Focusing "Down Low": Bisexual Black Men, HIV Risk and Heterosexual Transmission

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Introduction: Black men who have sex with men (MSM) and women but who do not identify as gay or disclose their bisexual activities to main female partners, also known as men "on the down-low," have been cited as the main reason for the increase in HIV infections in black women.

Methods: Three online databases (PsychInfo, MEDLINE and AIDSLINE) were searched for scientific articles related to men on the down-low. A total of 24 articles and two conference abstracts were selected for review.

Results: Data from existing studies of MSM reveal low agreement between professed sexual identity and corresponding sexual behavior among black and other MSM; show that black MSM are more likely than MSM of other racial or ethnic groups to be bisexually active or identified; and, compared with white MSM, are less likely to disclose their bisexual or homosexual activities to others. However, black MSM who do not disclose their homosexual or bisexual activities engage in a lower prevalence of HIV risks than black MSM who do disclose; and black men who are currently bisexually active account for a very small proportion of the overall population of black men (2%).

Conclusion: The high prevalence of HIV in the black community and the greater likelihood of bisexuality among black men place heterosexual black women at risk for HIV infection. However, the contribution of high-risk heterosexual black men to the rising HIV caseload among black women has been largely ignored. Future research must evaluate the relative contributions of bisexual men and exclusively heterosexual black men to HIV cases among black women.

Key words: down-low ■ African American ■ black ■ men who have sex with men ■ HIV/AIDS

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INTRODUCTION

Black men "on the down-low" have gained considerable attention from both mainstream media and public health officials over the past few years as climbing rates of HIV infection among black women have come under increasing focus. Several nuances of the term "down-low" have been in use in the African-American community since the early 1990s.[1] However, it was not until the release of statistics citing high HIV incidence among black MSM[2] and the fact that a significant proportion of black MSM identify as heterosexual[3] that the term in the popular media became synonymous with heterosexually identified men who have sex with other men without the knowledge of their main female sex partners.[4]

In 2002, the leading cause of HIV infection for both black men and women was sex with a man.[5] Few studies of MSM recruit sufficient samples of men of color or collect information on bisexual activity to properly evaluate the level of risk that bisexual men pose to women in minority communities.[6] Furthermore, not all bisexual men are on the down-low. Black men of varying sexual identities identify with the term.[7,8]

The aim of this paper is to examine the scientific literature relevant to black men on the down-low, defined as bisexually active, nongay-identified men who do not disclose their homosexual activities to their families, friends or female partners. The following topics were examined:

1) prevalence of bisexuality among black men,
2) agreement between heterosexual identity and behavior,

3) nondisclosure of homosexual behavior or bisexual identity, and
4) HIV risk and nondisclosure of homosexual behavior or bisexual identity.

METHODS

An extensive review of three databases (PsychInfo, MEDLINE and AIDSLINE) available on the Internet was conducted. An initial search limited the data to articles on black populations (i.e., "black or African-American or Afro-American") that mentioned sexual identity or behavior, specifically heterosexuality (i.e., "straight or heterosexual or men who have sex with women") or homosexuality (i.e., "MSM or men who have sex with men or gay or bisexual or homosexual or down-low or DL"). Citations were then narrowed to studies conducted in the United States from 1980 through June 2004. Only one article per a given study was chosen for inclusion in the review. Four scientific publications mentioned the down-low,[7,9-11] but only one collected data[10] and was included in the review. Last, the reference lists of pertinent articles were scanned for other potentially useful citations. A total of 24 articles and two conference abstracts were chosen.

