HIV impacts men, women and children of all races, genders, ethnicities and sexual identities; however, a disproportionate number of men who have sex with men (MSM) continue to be heavily impacted in the United States. According to the CDC, MSM accounted for 71% of all HIV infections among males in 2005, even though only five to seven percent of adult males identify themselves as MSM (CDC, 2007). In Virginia, half of the diagnosed cases of HIV/AIDS among men, in 2006, were reported among MSM.

The MSM community is diverse, comprised of men of all sexual orientations. The term “MSM” should be thought of more in terms of a behavior than denoting sexual preference. Unprotected anal sex, unprotected oral sex and needle sharing are the specific high-risk behaviors to be focused on for prevention efforts with this population. Some specific subpopulations within this group have been identified to target for prevention efforts:

MSM living with HIV/AIDS
Highly Active Antiretroviral Treatment (HAART) has allowed MSM to live longer with HIV. However, more people living longer with HIV increases the potential to transmit HIV through high risk behaviors (CDC, 2007). At the end of 2006, an estimated 6,914 MSM were living with HIV/AIDS in Virginia. This accounts for more than half (52%) of males and 35% of all people living with HIV/AIDS through 2006.

Many people who know their HIV status reduce risk behaviors associated with HIV transmission, including MSM (CDC, 2000). As with other populations, this is not true in all cases and some MSM continue to engage in behaviors that put others at risk. In 2006, the CDC released a report of findings from the first data collection period of the National HIV Behavioral Surveillance System (NHBS) that concluded, “MSM surveyed engaged in sexual and drug-use behaviors that placed them at increased risk for HIV infection” (CDC, 2006c). The purpose of NHBS is to collect risk behavior data from three high risk populations, which includes MSM. Al-

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While HIV risk for Hispanic MSM is by no means non-existent, the overwhelming majority of MSM infection, in Virginia, is among Black and White MSM.
Because of this, special emphasis on outreach and counseling and testing of minority MSM are major prevention needs. Black and Hispanic MSM are less likely to disclose their sexuality than their White counterparts due to cultural pressures and stigma. As a result, they are less likely to frequent clubs, bars or organizations that are gay/bisexual identified (Millet et al., 2006 and Diaz, 1997). Since minority MSM may not be connected to the usual networks that most frequently deliver HIV prevention/education, diverse outreach, referrals and community networking efforts are also needed.

MSM who use methamphetamines
There is a growing body of research on methamphetamine use and the link with HIV infection among MSM. Evidence establishes a higher risk of HIV transmission among heterosexual adults and adolescents under the influence of methamphetamine, but since the baseline prevalence of HIV is higher among MSM, this population tends to be at greater risk for transmission. In general, research shows that MSM under the influence of methamphetamine may increase their sexual risk factors. This includes a decrease in frequency of condom use, increase in number of partners, unprotected receptive anal sex and sharing needles utilized for methamphetamine injections (CDC, 2007a).

Racial and ethnic minority MSM
In the United States, racial and ethnic minorities accounted for an increasing proportion of AIDS cases among MSM (CDC, January 2000). While HIV risk for Hispanic MSM is by no means nonexistent, the overwhelming majority of MSM infection, in Virginia, is among Black and White MSM. In 2006, the proportion of diagnosed cases of HIV/AIDS among Black MSM was 50% followed by White MSM (42%), Hispanic MSM (5%) and Asian/Pacific Islander MSM (1%). Race for the remaining 2% was unreported. From 2005 to 2006, the diagnosed cases of HIV/AIDS among Black MSM increased from 46% to 49%.

The issues that persist in our society for minorities are often compounded for minority MSM. According to the CDC, social and economic factors, including racism, homophobia, poverty, and lack of access to health care, are barriers to HIV prevention, particularly, among MSM of minority races or ethnicities (CDC, 2007b).
intense psychological desire to “fit-in” with peers and perceived social norms and risk taking often accompanies this stage of development. According to a CDC study of 5,589 MSM, 55% of young men (ages 15-22) did not let other people know they were sexually attracted to men (CDC, 2006). Furthermore, because of the desire to “fit-in”, young MSM are more likely to have a female sex partner. Findings from the North Carolina Department of Health surveillance of Black, MSM, college students and nonstudents revealed 20% of study participants reported having a female sex partner in the preceding 12 months (CDC,2004). In addition to risk behaviors associated with disclosure, alcohol and drug use among young MSM increase the risk of HIV infection. Nationwide, among the 33.9% of currently sexually active students, 23.3% had drunk alcohol or used drugs before their last sexual intercourse (CDC,2006a). Combining all these factors and the lack of sex education that is specifically geared to same gender sex behaviors, young MSM are very vulnerable to acquiring HIV.

