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Understanding the Perspectives of African American Gay and Bisexual Men Toward HIV

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Abstract

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BA, University of North Carolina, Charlotte, 1987

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

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Abstract

There is an urgent need to stop the HIV epidemic among African American gay and bisexual men in the United States. The purpose of this basic qualitative study was to identify the health issues responsible for the HIV epidemic among African gay and bisexual men. Two theoretical frameworks that guided the study were the transtheoretical model and the syndemic theory. The study's research involved understanding African American gay and bisexual men's perspective toward HIV infections and their understanding of possible reasons HIV rates appear to increase in their community. Semi-structured telephone interviews and field notes were used to collect primary data from 12 study participants. Five themes emerged from the study: (a) lack of funds for HIV prevention programs; (b) poverty, lack of supportive services, and stigma; (c) mental health problems, high-risk behaviors for HIV infection, and easy access to multiple sex partners through social media; (d) lack of trust and representation; and (e) failure to go for HIV testing due to gay-identified public health campaign messages, high rates of STDs, and limited access to treatment and care. Future researchers could extend the study to other groups within African American LGBTQ communities in different areas to help them understand how to reduce HIV infections. The positive social change implications include reducing HIV in vulnerable populations that have the African American LGBTQ community.

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Dedication

I am happy because I have achieved one of my lifetime goals: a Ph.D. in public health. I am grateful to God for giving me the wisdom and strength to overcome many obstacles I encountered throughout my life and for empowering me to acquire the skills I needed from Walden University to improve populations' health. Also, I thank my parents, Mr. Emmanuel Nwanguma and Mrs. Catherine Nwanguma, who suffered for me, trained me, and sent me to the United States for further studies. I am proud of my wife and our children, who supported and inspired me to obtain my Ph.D. in public health.

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Table of Contents

List of Tables

Chapter 1: Introduction to the Study

Introduction

Human immunodeficiency virus (HIV) is a community health problem threatening African Americans' health and well-being in the United States. African American gay and bisexual men (target population) are among African American LGBTQ groups with high rates of HIV infections (Hightow-Weidman et al., 2018). There are pockets of increased HIV infections within the African American communities in different areas of the United States (Centers for Disease Control and Prevention, 2019; Laurencin et al., 2019; Pellowski et al., 2014). However, the south is a primary focus for elevated HIV infection rates (Centers for Disease Control and Prevention, 2019; McCray, 2016; Reif et al., 2015). While many quantitative data are gathered on the risk factors, prevalence, and rise of HIV among minority populations, there is a gap in the literature exploring how a more marginalized group feels about HIV rates. The African American gay and bisexual groups do not appear on the research findings. This research will help fill the gap in the perspectives of African American gays and bisexuals toward HIV risk factors and understanding the prevalence of HIV.

Conducting this research study helped to understand how some health issues work together to increase HIV infection among African American gay and bisexual men from their perspectives and experiences. The findings may also help the study audiences reduce the high incidence and prevalence of HIV in African American LGBTQ community. The potential social implication of the study is that the findings from this study may help policymakers understand how African American gay and bisexual men

feel and think about the HIV epidemic in their community. Subsequently, they may encourage policymakers and other key stakeholders to develop effective interventions specifically tailored to address some health issues sufficiently and reduce HIV infections in this population.

Chapter 1 comprises these major sections: introduction, background, the purpose of study, problem statement, research questions, theoretical framework, nature of the study, assumptions, scope and delimitations, limitations, the significance of the study, and the summary.

Background

Findings from the literature indicated that HIV infection has been increasing in African American LGBTQ community recently. Black/African gay and bisexual men were responsible for 9,712 (26%) of the 37,968 new HIV cases diagnosed in 2018 and 37% of new HIV cases among all gay and bisexual men (Centers for Disease Control and Prevention**,** 2021). Some health issues responsible for elevating HIV infection among African American gay and bisexual men must be sufficiently addressed to reduce the HIV epidemic in this community (Mckellar et al., 2019; Office of Disease Prevention and Health Promotion, 2019; Zaller et al., 2017). Gender, racial, and ethnic disparities occurred in HIV infection among men who have sex with other men. Many studies concluded that discrimination, stigma, and homophobia contributed to high HIV infections in gay and bisexual populations of all ethnicities/races. However, other health issues elevated HIV infection among African American gay and bisexual men more than those from other ethnic/racial groups (Centers for Disease Control and Prevention**, 2019**;

Myhre & Sopris, 2018; Wolitski, 2018). For example, lack of awareness of HIV status, timely linkage to HIV medical care, and a lower percentage of viral suppression are among the health issues responsible for the HIV epidemic in African American gay and bisexual population (Centers for Disease Control and Prevention**,** 2019). Some authors identified the health issues that contributed to the high HIV infection in African American communities (Friedman et al., 2019; MacQueen et al., 2015; Robinson & Moodie-Mills, 2019). The articles relating to the health issues responsible for increasing HIV infections among African American gay and bisexual men are described below.

African American gay and bisexual men have most of the new diagnoses of HIV in African American community (Centers for Disease Control and Prevention**, 2**019**;** Clement et al., 2019; Hightow-Weidman et al., 2018; MacQueen et al., 2015; Mckellar et al., 2019). African American gay and bisexual men still suffer from the most significant HIV infection in the United States because of ethnic and racial disparities (Burge-Hall, 2015; Pellowski et al., 2014). Currently, individuals with HIV in some populations of the United States live longer, are healthier, and have more productive lives because of the discovery of effective HIV treatments for the disease. Conversely, HIV infection is increasing among African American gay and bisexual men due to racial, gender, and ethnic disparities in HIV diagnoses and treatments (Office of Disease Prevention and Health Promotion, 2019). Government inaction to control HIV infection among African American men who have sex with men elevated HIV transmission within the network (McCray, 2016; Myhre & Sifris, 2018; Wolitski & Fecik, 2017).

Individuals change their behaviors to improve their health and decrease the risk of transmitting HIV to their sex and drug-using partners when tested for HIV and become aware that they have the disease (Office of Disease Prevention and Health Promotion, 2019). HIV testing within the African American gay and bisexual population should be a critical part of prevention efforts to reduce HIV infections in African American LGBTQ community. Previous studies concluded that many African American gay and bisexual men with HIV transmitted the disease to other people in their community because they were not aware of their HIV status (Zaller et al., 2017). Most of the new HIV infections in the United States came from individuals who were not diagnosed with HIV or people who were diagnosed and did not have access to effective HIV treatments (Office of Disease Prevention and Health Promotion, 2019). Public health officials must locate African American gay and bisexual men who have not been tested for HIV and encourage them to go for an HIV screening test to reduce HIV infections in this population.