RESULTS

Prevalence of Bisexuality among Black Men

Studies clearly show that black MSM are more likely than MSM of other races and ethnicities to identify themselves as bisexual and to be bisexually active.[10,12-17] Most studies that recruited black bisexual men assessed bisexuality according to self-reported behavior[13,16,18-25,29] rather than self-identification.[14,15,17,26-28] Among black MSM in 18 studies, from 2% to 71% reported bisexual behavior, and from 11% to 40% self-identified as bisexual. These estimates varied based upon whether studies recruited only MSM or a general population of men. Time periods during which bisexual behavior was assessed varied from proximal estimates (e.g., past three months, six months or a year),[12,21,22,25] to extended periods of time (e.g., five years, since 1977, lifetime).[10,18,20] Others did not specify a time period.[12,16,29] In two studies that provided estimates for both recent and historical bisexual behavior, the prevalence of bisexual behavior was higher when evaluated over a longer (≥5 years) period of time than a shorter (within the past year) timeframe.[10,21]

Two probability studies that identified bisexual activity according to self-reported behavior provide the best overall estimates of black men who have sex with both men and women (MSM/W). The National AIDS Behavioral Survey, a random-digit dialing telephone survey that oversampled black and Latino respondents, included 21 cities that accounted for the greatest AIDS prevalence in 1990.[20] The study examined data from 560 black men (ages 18–49 years) of whom 19 (3%) reported sex with another man in the past five years. Approximately 57% of the subsample of black MSM (11 out of 19), or 2% of all black men in the study, reported bisexual activity during the five-year period. These estimates of MSM among the general black male population are comparable to other population-based estimates of MSM in the United States and Britain.[30-33] In the second study, a multisite cross-sectional study of young MSM (ages 15–29 years) recruited by time-space sampling, 1,109 young black MSM were included.[21] The authors found that 44% of black respondents reported having had ≥3 female sex partners in their lifetime; 20% had ≥1 current female sex partners, 14% reported having a main female sex partner, and 11% reported having had casual or commercial female sex partners.

Agreement between Heterosexual Identity and Behavior

In five studies, substantial proportions of heterosexually identified black men reported having sex with men.[12,17,19,25,34] A study of heterosexually identified black men in Los Angeles reported that approximately 33% of HIV-positive men and 16% of HIV-negative men admitted to engaging in anal intercourse with men.[19] Eight percent of black MSM recruited for an intervention study in Chicago identified as straight.[34] Likewise, approximately 16% of homosex-

ually active black men recruited for two separate multisite studies identified themselves as straight.[12,17] However, identifying oneself as heterosexual and having sex with men is not unique to black men. Between 18% and 34% of heterosexual Latino men and between 18% and 46.5% of heterosexual white men reported anal or oral sex with a man in the past three months or during their lifetime in three of the studies.[12,17,25] One study reported that the level of agreement between heterosexual identity and behavior was highest among Asian men (78.4%) and lowest among white men (34.7%).[25] In comparison, the level of agreement for black men was 43%.

MSM who identify themselves as heterosexual are not the only MSM who report having both male and female sex partners. In a recent study of 5,000 HIV-positive MSM, 22% of gay-identified black MSM and 61% of bisexual-identified black MSM reported having had sex with a woman in the past five years, compared with 12% of heterosexual-identified black MSM (Table 1).[10] In fact, among all races and ethnicities of HIV-positive MSM in the study, proportionally more gay or bisexually identified MSM had sex with women than straight-identified MSM. These data contradict the commonly held belief that heterosexually active women are primarily at risk for HIV by MSM who identify as heterosexual.[35-37]

Nondisclosure of Homosexual Behavior or Bisexual Identity

Disclosure of homosexual identity or behavior among black MSM was addressed in five articles[10,18,29,38,39] and one conference abstract.[40] A Chicago-based sample of 208 black and 142 white bisexually active men found that, compared with white MSM, black MSM were significantly more likely to keep their same-sex behavior from their female partners (75% and 36%, respectively).[38] Similarly, a Virginia-based study of 523 MSM found that white men were significantly more likely than black men to disclose their bisexual or gay identity to family (62% versus 46%), heterosexual friends (59% versus 35%), healthcare providers (48% versus 29%), church members (32% versus 12%) and other groups of people.[39] Moreover, as education level increased, white men were more likely and black men substantially less likely to disclose their sexuality. In contrast, a study in Los Angeles, which enrolled primarily gay or bisexual HIV-positive MSM, found no racial differences in disclosure of sexual orientation to lovers or parents but found modest racial differences in disclosure of HIV status to lovers.[29]