MSM Sex Workers
Same-sex male prostitution has been found in all advanced cultures. Participants of same-sex male prostitution may engage in a variety of sexual acts based on the client’s desire and sexual orientation (Dynes, 1990). There are a number of terms that classify same-sex male prostitution and each population has their own specific health need (Uy et al., 2004). Typically, the term hustler is utilized for men working on the street, in bathhouses, or parks. Men who do not dance, but work in bars are referred to as ‘bar hustlers’ and men that dance are ‘go-go boys’ or ‘exotic dancers’. Finally, men that advertise in print media or on the internet are typically known as ‘escorts’, ‘masseurs’ or ‘rent boys’ (Wikipedia, 2007). There is growing research on the differences between each of these populations in regards to type of clientele, specific sexual acts that take place, methods used in attracting clients, and the nature of the relationship between the sex worker and his client that all impact risk of HIV transmission (Uy et al., 2004). In general, all forms of same-sex male prostitution can include a number of risks, including transmission of sexually transmitted diseases (including HIV), physical abuse, incarceration, stigma and emotional distress (Wikipedia, 2007).

Objective: This study was to compare the HIV risk behaviors and predisposing, enabling and reinforcing factors in a group of young men that worked in the commercial sex industry compared to a cohort of non-sex working males.

Methods: Data collected from 421 males (ages 14-35) who self-identified as engaging in commercial sex work (CSW) from 2002-2005 in predominantly rural areas of Virginia gives insight to substance use, HIV risk behaviors, and HIV status of young males working in the sex trade industry. Risk assessment interviews with 269 of these males gives an in depth look at both qualitative and quantitative data on risky sexual and drug taking behaviors with both clients and recreational sex partners, as well as other risk factors, perceptions, attitudes and beliefs. T-tests were used for statistical analysis.

Results: HIV incidence was 10 times higher for CSW than their cohort. Injecting drug, methamphetamine, cocaine and alcohol abuse was also significantly higher for CSW. History of mental illness and childhood sexual assault were over 30 times higher in CSW than their cohort. Over 35% of the men identified as heterosexual, but engaged in homosexual behavior during CSW.

Conclusions: This study gives insight to issues surrounding this seldom-studied population, including heterosexual men who are “gay for pay” and HIV status, HIV testing history, substance abuse, mental health status and sexual practices of these young men. Successful strategies for engaging this group and interventions that proved successful in reducing risk behaviors in this group included individual level interventions such as Comprehensive Risk and Counseling Services.
Heterosexually identifying MSM
Some men self identify as heterosexual, but have sex with other men. Black MSM who also have sex with women, but who do not identify as gay or disclose their bisexual activities to main female partners are referred to men “on the down-low”. A recent scientific literature review, conducted by the CDC, revealed that the high number of people living with HIV in the Black community as well as an increase in the likelihood of bisexuality among Black men place heterosexual Black women at risk for HIV (Millett, 2005).

A 1998, study conducted in Virginia of men who have sex with men (MSM) showed that 39% of Black MSM reported having sex with a woman in the past three months compared to 10% of White men. Sixty-five percent of White participants said they were exclusively attracted to men compared to only 34% of Black participants. The study also showed that Black men who were college graduates were less likely to disclose their sexual orientation to their families. The inverse was true for White men. The more education a White study participant had, the more likely he was to disclose to his family (Bradford et al., 1999).

Unfortunately, the term “down low” has been oversensationalized by the media and has been used to place additional blame and stigma on Black men. The result is that the behavior of bisexual men may have been driven further underground, resulting in socially isolated men who engage in high-risk behaviors but are unlikely to participate in prevention activities targeted to them. The risk this poses for Black women has not been adequately addressed (Martin, 2006).

Incarcerated MSM
In the United States in 2005, the nationwide rate of confirmed AIDS cases among state and federal prisoners was about 2.5 times that of the US general population (Maruschak, 2005). High risk behaviors that lead to the transmission of HIV such as injection drug use and risky sexual practices have made prisons ideal for the transmission of infectious disease (Lancet, 2005). Peer-reviewed literature on high risk behaviors among the incarcerated varies greatly depending on research methodology, inmate populations, prison conditions and geographic location. Depending on the article, the proportion of men who have sex with men while incarcerated ranges from 2% to 65%. This is also similar for the proportion of men who are sexually assaulted (0% to 40%) while incarcerated (Okie, 2007).

Rural MSM
In 2006, male cases of HIV/AIDS accounted for 80 percent of the total diagnosed rural cases. Nearly 23% of these cases were among MSM. Many men living in rural areas, who have sex with men, tend to engage in risk behavior in urban centers. The surveillance data may be misleading if large numbers of people move to other areas after being diagnosed with HIV (McKinney, 2002).

MSM with a past history of childhood sexual abuse
Childhood sexual abuse (CSA) is a traumatic experience that has been shown to be associated with risks later in life, including mental illness, HIV/STD risk, intimate partner violence, and substance abuse. In one study conducted in San Francisco, evidence of the number of unprotected anal acts with partners of unknown and known HIV status was significantly associated with CSA. Although this research may not be generalizable to Virginia, it is important that HIV prevention plans include services to assist survivors with the coping with the psychological consequences of abuse, which may include behavior with the potential to
transmit HIV (O’Leary, 2000).

REFERENCES

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