Stigma is among the health issues that contributed to the HIV epidemic among African America gay and bisexual men. For instance, identifying individuals as gay increases the risk of HIV infection in the United States (Centers for Disease Control and Prevention**,** 2019; Emlet, 2017). Furthermore, being a gay African American puts an individual at a higher risk of having HIV in their lifetime than a White gay man (Myhre & Sifris, 2018). Reducing HIV stigma among African American gay and bisexual men may decrease HIV transmission in this population (Beer et al., 2019). Policymakers should develop effective policies and intervention programs that can mitigate HIV stigma

in the population of African American gay and bisexual men to reduce the HIV epidemic in African American LGBTQ community.

Drug use is responsible for the increased HIV infection among African American gay and bisexual men. Substance-using gay, bisexual, and other African American men who have sex with men are among the groups with the highest risk for HIV infection in African American community (Centers for Disease Control and Prevention**, 2019;** Zaller et al., 2017). Also, substance-using sexual groups in this population could underutilize substance use treatments and might be the primary source of HIV transmissions to individuals who do not use drugs. Furthermore, previous studies concluded that HIV high risk behaviors, such as crack/cocaine use, excess alcohol consumption, having many sexual partners, and engaging in anal intercourse without condoms, make this population vulnerable to HIV infection (Zaller et al., 2017).

The three primary goals of the National HIV/AIDS Strategy to decrease the HIV epidemic are to reduce HIV-related disparities and health inequalities, increase access to care and improve health outcomes for individuals living with HIV, and reduce new HIV infections (Office of Disease Prevention and Health Promotion, 2019). It is essential to increase HIV prevention and health care programs in African American gay population (Office of Disease Prevention and Health Promotion, 2019). High-impact prevention approaches can reduce HIV infections in African American communities (Centers for Disease Control and Prevention**,** 2018; Lloyd et al., 2018; Shepard, 2019). Policymakers and other key stakeholders should use the above strategies to reduce HIV infections among African American gay and bisexual men.

Problem Statement

Currently, there is an improvement in reducing HIV infection in some ethnic and racial groups in the United States due to the discovery of new HIV treatments. However, the transmission of this disease is still increasing among African American gay and bisexual men because of some health issues (Centers for Disease Control and Prevention**,** 2021). Many African Americans live with HIV in the United States, and most of them diagnosed with HIV are African American gay and bisexual men (Centers for Disease Control and Prevention**, 2019;** Zaller et al., 2017). The priority population for the study is African American gay and bisexual men (age 18 years and above) who are at high risk for HIV in this community (Clement et al., 2019; Durham County Public Health, 2019; Lineberger, 2015; MacQueen et al., 2015). This population is most affected by HIV infection in the United States (Centers for Disease Control and Prevention**, 2019**; Hightow-Weidman et al., 2018; HIV.gov, 2019). Also, it is essential to know that identifying individuals as gays and bisexuals increases the risk of HIV infection (Centers for Disease Control and Prevention**,** 2019; Emlet, 2017). Focusing on improving these health issues African American gay and bisexual men are experiencing may reduce HIV infections in this population and prevent death from the disease.

HIV infection among African American gay and bisexual men is meaningful to the public health field because despite the existing public health interventions and the newly discovered drugs to reduce HIV infections in the United States, the specific study area remains the region with the highest HIV infections (Lineberger, 2015; MacQueen et al., 2015; McCray, 2016). There is an urgent need to conduct further qualitative research

into the continuing rise of new HIV infections among African American gay and bisexual men in this community (Centers for Disease Control and Prevention**,** 2021; Clement et al., 2019; Hightow-Weidman et al., 2018; Mckellar et al. 2019). The high HIV infections among African Americans lead to death, disability, low productivity, and poverty in this community (Centers for Disease Control and Prevention**, 2019;** Friedman et al, 2019; MacQueen et al., 2015: Wolitski & Fecik, 2017). There is a great deal of research into HIV and African Americans. However, the lack of a qualitative research study that considers African American gay and bisexual men's perspectives on HIV infection and the health issues responsible for the increased HIV infections in this population was the gap in the literature that this study filled.

Purpose of the Study

The purpose of the basic qualitative research was to seek the perspectives of African American gay and bisexual men at high risk for HIV (target population) about their understanding of HIV infection. What African American gay and bisexual men believe surrounding HIV and public health and community health efforts was the focus of this study. The study's findings may enable policymakers and other key stakeholders to reduce HIV infections in this population.

Research Questions

RQ1: What are the perspectives of African American gay and bisexual people toward HIV infections in their community?

Sub-Question 1: What are African American gay and bisexual men's perspectives toward barriers to seeking care or diagnosis for HIV?

Sub-Question 2: What are African American gay and bisexual men's perspectives toward facilitators to assist with seeking care or diagnosis for HIV?

RQ2: What is the understanding of African American gay and bisexual men toward possible reasons that HIV rates appear to be increasing in their community?

Theoretical Framework

The first theoretical framework appropriate for this study is the transtheoretical model (TTM) because it is behavioral-oriented and social-based (Glanz et al., 2008). The theory concentrates on individuals' readiness to perceive, and it uses people's stages and experiences from different categories (Glanz et al., 2008). It focuses on individually tailored intervention and considers people according to their levels before educating them (Glanz et al., 2008). The theory will enable public health professionals to use community health education to empower African American gay and bisexual men in the African American community to change their high risk behaviors to positive behaviors. Hence, it will discourage them from having unprotected sex and injecting drugs with contaminated needles and encourage them to use latex condoms regularly during sexual intercourse to decrease HIV infections in this community. The theory relates to the basic qualitative research approach and the research questions because it will empower public health officials to change the behaviors of African American gay and bisexual men at risk of HIV infection, who do not have enough understanding of the disease (Glanz et al., 2008). Hence, policymakers and public health professionals can use this theory to reduce HIV infections among African American gay and bisexual men in African American LGBTQ community.

The second theoretical framework selected for this study is the syndemic Theory. Singer and Singer created this theory in the 1990s when they used the term "syndemic" for health problems such as violence among poor and underserved inner-city women, AIDS, and co-occurrence of substance use (Brennan et al., 2012). The theory emphasizes that some hidden health issues work together to increase HIV infections in poor and underserved communities. Without addressing these health issues sufficiently, HIV infection will continue to rise among African American gay and bisexual men in this community (Lyons et al., 2013). The theory is related to the basic qualitative research approach and research questions because it will help identify the possible health issues responsible for high HIV infections among African American gay and bisexual men. Subsequently, the findings from this study will be described to its audiences, who may use them to develop effective policies that may reduce HIV infections in this population and save the lives of African American gay and bisexual men.

