework to guide data collection within the focus groups may also give insight to the use of this type of framework in future research regarding social support and health. Not only will the use of SEM as a framework provide stronger results, but it allows for a greater and a more broad application of the results from this study. The socio-ecological model as a framework has not been used to address risky behaviors and factors that could lead to HIV within this population as it is in this study. The use of SEM as a guide for this study proved successful in exploring how societal factors related to HIV risks, thus similar broad societal models could be used to understand health behaviors of similar nature.

Public health has already seen the socio-ecological model demonstrate some success in physical activity, nutrition, and STIs, but not specifically for risk behaviors

HIV (Gregson et al., 2001; Elder et al., 2007; DiClemente et al., 2005). Furthermore, the use of this framework allows for the study's results to have implications beyond the individual level. The findings could impact, interpersonal, institutional, communal, and societal levels, which encompass social support. Seeing that many prevention methods and interventions are focused on the individual, the results of this study, which included focus on interpersonal and societal factors as well as individual level factors, suggest that broader factors could play a substantial part in the design of interventions that go beyond this level alone.

The findings from this study may also inform strategies that can be used to develop interventions related to HIV prevention in this population. The literature has called for more culturally relevant and tailored interventions for this high risk group as well as other complex subgroups that are a part of the gay African American community (Mays et al., 2004; Peterson et al., 2009; Warren et al., 2008; Kennamer et al., 2000). The findings of this study suggest there are various subcultures and populations within the African American gay community. Being able to create interventions for gay African American men may provide needed direction in the creation of interventions for other subgroups such as men on the down-low. In addition to individual interventions this study has the ability to inform culturally relevant interventions for interpersonal, institutional, communal, and societal levels as well.

As previously stated these levels help to create social support and the environment that affect it. Interventions focused on breaking down stigma and stereotypes as well as those that could raise awareness of issues this population face such as HIV and mental health could be beneficial if delivered to social support groups. Additionally, advocating

for a societal departure from the stereotypical gay male can address the misconception of what it means to be a gay man within the African American community. The diversity of subcultures that are present among AAMSM needs to be acknowledged in order to promote self love, which could also influence HIV risk behavior. This might also fulfill the need of members of this community that remain in hiding, to see someone like them. Increasing visibility of positive gay African American leaders and role models in the media can aid in combating the prevailing stereotypes.

Concluding Remarks

While the presence of social support appears to be important in understanding disclosure of sexual orientation, it alone may not be the motivating force in influencing participation in risky health behaviors. The division among respondents regarding the association between social support and behavior could reflect how social support is perceived and, in turn, how it's perceived presence affects individuals' health behaviors. Along with its presence, social support systems carry their own values and norms. These values and social norms may have a larger impact than just the presence of a social support system on how individuals behave. It could be possible that individuals strive to adhere to these values and norms out of a desire to maintain the existing or new support groups preceding any loss of initial support networks or to prevent loss after disclosure of sexual identity. In researching social support and its capacity to impact the sexual risk behaviors of AAMSM it is just as important to assess the influences of perceived cultural values and norms of their social support systems as well as the presence of the system itself.