In three studies, black women were asked whether they currently have or have ever had a bisexually active partner.[10,18,40] In one study, HIV-positive black men were significantly less likely than HIV-positive men of other racial or ethnic groups to identify themselves as homosexual; and HIV-positive black women were significantly less likely than HIV-positive white women to report having a bisexual male partner.[10] The authors concluded that minority bisexual men were less likely than white bisexual men to tell their female partners about their homosexual behavior, but these data must be interpreted cautiously. The study did not recruit couples, and bisexuality was evaluated over a five-year period, which limited determination of concurrent bisexual activity with male and female sex partners. More conclusive data arise from a small California-based study. Padian and colleagues (1989) found that of 52 female partners of HIV-positive bisexual men, only 20% of black female partners were aware of their male partner's bisexuality, compared to 80% of white female partners.[40] However, a 1992 study found that significantly more HIV-positive black women than HIV-positive white women reported being infected by a bisexual man.[18]

HIV Risk and Nondisclosure of Homosexual Behavior or Bisexual Identity

Three studies reported that black MSM were less likely than white MSM to be open about their homosexuality.[22,41,42] However, HIV risk behavior among black MSM varied. One study found no differences in sexual risk-taking according to race,[42] a second study found sexual risk-taking to be greater among black MSM,[41] and the third study found no racial dif-

ferences in sexual risk-taking with male partners but reported that black MSM engaged in a greater proportion of unprotected sex with female sex partners than did white MSM.[22]

All three studies provided limited data on the direct association between disclosure and homosexual identity or behavior. The studies tested only independent associations between race and disclosure or race and HIV risk behavior. However, three other studies compared HIV risk behavior between MSM who were open about their homosexual identity and MSM who were not.[21,27,43] A San Francisco study found that black MSM who were uncomfortable disclosing their sexuality to others were more likely than other black MSM to engage in unsafe sex.[43] In contrast, a Chicago-based study found that black MSM who scored lower on a scale that included measures of sexuality disclosure reported fewer sexual risks than black MSM who scored higher on the scale.[27] Similar results were found among a probability sample of 5,589 young MSM.[21] Black MSM were less likely than white MSM to disclose their sexual behavior to other people. Among black MSM, nondisclosers were more likely than disclosers to have a main female partner and unprotected vaginal or anal intercourse with women; however, they were less likely to have unprotected anal intercourse with male partners, to have ≥5 male sex partners or to be HIV-positive. These differences between nondisclosing and disclosing MSM held true for each of the other racial and ethnic groups. If black men on the down-low follow the same general sexual risk pattern as nondisclosing black MSM, black men on the down-low may engage in fewer sexual risks with male partners than black MSM who are open about their sexuality.

DISCUSSION

This literature review adds key points to the dialogue about men on the down-low. First, black MSM are more likely than MSM of other races and ethnicities to identify as bisexual and to be bisexually active. Second, heterosexual identity and corresponding sexual behavior among black men are sometimes incongruent, but this discordance is not exclusive to nor greatest among black men. Third, black MSM are less likely than other MSM to disclose their homosexual behavior or identity, but nondisclosing black MSM may engage in fewer sexual risks with male sex partners than disclosing black MSM. Last, a large multisite study found that more gay- or bisexually identified HIV-positive black MSM reported sex with women than heterosexually identified HIV-positive black MSM.[10]

The available data suggest that the behaviors associated with being on the down-low are not specific to black men. Nongay-identified men of other races and ethnicities also engage in homosexual sex[10,17,25] and do not disclose their homosexual behavior to female partners.[21,38,44] However, two crucial factors make bisexual behavior among men a more pressing issue in African-American communities than in other communities: the high background prevalence of HIV and the greater odds of bisexual activity among black men. These two factors generally increase the risk for HIV infection among black women with bisexual male partners compared with women from other racial or ethnic groups with