Nature of the Study

The approach chosen for the study was a qualitative research method. The nature of the study was basic qualitative research. The qualitative research approach helped to successfully answer the research questions and produce quality, trustworthy, and credible data. The primary data helped develop findings that described the health issues responsible for increasing HIV infection among African American gay and bisexual men at high risk for HIV in this community. A qualitative approach is the most appropriate research method for conducting complex behavioral and social studies involving human interactions. Unlike a quantitative research method that concentrates on studies that

include numbers, experimentation, objective testing, and large sampling size, the qualitative research method fits this study because it focuses more on subjectivity and uses non-random sampling and small sample size (Dowd, 2019).

A basic qualitative research design was the most appropriate qualitative strategy of inquiry used to identify the health issues responsible for elevating HIV infection in this community from the perspectives of African American gay and bisexual men at high risk for HIV. It helped describe this study's findings to its audiences more than other qualitative methods (Merriam & Tisdell, 2015). The conclusions of this study would enable policymakers and other key stakeholders to identify risks, costs, time, intelligence, and describe the appropriate settings that could be cost-effective to conduct qualitative research and implement policies that might reduce HIV infection among African American gay and bisexual men (Anderson, 2010; France et al., 2014; Kayode et al., 2014). Semi-structured in-depth telephone interviews and field notes were used to collect primary data from the study participants (e.g., African American gay and bisexual men, HIV counselors, and HIV social workers). The primary data were analyzed, and the findings were interpreted and then disseminated to the study audiences. However, results from this qualitative research could be transferred to another setting (Anderson, 2010).

Operational Definitions

BMSM: is an acronym referring to Black men who have sex with men (Biello et al., 2018).

LGBTQ: "An acronym for lesbian, gay, bisexual, transgender, and queer or questioning" (Lesbian & Gay Community Services Center, Inc., 2020).

MSM: An acronym referring to men who have sex with men (Gama et al., 2017).

Psychosocial: defined in medicine as having to do with the emotional, mental, spiritual, and social effects of a disease (NIH, n. d.).

Socioeconomic status: American Psychological Association defined socioeconomic status as the social standing or class of an individual or group, and it is measured as a combination of income, occupation, and education (APA, 2021).

Structural issues: barriers to healthcare, stigma, racism, and incarceration (Matthew et al., 2014).

YMSM: Young men who have sex with men (Patel et al., 2016).

Assumptions

The assumptions for the study were that African American gay and bisexual men at risk of HIV would reveal their perceptions and experiences about the HIV infection within their population. Also, gatekeepers (HIV social workers, HIV counselors) interacting with them could provide valuable information about how their consumers feel or think about the high HIV infection in African American LGBTQ community, based on their observations. The above assumptions were necessary because they were the best sources for the study to obtain quality and trustworthy data.

Scope and Delimitation

The populations excluded from the priority group of the qualitative research were African Americans who were not gay or bisexual and African American gay and bisexual men who were below 18 years during the study. Also, other methods, such as direct observation, focus group discussions, and audiotape, were not used to collect data from study participants. Furthermore, the study participants were selected from the target population, including two HIV social workers, and two HIV public health professionals.

Limitations

The limitations of a basic qualitative research design are that the research quality depends heavily on the individual skills of the inquirer and may be more easily controlled by the investigator's personal biases and habits. It is not easy to maintain, assess, and demonstrate rigor using this design. Anderson (2010) explained that the analysis and interpretation of the qualitative data are time-consuming because of the volume of the raw data collected for this type of research. Sometimes, qualitative data are not as well understood and accepted as quantitative data in the scientific community. Also, the interviewer's presence while collecting data may affect the subjects' responses. Furthermore, researchers may encounter some problems as they present their findings due to issues of anonymity and confidentiality. It may be time-consuming for qualitative researchers to produce their results and show them visually (Anderson, 2010).

The challenges of this research study were that the community leaders and study participants may not have authorized me to gather raw data from them. It is essential to respect their cultures, listen to them, and interact appropriately to understand their needs.

The barriers addressed while conducting the study were personal biases during telephone interviews. However, the information from the literature review and field notes helped prevent personal biases through triangulation and other methods.

Significance

The significance of this study was that it provided insight into the perspectives of African American gay and bisexual men on how they feel about HIV infection within their community. The findings from this study may help policymakers and other key stakeholders to understand how African American gay and bisexual men perceive HIV infections in their community. The results that emerged from this study may motivate policymakers and vital stakeholders to address the health issues that elevated HIV infections in this population by considering community health efforts that address the specific understanding of these minority groups surrounding HIV beliefs. Furthermore, the findings from this study may inspire community health educators to focus on educating African American gay and bisexual men surrounding any gap in the perceived knowledge about HIV.

The way the dissertation research might affect social change is that the findings from this study could make a difference in this community by helping policymakers and vital stakeholders to reduce HIV infections among African American gay and bisexual men, save the lives of African Americans who may die from HIV/AIDS, increase productivity in the African American community, and save the money the government would use to treat HIV/AIDS patients in this community.

Summary

The focus of this research study was to understand the health issues responsible for the high HIV infection among African American gay and bisexual men (the target population) from their perspectives and living experiences. African American gay and bisexual men are among the groups with more people undiagnosed HIV in African American community. Many individuals in this population have HIV, and they transmit the disease to other members of their network because they are not aware of their HIV status. The basic qualitative research design was selected for this study because it was the most appropriate method that helped to identify the health issues that elevated HIV infection among African American gay and bisexual men and how they think and feel about the increased HIV infection in this population. Collecting data directly from African American gay and bisexual men at high risk for HIV and their gatekeepers (HIV counselors and HIV social workers) helped to produce quality and reliable primary data that yielded useful findings that might enable policymakers and other key stakeholders to reduce HIV infection in African American community. The conclusions of this research study may make a difference in African American LGBTQ community by encouraging policymakers to develop effective policies and intervention programs that may decrease HIV infections among African American gay and bisexual men. They may also help the study's audiences to prevent death from HIV/AIDS in African American LGBTQ community, increase productivity, and save the money government will use to treat HIV/AIDS patients.