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Appendices

Appendix 1: Theoretical Framework: SEM

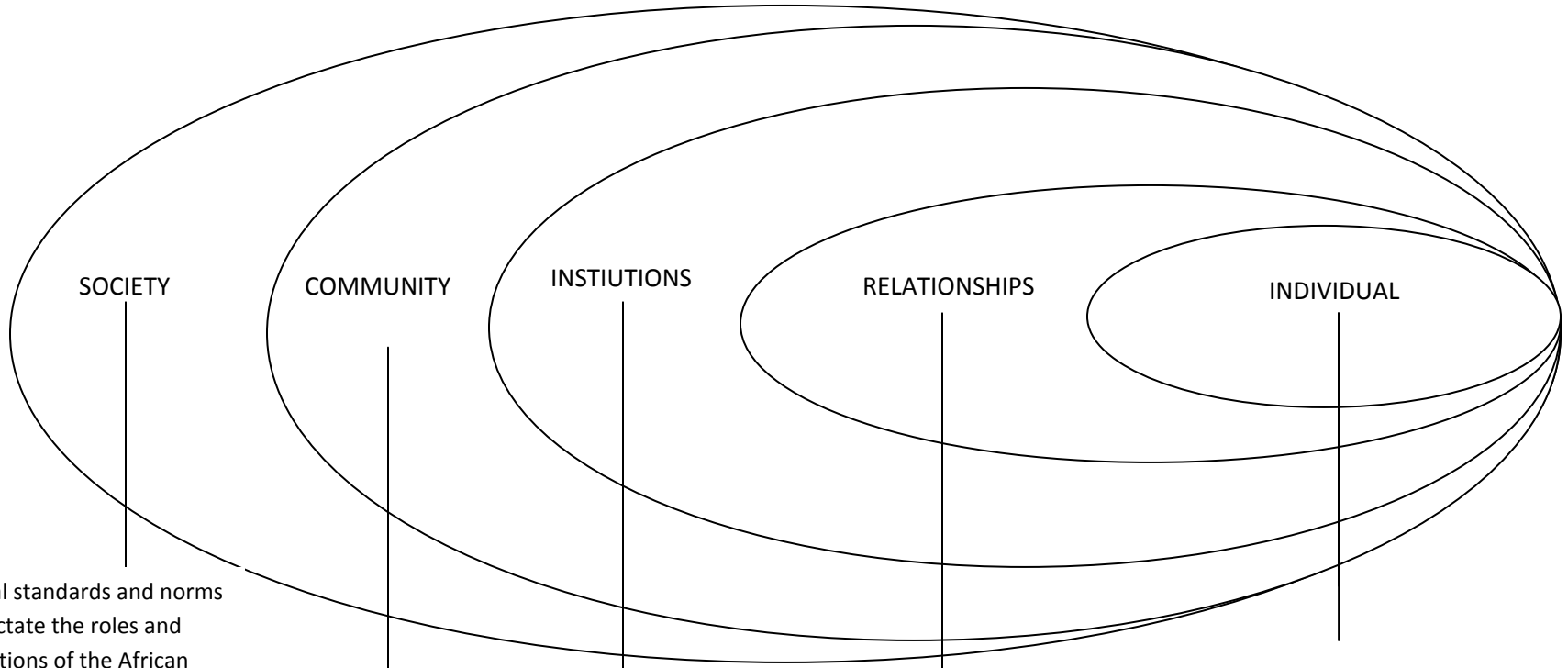

Figure adapted from Gregson et al., 2001

Appendix 2: Phone Pre-Screening Script

Hi, my name is Cydney Bullock. I work with Emory University Rollins School of Public Health. Thank you for your call and interest in participating in our study's focus groups. The purpose of this call is to make sure you qualify to participate and for me to take a few moments to tell you more about the study. Are you able to answer a few questions?

Pre-screen questions:

Are you African American?

Are you male?

What year were you born?

Do you openly identify as gay or bi-sexual? Do your family, friends, and co-workers know your sexual orientation?

This study aims to look at social support among disclosed African American MSM, aged 18 to 45. Your participation in our focus groups will help us to investigate and understand if and how social support facilitates disclosure, and whether disclosure in the context of social support allows for less risky sexual behaviors.

Further these focus groups will examine the meaning of social support within the African American community and MSM, this study hopes to understand social support in context among African American MSM.

Focus groups will last an hour and you will be compensated with a $10 gift card and a meal will be provided.

Do you have any questions that I can answer so far?

Once you arrive at the focus group location you will have to check in. You have a number assigned to you to use at check-in. Your number is ____. Remember this number because you will be asked to provide it once you arrive.

Lastly, your focus group will take place _____. On __ _____, 2010.

Do you have any other questions?

If you have any other questions, concerns, or you forget the time and location of your focus group, feel free to call this number. Thank you again.

