

# Health and social inequities drives HIV in young men who have sex with other men

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HIV infections continue to rise in a new generation of young, gay, bisexual and other men who have sex with men (YMSM) despite three decades of HIV prevention as well as recent availability of biomedical technologies to prevent infection. In the U.S., it is estimated that 63% of incident HIV infections in 2010 were among YMSM despite the fact that they represent a very small portion of the population. Given this heightened risk for HIV seroconversion among YMSM, researchers at New York University's Center for Health, Identity, Behavior & Prevention Studies (CHIBPS) sought to identify the factors associated with incident HIV infection among a cohort of racially/ethnically and

socioeconomically diverse YMSM.

Their paper, "Incidence of HIV infection in Young Gay, Bisexual, and other YMSM: The P18 Cohort Study," published in the *Journal of Acquired Immune Deficiency Syndromes (JAIDS)*, reports on data collected from 600 YMSM between the ages of 18 and 19 enrolled in the P18 Cohort. These participants were followed over a three-year period and received HIV testing and counseling as part of the study.

Over the study period, the cumulative incidence of HIV was 7.2% and HIV seroconversion was associated with perceived SES and race/ethnicity. HIV seroconversions were lower among White YMSM, compared with their Black and Hispanic/Latino counterparts. Also, HIV seroconversions were more likely among those who self-reported a perceived lower and middle/average SES (49% and 40%, respectively), compared to those who reported a higher perceived SES (12%).

"The data from our P18 Cohort Study demonstrate the social and structural inequities that continue to drive racial/ethnic disparities in HIV infections," said Perry N. Halkitis and Farzana Kapadia, the study investigators. "Assumptions about differences in sexual behavior along racial lines are fueling stereotypes and these stereotypes are detrimental to prevention efforts. We find that young Black men are not engaging in more sexual activity but experience more structural and social inequities than their White peers."

"In fact, our study findings show that socioeconomic status (SES) is key driver of HIV seroconversion; individuals who reported a lower perceived SES were more likely to seroconvert over the course of the study period. Moreover, in our cohort study, Black YMSM were more likely to be of lower SES and were also more likely to seroconvert," said Halkitis and Kapadia.

The confluence of these factors is particularly problematic as low SES individuals are more likely to reside in neighborhoods with higher levels of poverty, environments associated with lower access to effective health services, and higher level of untreated sexually transmitted infections (STIs) including HIV, conditions which have been shown to be inextricably connected to each other and also linked to increased risk for HIV acquisition and transmission. In the study residing in a high HIV prevalence neighborhood was associated with seroconversion.

In addition, younger average age at sexual debut with another man was also associated with a greater likelihood of HIV seroconversion. Specifically, YMSM who initiated [sex](#) with another man at or after the age of 14 were substantially less likely to seroconvert. This suggests that access to comprehensive sexual education programs that include components on sexuality education are warranted to bolster HIV prevention programming among adolescent and emerging adult YMSM.

"Taken together, these findings provide further evidence for the existence of significant racial/ethnic and SES related disparities in HIV incidence among YMSM. In addition, these findings suggest that for sexual minority [men](#), effective HIV prevention programs will need to attend to not only behavioral factors, such as age of sexual debut, but also structural and social conditions that continue to place this [new generation](#) of YMSM at heightened risk for acquiring HIV," said Halkitis and Kapadia.

Future studies are needed to understand the relative contributions of economic, psychosocial, and structural factors that perpetuate racial/ethnic disparities in HIV incidence. Such information will aid in the strategic scale-up of existing interventions and the development of new ones aimed at addressing these inequities at multiple levels.

Provided by New York University

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