Chapter 1 comprises the introduction and background of the study, the problem statement, and the purpose of the study. Also, this chapter contains the theoretical framework and research questions that showed the method used to conduct the study. The assumptions and limitations of this qualitative research were included in Chapter 1 to inform the study's audiences about the issues they would consider during the study. Chapter 2 composes a review of the literature used to support this research. The ways the theoretical framework selected guided this research and the interpretation of the study as it proceeded were elucidated in this chapter. Furthermore, the identified gap in the literature the study narrowed was explained.

Chapter 2: Literature Review

Introduction

The review of current literature presents an exhaustive investigation into the available peer-reviewed articles surrounding the health issues responsible for the HIV epidemic in the population of African American gay and bisexual men. They are among the minority groups of African Americans with high HIV incidence and prevalence. The purpose of the study was to identify the health issues responsible for the increased HIV infection in this population from the perspective of African American gay and bisexual men at high risk for HIV. The study's findings were explained to its audiences, who might use them to reduce HIV infection among African American gay and bisexual men. For example, understanding how some health issues elevated HIV infection in this population may help policymakers and other key stakeholders to develop effective policies and intervention programs that may decrease HIV infections in African American LGBTQ community. The first section of this chapter presents the search strategy used to secure the needed articles. The second section shows the historical context that is foundational to this study. The third section provides the underpinnings of the relevant concepts of current reviews about the HIV epidemic in the population of African American gay and bisexual men.

Literature Search Strategy

The library databases and search engines used to search for the peer-reviewed articles appropriately for the research topic are the National Center for Biotechnological Information (NCBI) and the Walden University database system. The Walden University

database system comprises Health & Medical Collection, ProQuest, SAGE, EBSCO Host, PubMed, ERIC, and Google Scholar. Also, the Firefox search engine was used to generate some peer-reviewed articles from the Internet. Through these databases, the following phrases were used to search for the current papers related to the research topic: HIV epidemic among gay and bisexual African Americans; HIV infections in the African American gay and bisexual population; increased HIV infection among men who have sex with men; perspectives of gay and bisexual African Americans toward HIV epidemic in their community; health issues that contributed to the HIV epidemic among African American gay and bisexual men; negative-impact of HIV on the African American gay and bisexual men; and adverse effects of HIV epidemic on the African American gay and bisexual men..

Theoretical Foundation

The theoretical framework was developed from two theories (TTM and syndemic theory) through literature review. The TTM focuses on individually tailored intervention and considers people according to their stages before educating them (Glanz et al., 2008). The rationale for selecting this theory is that it will enable public health professionals and other key stakeholders to use community health education and culturally tailored messages to empower African American gay and bisexual groups in African American community. The theory would be used to guide people to change from high risk behaviors to positive behaviors by not having unprotected sexual, not injecting drugs with contaminated needles, and using latex condoms regularly during sexual intercourse to decrease HIV infections in this community.

The syndemic theory described concurrent and mutually worsening epidemics, including HIV, violence, poverty, substance use, and racism, in ethnic minority groups in the United States (Tsai, 2018). The theory explained how some health issues worked together to increase HIV in the sparse population and how public health professionals reduced infectious diseases in other communities. The selected theories are related to research questions because they helped identify the health issues that elevated HIV infection among African American gay and bisexual men. The study's findings were described to the audiences of this study, who might use them to reduce the HIV epidemic in this population. The current research about race and gender disparities that contributed to high HIV infections among African American gay and bisexual men was discussed in this chapter. This section contains the summary chapter's critical areas for comprehending the importance of the topic, the purpose of the study, including the literature used to support it, and the conclusion of the chapter.

Literature Review Related to Key Concepts

The relevant concepts of current studies about the HIV epidemic among African American gay and bisexual men included in this section are political, social, environmental, psychosocial, socioeconomic, contextual, and structural, and the government's failure to test the African American gay and bisexual population. Also, this section comprises the methodology and methods used that are consistent with the scope of this qualitative research study and the description of how other researchers in the discipline approached the problem and the strengths and weakness characteristics in their approaches. Furthermore, the section contains the rationale for the selection of the

concepts from the literature, including the reviewed and synthesized studies that related to the increased HIV infection in African American gay and bisexual men community that produced the description of what is known about the health problem, what is controversial about it, what needs to be studied, the synthesized studies related to the research questions, and why the appropriate approach that was chosen is meaningful. HIV infection affected African American gay and bisexual men more than other groups in the United States. African American gay and bisexual men comprised 26% (10,070) of the 38,739 new HIV diagnoses in 2017 and 37% of new diagnoses among all bisexual and gay men in this country (Centers for Disease Control and Prevention**,** 2019). There were 2,406 deaths among African American gay and bisexual men with diagnosed HIV in the United States in 2016 (Centers for Disease Control and Prevention**,** 2019). In 2018, 2,592 Black /African American gay and bisexual men died from HIV in the United States and dependent areas (Centers for Disease Control and Prevention**,** 2020). Over 1.1 million individuals live with HIV, and more than 700,000 persons with AIDS have died (Avert, 2016; Kaiser Family Foundation, 2019). HIV is still having a disproportionate impact on some populations, such as racial and ethnic minorities, primarily African American gay and bisexual men, as well as other men who have sex with en (Batchelder, Safrin, Mitchell, Ivan, & O'Cleirigh, 2017; Hussen, Stephenson, Rio, Wilton, Wallace, & Wheeler, 2019; Kaiser Family Foundation, 2019).

In the United States, African American gay and bisexual men had the most significant number of new diagnoses of HIV (10,069) among other gay and bisexual men from different populations, followed by Whites (7,607) in 2017. Sixty-six percent of

diagnosed cases of HIV in 2017 came from male-to-male sexual contact (Kaiser Family Foundation, 2019). More evidence of new HIV infection occurs among Black MSM who are less than 25 years old (Weinert et al., 2016). Disparities in human immunodeficiency virus prevalence between White MSM and Black MSM have increased, and younger BMSM are more infected than other MSM groups (Weinert et al., 2016). The most significant percentage of new HIV infections occur within the population of young Black males between 13 and 24 years old (Chan et al., 2017). The lifetime risk of HIV diagnosis is still increasing among Black MSM in the United States, whereas it is substantially decreasing among White MSM (Chan et al., 2017). African American gay and bisexual men are at a much higher risk of being diagnosed with HIV in their lifetimes than European and Latino gay and bisexual men, notably young African Americans (Drumhiller, 2018; Kaiser Family Foundation, 2019).