Table 1. Bisexual Activity among HIV-Positive Men of Various Sexual Identities

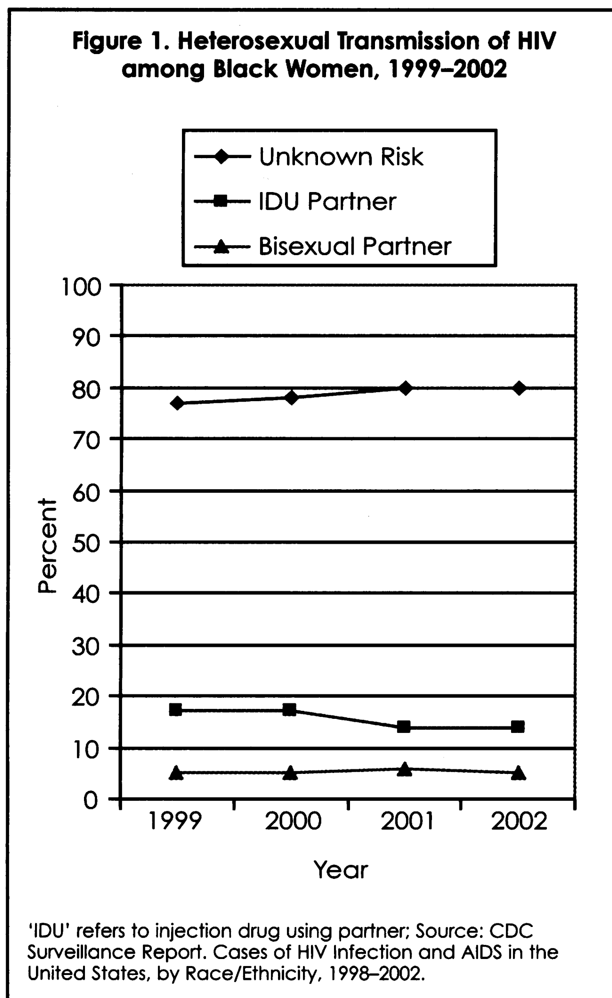
Bisexually Active Men	Sexual Identity			
	Heterosexual (%)	Homosexual (%)	Bisexual (%)	Other* (%)
Black (n=530)	12	22	61†	5
Hispanic (n=258)	10	28	59†	3
White (n=326)	9	31	56†	4

Source: Montgomery et al., 2003; * Other: Sexual identity was "other," "refused to answer" or "not sure/don't know"; † Men whose reported bisexual identity matched bisexual behavior. Percentages do not add to 100 due to rounding.

bisexual male partners.

Nonetheless, having sex with a bisexual man is not the only HIV risk factor for heterosexual black women. Surveillance data on HIV infections reported between 1999 and 2002 show that proportionally more HIV-positive black women reported having had sex with a male injection drug user (IDU) than with a bisexual man (Figure 1).[45] But these data are likely underestimates, since the available literature clearly establish that black MSM are less likely to disclose their sexual behavior than MSM of other ethnicities. Figure 1 also shows that the largest category of black women heterosexually infected with HIV between 1999 and 2002 was that of women with no identified risk. It has been anecdotally suggested that the high estimates of unknown risk represent women who contracted HIV from bisexual men. What has not been explored is whether the large percentage of unknown risk among black women reflects high-risk behavior among exclusively heterosexual adults. A population-based estimate from the National AIDS Behavioral Survey found that high-risk* black heterosexuals accounted for 20% of the black population,[46] and proportionally more black heterosexuals reported ongoing HIV risk behaviors than white heterosexuals (73% versus 56%, respectively).[47]

Figure 1. Heterosexual Transmission of HIV among Black Women, 1999–2002



'IDU' refers to injection drug using partner; Source: CDC Surveillance Report. Cases of HIV Infection and AIDS in the United States, by Race/Ethnicity, 1998–2002.