Appendix 3: Focus Group Guide

Greeting & Introduction

Good Afternoon! I am Cydney Bullock. I am from Emory University Rollins School of Public Health. Thank you for coming to our discussion today. I appreciate your willingness to talk openly about your thoughts about social support and HIV risk behaviors. Some of the things we are going to talk about are sensitive, so I'd like encourage everyone to respect each other. So, let's go over a few ground rules. Everything talked about in today's discussion is *confidential so we ask that you not share with other what we discussed in our focus group. Secondly, we want everyone to feel that they can be honest let's all have non-judgmental attitude and respect one another. Finally, please put all cell phones on silent as to not disturb the group.*

So, let's also talk about logistics: During the focus group discussion today we will be asking the group different questions. You are being viewed as our experts, so we would like to hear from everyone. I will be audio-taping the discussion and taking notes present to help me remember what information was discussed. During the group, feel free to help yourself to refreshments. Also, if you must use the restroom, they are located down the hall to your left. At the end of our discussion today, you will receive $10 gift card for your time.

One last thing before we get started, I want to remind you that no one will be able to put your name with any of the comments you make. So I ask that you all use nicknames to refer to yourself when speaking. The audio-tape of our discussion will be transcribed, that is someone will use the tape to type up a document of what is said here today, but we will use the nick names in the transcription.

OK, before we start, do you have any questions?

Let's get started then….

We are going to begin our discussion today by defining a few terms for the purpose of the group.

What does the term disclosed mean, when used to describe sexuality?

(SEM: societal level, individual level; Theory of Planned Behavior: Attitudes and Beliefs, Normative Beliefs; Diffusion of innovations: social systems)

What about the term MSM or men who have sex with men?

Suggested Probe: Is there a better term? For example how else could we say disclosed MSM?

When I use the term social support, what does that mean?

Suggested probes: What does it look like? What does our social support mean for the norm? As in does the norm affect our social support? What does it mean within the African American community? What does it look like within the African American community?

(SEM: communal level, interpersonal level, institutional level; Theory of Planned Behavior: Attitudes and Beliefs; Normative Beliefs; Diffusion of innovations: social systems)

What role do institutions like the Christian church play in the social support of the African American community?

Suggested probes: Are their institutions that have similar affects? What about within the gay community? What do they look like? How do they affect social support?

(SEM: institutional level; Diffusion of innovations: social systems)

Do you believe that social support could serve as a facilitator of disclosure?

Suggested probes: What about in the African American community?

(SEM: communal level, interpersonal level; Theory of Planned Behavior: Perceived Behavioral Control; Social cognitive Theory: facilitation, Diffusion of innovations: social systems)

What does it mean to be disclosed/openly gay or bisexual in the African American community*?*

Suggested probes: How do social support systems affect this experience? Based on this experience, what control do you have for disclosure?

(SEM: communal level, interpersonal level, individual level; Social cognitive Theory: outcome expectancies; Theory of Planned Behavior: Perceived Behavioral Control; Diffusion of innovations: social systems)

What does our social support system mean to our behavior?

Suggested probe: What implications does it have for engaging in risky sexual behaviors that could lead to HIV such as no condom use, websites, having unknown partners?

(SEM: interpersonal level, individual level; Theory of Planned Behavior: Perceived Behavioral Control; Diffusion of innovations: social systems; Social cognitive Theory: self regulation, collective efficacy)

Within the African American community, what does our social support system mean to our behavior? What control over engaging in safe behaviors in the African American community

Suggested probe: What control over engaging in safe behaviors in the African American community?

(SEM: interpersonal level, communal Level, individual level; Theory of Planned Behavior: Perceived Behavioral Control; Social cognitive Theory: self regulation, collective efficacy; Diffusion of innovations: social systems)

Since we've been talking a lot about social support and being gay or bisexual and the African American community. Let's switch gears a little to wrap up our discussion. It seems that homosexuality has become increasingly acceptable in society. Do you think there has been in increase in social support for the gay community in society?

Suggested Probe: What do you think legalization of gay marriage in certain states means for social support? With this, what about in church? What about in the African American community? Has the African American community become more accepting, therefore affecting social support for openly gay or bisexual men?

(SEM: societal level, individual level, communal level, interpersonal level, institutional level; Theory of Planned Behavior: Attitudes and Beliefs, Normative Beliefs; Diffusion of innovations: social systems)

Thanks so much! This wraps up our focus group discussion for today. Do you have any questions for us, or anything that you would like to share? We appreciate your time and your input. It has been extremely valuable.