Political Issues

Racial and ethnic disparities contributed to the HIV epidemic in the African American community (Burge-Hall, 2015; Pellowski et al., 2014). African Americans still suffer from the most significant HIV burden in the United States because of ethnic and racial disparities. Health inequalities and inequities in African American communities were responsible for most of the issues that elevated the rates of HIV infection within the African American gay and bisexual men community (Ransomea et al., 2016). Neighborhoods in the highest black racial concentrations have a higher relative risk of HIV infection among men and women independent of socioeconomic deprivation and income inequality (Ransomea et al., 2016). BMSM living with HIV experienced

significant disparities in disease outcomes compared to other racial/ethnic risk populations in the United States (Bogart et al., 2017). The residential segregation and criminal justice system were responsible for the continued marginalization of African American men and subsequently increased the syndemic of incarceration, violence, trauma, poverty, and HIV/AIDS that existed within the African American community (Centers for Disease Control and Prevention**,** 2021; Patrick et al., 2014).

Policy initiatives to eliminate sentencing disparities and reducing disproportionate incarceration rates among African Americans, as well as expanding early childhood enrichment programs, increasing access to high-quality healthcare, and provisions to produce and encourage academic achievement in urban areas can reduce the high rates of HIV infection in this community (Ivy et al., 2014). The relationship between a history of arrest and unprotected anal sex for Black/Latino bisexual, gay, and other YMSM compared to White/Pacific Islander/Asian YMSM is not the same (Moped et al., 2015). A study explained that the arrest could indicate risky behavior for White/Pacific Islander/Asian YMSM and an indicator of discrimination for Latino/Black YMSM (Moped et al., 2015). Effective policies and interventions that can improve prevention, care, and support for all individuals with HIV infection are needed to narrow health disparities among African American gay and bisexual men and reduce the HIV epidemic in this population (Crepaz et al., 2019).

Social Issues

Social issues such as high risk behaviors, discrimination, stigma, homophobia, and racial homophily elevated the risk of HIV infection among African American gay

and bisexual men. They made it difficult to prevent the spread of HIV in African American community (Avert, 2016). Some people experienced homophobia and stigma that discouraged them from HIV prevention services (Avert, 2016). Stigma contributed to the HIV epidemic among African American gay and bisexual men. Also, it increased vulnerability to HIV infection by forming unequal power relationships within BMSM, challenging collaboration with healthcare, and contributing to high risk sexual behaviors (Garcia et al., 2016). The negative impacts of stigma on the health of BMSM are severe. MSM experienced different forms of stigma within the intersecting social axes of marginalization, such as race, gender, sexuality, class, and HIV status (Garcia et al., 2016). One of the Centers for Disease Control and Prevention missions to promote health and prevent HIV transmission is to reduce stigma because it affects many people living with HIV in the United States (Beer et al., 2019). HIV stigma is linked with depression, poor physical and mental health, and social isolation (Beer et al., 2019). Stigma is an important social determinant of health for individuals living with HIV.

Centers for Disease Control and Prevention (CDC) developed the proper intervention and educational materials for decreasing HIV stigma (Beer et al., 2019). There is a need to include some practical strategies to reduce HIV stigma among African American gay and bisexual men who have HIV into CDC's programs to decrease HIV infections in this population (Beer et al., 2019). CDC has many opportunities for improvement and collaborating with partners and other key stakeholders are necessary for the success of CDC's HIV stigma-reduction activities (Beer et al., 2019). HIV infection increased among African American MSM due to a lack of multilevel

interventions. These interventions can improve social networks and address interpersonal, emotional, and social-psychological issues that elevated HIV risk in this population (Saleh et al., 2016). Public health interventions to address stigma due to HIV status, race, and sexual orientation among HIV-positive African American MSM should focus on stigma reduction and individual-and neighborhood-level socioeconomic empowerment (Dale et al., 2016).

Anti-homosexuality expectations of masculinity from the peers, families, and communities of young BMSM isolated them while in a developmental stage (Fields et al., 2018). During this time, interpersonal attachments are needed, and not getting them may result in psychological distress and attempts to camouflage their homosexuality, as well as strategies to show their masculinity (Fields et al., 2018). These issues and the experience of gender role strain increased HIV risk via poor self-esteem, social isolation, and limited parental-family involvement in sexuality development, including early sexual decision making. They reduced access to HIV prevention messages (Fields et al., 2018).

Gender role strain is a critical target for HIV prevention because it can influence sexual risk behaviors, including HIV risk (Fields et al., 2018). The government can reduce HIV infections in the black community by locating undiagnosed HIV African American groups, such as gay and bisexual men, encouraging them to go for HIV testing and treatments, and educating them about preventing HIV infection. HIV screening test is vital for prevention and treatment efforts (Fields et al., 2018).

Some MSM use a positive deviance framework to remain HIV negative while engaging in high-risk behaviors for HIV, such as drug use and unprotected anal sex (Ober

et al., 2018). The things that influenced condom use among young African Americans who have sex with men were their previous relationship experiences and expectations for romantic relationships (Taggart et al., 2017). Racial homophily (having sexual partners that involve people of the same sex) might be one of the social issues contributing to racial disparities in HIV within the population of gay and bisexual men (Grov et al., 2016). Frequent exposures to partners where HIV infections are likely to occur resulted in racial disparities in HIV (Grov et al., 2016; Salamanca et al. 2019; Whiteside et al., 2015).

Some researchers contended that community-based prevention would not succeed among Black gay and bisexual men (aged 15-29 years) without the involvement of faith-based organizations (e.g., churches) because of the salience and spirituality in the lives of this population (Pingle & Bauermeister, 2018). On the contrary, many Black churches contributed to the stigma in this population. They did not want to participate in HIV prevention efforts to reduce the epidemic among Black gay and bisexual men due to their beliefs about same-sex conduct (Pingle & Bauermeister, 2018). Other studies reported that religion and spirituality did not have a personal influence on the prevention of HIV among MSM (Sutton et al., 2018).

Environmental Issues

Homelessness, unstable housing, and domestic violence are among the environmental issues contributing to the high rates of HIV in the black community. Unstable housing and homelessness have been linked to high-risk behaviors such as having multiple sex partners, illicit drug use, and exchange or survival sex (Centers for

Disease Control and Prevention**,** 2021; Reilly et al., 2013). Homeless people have poor access to quality healthcare, and they are more susceptible to victimization than sheltered people. Resilience is one of the social, environmental issues responsible for the HIV epidemic among African American gay and bisexual men (Butttram, 2015).

