

Higher HIV risk in black gay men linked to partner choice, risk perception

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Young black men who have sex with men (MSM) get infected with HIV nearly five times more often than MSM from other races, even though they don't have more unprotected sex.

The discrepancy has long mystified public health experts but a new study by investigators at Johns Hopkins and elsewhere now offers a possible explanation for it.

The study found that young black MSM -- a group that includes openly gay and [bisexual men](#), as well as those who have sex with men but do not identify themselves as gay or bisexual -- select partners and judge these partners' [HIV](#) status in a specific way. These men show a clear preference for masculine men, while also equating masculinity with lower HIV risk. This dynamic, the researchers say, can help explain why young black MSM contract HIV more often than their counterparts from other races.

The results are based on interviews with 35 black men ages 18 to 24 who have sex with men. The most notable findings include an overwhelming preference for masculine partners, accepting masculine partners as dominant in the sex act and leaving to them decisions about [condom use](#), perceiving masculine men as low risk for HIV and feminine men as high risk.

"There may be no difference in [HIV prevalence](#) between masculine-looking and feminine-looking men, but because black MSM perceive

masculine men as lower risk, their sexual encounters with such men may make [HIV infection](#) more likely," said investigator Jonathan Ellen, M.D., a pediatrician and teen health expert at Johns Hopkins Children's Center.

In other words, even though young black MSM have [unprotected sex](#) just as often as others, they may be having unprotected sex in riskier ways with partners whose HIV status they often miscalculate, the researchers explain.

The findings offer new insight into how black MSM judge risk based on perceptions of masculinity and can help inform public health campaigns to reduce new HIV infections in this disproportionately affected group. The findings, the researchers say, can also guide safe-sex conversations between primary care physicians and patients.

Provided by Johns Hopkins Medical Institutions

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