The HIV risk behavior data on black heterosexuals is compelling. Rates of condom use by black heterosexuals is low,[46,48-51] even among couples in serodiscordant partnerships.[52] Moreover, compared with other racial or ethnic groups, black heterosexuals report having more sex partners,[48,53-57] more involvement in concurrent and mutually nonmonogamous sexual relationships,[24,58-60] more trading of sex for drugs or money,[61] and a greater likelihood of having ever had a sexually transmitted infection[62-65] or reinfection.[58] Studies have also documented anal sex among subpopulations of black heterosexuals.[24,66-67] Black heterosexuals are less likely to use condoms during anal sex than during vaginal sex,[68] and anal intercourse is a more efficient route for HIV transmission than vaginal sex.[69-71] Last, black women are significantly more likely than women of other races or ethnicities to report vaginal douching,[24,58,72] which may increase their chances of STD acquisition[73-74] and susceptibility to HIV infection. All of these risk behaviors have been absent from the discourse surrounding men on the down-low and the increasing HIV infection rates among black women.

Additionally, the social context of sexual decision-making by black women has not been adequately considered in the collective discussion of men on the down-low. There is evidence that even when armed with the knowledge of a male partner's sexual infidelity (with men or women) or intravenous drug abuse, some black women not only remain in the relationship but continue to engage in unprotected sex with their main male partner.[58,75] This may be a particularly important aspect of the

* The majority of those classified as high risk reported multiple sexual partners in the past year or a risky main sexual partner. Risky main sexual partners were individuals who were HIV-positive, an IDU, hemophiliac, transfusion recipient or sexually active with multiple partners in the past year.

current debate about men on the down-low, which addresses why black women may consciously choose to engage in unprotected sex with their male sex partners despite knowledge of increased risk for HIV infection. These findings support existing scientific research that suggests that gender roles, power dynamics in relationships, socioeconomic status, and perceptions of few suitable male partners influence black as well as other women's sexual decision-making choices.[59,76-78]

Finally, there needs to be clarification around whether the primary source of HIV infection among black women is black men who are bisexually active or black men who are heterosexually active. The best population-based estimate of black MSM show that only 3% of all black men ages 18–49 years were homosexually or bisexually active.[20] In contrast, a population estimate of high-risk black heterosexuals found that 29.7% of exclusively heterosexual black men ages 18–49 engaged in high-risk sexual activities.[48] Assuming that 97% of all black men in the United States are exclusively heterosexual and that 30% of these men engage in high-risk activity, a central issue emerges: Are heterosexually transmitted cases of HIV in black women driven by a small percentage of MSM/W who have a high HIV prevalence and unknown HIV risk behavior, or by a much larger population of exclusively heterosexual black men who have comparatively lower HIV prevalence but high HIV risk behavior?

Limitations

This review has several limitations. First, the data presented in this review are from studies that did not seek to answer research questions about men on the down-low. Data from these studies provide limited insight into a population for which there are no scientific data. Second, the data are limited to specific searches from studies indexed in three online databases. Searching additional databases or using different search criteria may have yielded additional data. Third, the population-based statistics of bisexuality among black men are only generalizable to metropolitan areas with high HIV prevalence.

Implications

More quantitative investigations comparing HIV risks among populations of black men who are exclusively heterosexual, homosexual or bisexually active should be undertaken. Additionally, future studies of HIV-positive black MSM/W must address bisexual men's sexual risk behaviors. Existing studies of HIV-positive bisexual black men use inadequate measures of HIV risk behavior (e.g., pooling unprotected anal or vaginal sex or not reporting prevalence of unprotected sex), do not control for the serostatus of sex partners or fail to assess bisexually active men's HIV risk behavior altogether.

The role of bisexually active black men in HIV transmission is a more complex issue than depictions of black men on the down-low as sexual predators and black women as uninformed victims. Future HIV research and programmatic activities must reflect this level of complexity by focusing on the sexual behaviors and sociocultural processes that facilitate HIV transmission between black men and women.

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