The social, environmental elements that contributed to resistance within this sub-population of African Americans, such as social relationships, altruism, inner strength, creativity, religion/spirituality, and diversity of experience, are many and co-occurring (Butttram, 2015). Public health interventions that focus on improving these elements of resilience may be beneficial for African American/Black MSM who are vulnerable to HIV (Butttram, 2015). Homonegativity is among the social, environmental issues that adversely affect the health of bisexual, gay, and other men who have sex with men. It resulted in HIV stigma, the silence around homosexuality, internalized homonegativity and forced housing displacement due to their sexual orientation (Jeffries et al., 2017). Public health interventions that could address homonegativity might decrease the burden of HIV among the young MSM population (Jeffries et al., 2017).

Government's Failure to Test Gay and Bisexual Men for HIV Infection

The government's delay in locating and testing African American gay and bisexual men living with HIV/AIDS resulted in the HIV epidemic in this population. Many African American gay and bisexual men live with HIV but have not been tested for HIV (Kaiser Family Foundation, 2019). The rate of undiagnosed HIV infection increased in the African American gay and bisexual population because of uncontrolled HIV infection among black men who have sex with men, which elevated the rate of HIV

transmission within their sexual network (Hussen et al., 2013; McCray, 2016; Myhre & Sopris, 2018; Wolitski & Fecik; 2017). Black men did not benefit equally from the latest advances in HIV prevention, treatment, and care. African American gay and bisexual men, unusually younger men aged 13 to 24 years, bear a higher burden of HIV than men of other ethnicities and races. In 2014, there was a severe regional inequality of HIV in the south, with over 60% of all African American gay and bisexual men diagnosed with HIV (McCray, 2016). Black men who have sex with men were at a 50 percent risk of getting HIV compared to 9 percent among white gay men (Myhre & Sopris, 2018). Black men living with HIV were less likely to be retained in care consistently for the first three years after an HIV diagnosis than were Whites, Latinos, and African American women (Mortality Weekly Report, 2016). African American heterosexuals benefited from retention in care more than African American bisexual and gay men who faced prevention challenges such as discrimination, stigma, and homophobia (McCray, 2016).

HIV infection increased among African American gay and bisexual men because many people were unaware that they had HIV and transmitted the disease to their partners. If they had known they had HIV, they could have gotten the treatments to make them healthy and prevent spreading the virus to others (Centers for Disease Control and Prevention**, 2019).** Social and structural barriers to HIV screening tests in rural African American communities contributed to delayed HIV diagnosis among Black men who have sex with men (Sheehan et al., 2017). Mobilization via social support, understanding men's HIV testing practices in the MSM population, as well as their perceptions, experiences, and behaviors could help public health professionals to develop effective

intervention programs that might reduce the HIV epidemic in this population (Sandfort et al., 2015). Successful application of test-treat approaches depends on the early detection of HIV infection via VCT (voluntary counseling and testing). Subsequently, it leads to retention in care, and ART initiation and adherence, which produce viral suppression, maintain health and prevent transmission of HIV to sexual partners (St. Lawrence et al., 2015). Young Black men who have sex with men were trained to become mentors who motivated people in this population to use home-based testing to reduce the persistently high rates of undiagnosed HIV and other sexually transmitted diseases in this community (Tobin et al., 2018). A study concluded that the HIV community engagement program was used to motivate men who have sex with men in South Africa to access and use HIV screening tests, prevention, treatment, support, and care programs more than they had previously (Mampane, 2017).

HIV Prevention Campaigns Discouraged AAMSM From Going for an HIV Testing

In the United States, Black and Latino men who have sex with men (BLMSM) were responsible for 64.1% of HIV diagnoses within the MSM population in 2014 (Drumhiller, 2018). Repetitive HIV screening tests enable early disease diagnosis and linkage to care and improve health outcomes (Drumhiller, 2018). HIV testing campaigns are used to increase HIV awareness and testing behaviors (Drumhiller, 2018). However, it is crucial to understand the perceptions of Black and Latino MSM toward HIV campaign messages (Lee et al., 2017). Using stereotype messages that resulted from racism, oppression, and poverty increased the difficulties of creating compelling and

varied campaign messages that might reduce the HIV epidemic among MSM of color (Drumhiller, 2018; Lee et al., 2017; Rendina et al., 2014).

Some HIV campaign messages contain stereotypical words that may have harmful effects (e.g., stigmatization) among MSM groups. This type of campaign message makes members of these groups feel stereotyped, invisible, and erased from the basis of race and sexuality (Drumhiller, 2018; Grov et al., 2019; Lee et al., 2017). HIV testing campaigns that do not comprise stereotypical and gay-identified messages are essential for reducing HIV infections among BLMSM (Drumhiller, 2018; Lee et al., 2017; Rendina & Mustanski, 2018). HIV prevention campaigns that are not focused on a single subset but can reflect the diversity among the BLMSM population are necessary to maximize and expand the prevention efforts to reduce HIV infections in this community (Drumhiller, 2018; Madkins et al., 2018). Campaigns that focus on using PrEP to prevent HIV infection among BLMSM should not use stereotypical words but rather include high-risk perceptions of HIV in the messages to be effective (Bogart et al., 2017; Drumhiller, 2018; Lee et al., 2017). CDC developed HIV prevention activities that would enable it to engage African American gay and bisexual men communities and strategic partners; expand practical prevention approaches and programs, and assess and circulate information on strategies and plans (Centers for Disease Control and Prevention**,** 2019).

Socioeconomic/Contextual and Structural Issues

Contextual, socioeconomic, and structural issues contributed to the consistently increased rates of HIV infection in the African American community. Contextual factors (e.g., poverty) and structural factors (e.g., lack of access to healthcare, low level of

education) were responsible for elevating HIV/STI risk in the African American community (Oni et al., 2015). Poverty and limited access to high-quality health care, HIV prevention education, and housing increased the risk of HIV infection among African American gay and bisexual men (Centers for Disease Control and Prevention**, 2019**; Ivy et al., 2014).

There is a link between poverty and the risk for HIV among African Americans who have sex with men. Poverty is associated with low educational attainment, neighborhood disadvantage, and residential instability, which resulted in transactional sex behavior in this population (Stevens et al., 2017). MSM's social and economic issues that made them vulnerable to HIV infection were food security, competing needs around attaining stable housing, and money. These issues created barriers to treatment and care and a lack of group-based intervention programs to support procedures and care among HIV-positive men who have sex with men and women (Arnold et al., 2017). The high poverty rate in the African American community, directly and indirectly, elevated the risk for HIV among African American gay and bisexual men (Centers for Disease Control and Prevention**,** 2021). Further research should investigate how age and socioeconomic factors influence sexual networks and HIV risk among young Black MSM (Hernandez-Romieu et al., 2015). Public health HIV prevention messaging in this population should move beyond individual risk behaviors and risk reduction and concentrate on community-level risk (Oni et al., 2015).

Contextual factors play a significant role in different impacts of the HIV epidemic on African American people. Many studies contended that contextual factors such as

cultural, structural, and social issues are the major key drivers of the HIV epidemic among BMSM (Garcia et al., 2016). Conversely, most public health and medical responses to increasing incidence and barriers to linkage to care did not concentrate on the socio-cultural and economic drivers of HIV vulnerability. Still, they focused on proximal biomedical prevention methods (Garcia et al., 2016). However, some researchers asserted that in addition to contextual factors, the response to HIV infection, via its removal of meaningful social differences, such as experiences of stigma, community affiliation, and men's notion of selfhood, contributed to the increased HIV infection among BMSM (Garcia et al., 2016). Interventions that focus on addressing the contextual factors that influence behavior effectively reduce HIV infection than the intervention that addresses only individual behavior (Garcia et al., 2016). Public health policies that would address the complex interaction between high-risk behaviors and conditions the behaviors take place could reduce the high rates of HIV infection in the African American community (Garcia et al., 2016). Medicaid receipt and homelessness to being HIV-positive and unaware of one's infection showed the role of socioeconomic status in increasing HIV infection, driven by many factors, such as employment, income, and education (APA, 2021; Ivy et al., 2014). Further research should investigate how age and socioeconomic factors influence sexual networks and HIV risk among young Black MSM (Hernandez-Romieu et al., 2015).

Structural issues, such as barriers to healthcare, racism, incarceration, and stigma, contributed to the HIV epidemic among African American gay and bisexual men

(Matthew et al., 2014). In addition to insufficient HIV screening tests among Black men who have sex with men, in the United States, there is a void in research that examines the relationship between access to HIV testing and prevention services in this population and structural factors (Levy et al., 2015). Based on a comprehensive literature review on structural barriers to HIV screening and prevention services within this population in these four domains: poverty, stigma and discrimination, incarceration, and healthcare, black men who have sex with men do not have sufficient access to culturally competent services (Levy et al., 2015). Black men experience stigma and discrimination that obstruct access to services and the lack of facilities in correctional institutions and limited services in the communities they live in (Levy et al., 2015).

To decrease HIV infection in this population, black men who have sex with men need structural interventions to eliminate barriers to HIV screening and prevention services and provide them with core skills to overcome complex systems (Levy et al., 2015). HIV prevention research investigating how structural barriers hinder prevention efforts to reduce HIV infections among African-American gay, and bisexual men is understudied (Levy et al., 2015). There is a need for advanced comprehensive studies that would focus on improving contextual factors, social influence, control factors, and lack of resources responsible for elevating HIV infection among African American gay and bisexual men (Levy et al., 2015).

Lack of focus on improving barriers to accessing HIV screening and HIV prevention services among African American gay and bisexual men contributed to the HIV epidemic in this population, despite the CDC's recommendations to reduce HIV

infections in African American community. Not being aware of one's own positive HIV status increases the certainty of HIV risk behaviors, which resulted in high HIV prevalence in African American gay and bisexual community. Limited healthcare access and other structural barriers mentioned above are linked with HIV risk among African American gay and bisexual men. Structural barriers are among the health issues that elevated HIV in this population. African American gay and bisexual men who could not receive quality healthcare services experienced barriers to being tested for HIV infection. Many individuals in this population did not know their HIV status or how to obtain pre- and post-test HIV counseling that would enable them to learn good behaviors that could prevent HIV infection in their community (Levy et al., 2015). There is an urgent need for structural interventions to adequately address these factors to reduce HIV transmission in African American community (Levy et al., 2015).

Limited Access to Care and Treatment Elevated HIV Infections Among AAMSM

ART (Antiretroviral therapy) improves long-term outcomes for individuals with HIV and decreases AIDS-related mortality and morbidity in the United States (Kaiser Family Foundation, 2019). However, many African American gay and bisexual men with HIV are not in treatment or care. Also, African American gay and bisexual men do not have their virus under control (Kaiser Family Foundation, 2019). When a person with HIV is on antiretroviral therapy and the level of HIV in their body is not detected, it is evidence that the person is not at risk of transmitting HIV (Kaiser Family Foundation, 2019; Levy et al., 2015). About 50% of HIV-positive young Black people were not diagnosed, and 25% of those diagnosed with HIV were not linked to care in 2017 (Kaiser

Family Foundation, 2019). Conversely, young Black MSM may benefit from HIV prevention interventions that focus on addressing the needs of young MSM (Weinert et al., 2016). It would require more efforts to implement effective HIV-prevention interventions across many sectors, such as policy, educational, social, and health care systems that could influence treatment options for youths, prevention knowledge, and support services to address this burden **(**Hirshfield et al., 2019; Koenig et al., 2016).

ARVs (Antiretrovirals) are the medications for the treatment of HIV, although the cure for HIV has not been discovered. These medications are used to decrease the viral load to levels that cannot be detected by standard lab tests (Dworkin et al., 2019). An assigned degree of urgency to real-time alert involvement to enhance treatment adherence is feasible and acceptable within the HIV-positive young African American MSM population to reduce HIV transmission in African American community (Dworkin et al., 2019). There is a need to increase resources to support fast referrals for ARV treatments for every African American MSM who would be diagnosed with HIV to narrow the significant disparity in ARV treatment between Black MSM and White MSM (Chapin-Barden et al., 2017; Hoots et al., 2017; Wester et al., 2016).

Pre-exposure prophylaxis (PrEP) is an effective medication for people who do not have HIV to protect themselves against HIV infection. However, many African American gay and bisexual men do not have access to this treatment (Drumhiller, 2018; Garcia et al., 2016; Kaiser Family Foundation, 2017). HIV PrEP provides over 99% protection against HIV infection when taken appropriately (Siegler, 2020). Without using PrEP intervention to reduce HIV infections in the MSM population, 1 in 2 Black MSM, 1 in 11

White MSM, and 1 in 5 Latinx MSM will be infected with HIV in their lifetimes (Siegler, 2020). Intensive efforts to maximize access to PrEP, effective treatment and quality HIV care are highly critical to minimize HIV transmission chains (e.g., potential transmission partners of the same race/ethnicity) among young Black/African American MSM (Eaton, 2017).

In the United States, men who have sex with men represent about 70% of new HIV diagnoses, whereas the young BMSM population is at the highest risk for HIV infection. PrEP can reduce HIV acquisition in at-risk people by more than 90%. However, many people prefer the injectable PrEP given once every two months to a daily pill (Biello et al., 2018). The peer networks of young MSM influence their sexual health decisions. Interventions that use peer influence programs to facilitate high rates of PrEP uptake may reduce HIV infections in this population (Young et al., 2018). The services of PrEP must be expanded to meet the needs of PrEP-providing clinics and targeted to address disparities among people lacking health insurance, living in poverty, identifying as Hispanic/Latino or African American (Siegler et al., 2018).

Interventions that could address current racial gaps in PrEP care in the United States might reduce racial disparities in HIV incidence (Jenness et al., 2019). Identifying HIV-infected sub-populations (patient race, age, co-morbid conditions, HIV transmission risk) with different outcomes would enable the appropriate targeting of resources that might improve the results of achieving viral suppression among these groups (Castel et al., 2016). It would be more effective to differentially tailor HIV prevention interventions to areas that have a high burden of HIV than focusing only on geographic locations

(Rosenberg et al., 2018). Community engagement motivated Black MSM to participate in HIV prevention programs, such as HIV testing, treatment, and care in South Africa (Mampane, 2017).

There is a need for early diagnosis of HIV and linkage to care among HIV-positive young black men who have sex with men. Also, it is essential to create holistic, resilient-based interventions that may enable this group to adhere to antiretroviral medication while transitioning to adulthood, to prevent further transmission of this disease in this community (Hussen et al., 2015). Establishing effective policies and institutional reforms that would improve the impact of PrEp among Black men who have sex with men might reduce HIV infections in this population (Philbin et al., 2018). More information about taking PrEP for HIV prevention and the clinical trial might support its legitimacy and all the messages concerning it. Some HIV-positive men who have sex with men still prefer using a condom to PrEP based on their experiences taking antiretroviral medication (Mimiaga et al., 2016). Increasing care and treatment for HIV-positive Black MSM (especially Young Black MSM) may reduce the high HIV incidence within this population (Sullivan et al., 2015). It is essential to understand how PrEP works with other HIV prevention programs and address different types of stigma related to PrEP use in the population of men who have sex with other men (Franks et al., 2018). Effective HIV prevention interventions that can address racial and geographic disparities, as well as housing instability, may maximize the impact of PrEP among MSM (Riddell et al., 2016). The improved survival of antiretroviral therapies among HIV-positive men resulted in a high prevalence of prostate cancer in this population (Dutta et al., 2017).

There are some concerns about the lack of knowledge of biomedical interventions (e.g., PrEP) and high acceptability and the potential side effects, misinterpretation, and cost (Kubicek et al., 2015). Sufficient education and further research are needed to determine the appropriate users of these biomedical interventions (Kubicek et al., 2015). Understanding how to improve linkage to care among individuals newly diagnosed with HIV may reduce HIV-related mortality and morbidity within racial/ethnic and sexual minority groups in the United States (McGoy et al., 2018). There is a need for anti-discrimination HIV prevention programs, together with the culturally congruent individual- or group-level interventions that can improve men's existing adaptive coping approaches (Bogart et al., 2017). There is a strong relationship between structural factors and the use of HIV testing and prevention services, such as HIV education, HIV counseling, and the provision of PrEP (pre-exposure prophylaxis) or PEP (post-exposure prophylaxis) (Levy et al., 2015). Further research should identify possible mechanisms and effective HIV prevention interventions that might address racial/ethnic disparities and increase PrEP uptake among young men who have sex with men (Kuhns et al., 2017). Potential use and management of TasP (treatment as prevention) among HIV-positive MSM may be achieved by narrowing inequality gaps in HIV literacy, reducing the perceived burden of medicine and other possible risks, and addressing the dynamics of current and socially acceptable risk management plans, particularly about long-term serodiscordant relationships (Young et al., 2015).

Substance Abuse Issues

Substance abuse is among the health issues that contributed to the HIV epidemic in the population of African American gay and bisexual men. Substance-using gay, bisexual, and other African American men who have sex with men are among the groups with the highest risk for HIV infection in African American community (Zaller et al., 2017). Substance-using sexual groups in this population could underutilize substance use treatments and might be sources of HIV transmissions to individuals who do not use drugs (Zaller et al., 2017). The gay and bisexual groups comprise approximately 2% of the United States population disproportionately affected by HIV because about two-thirds of new HIV infections originated from this population (Centers for Disease Control and Prevention**,** 2016; Zellar et al., 2017).

Some African Americans engaged in high risk behavior, such as injecting drugs with contaminated needles, consuming excess alcohol, and having unprotected sex, which increased the risk of HIV infection (Zellar et al., 2017). In 2017, out of 6% of newly diagnosed cases of HIV attributed to injection drug use alone, 3% of the diagnoses came from African American gay and bisexual men with a history of injection drug use (Monteiro et al., 2016; Wright et al., 2013). Generally, drug use is responsible for about thirty percent of AIDS cases every year and contributes to nearly forty percent of the deaths from AIDS in the United States annually. System approaches might fail if the policymakers concentrate only on improving access to HIV services and do not focus on internalized experiences of African Americans and engaging their community members in developing programs (Wright et al., 2013).

HIV infections continued to increase among African American gay and bisexual men because prevention skill-building, needle exchange, and condom distribution, or treatment-as-prevention-focused interventions (skill-based) were rare among the MSM population (Harawa et al., 2018). Despite using HIV and STI education (knowledge-based) as the primary prevention efforts to reduce HIV infection among CJI (Criminal Justice-Involved) populations, HIV infection increased within MSM groups. The most effective intervention approach that can be used to reduce sexual risk behaviors for HIV infections among MSM is skill-based instead of education-based (Harawa et al., 2018). The new HIV testing rates in the United States indicated that about 1 in 2 AAMSM (African Americans who have sex with men), 1 in 4 Latino MSM (Latino men who have sex with men), and 1 in 11 WMSM (White men who have sex with men) would have HIV in their lifetime (Zellar et al., 2017). Approximately one-third of incident HIV infections within MSM were linked with non-injection drug use (Zellar et al., 2017). Previous studies concluded that HIV high risk behaviors, such as excess alcohol consumption and binge drinking, many sexual partners, and anal intercourse without condoms, made this population vulnerable to HIV infection (Zellar et al., 2017). Harm reduction innovative program was used to discourage the most dangerous modes of consuming drugs (injecting drugs with contaminated needles) in Germany, which increases HIV infection in any community (Csete et al., 2016). The program encourages individuals to inject opioids to switch to inhaling them to prevent the spread of some diseases (Csete et al., 2016).

Disparities in life expectancy among some critical populations of individuals living with HIV might be narrowed if alcohol-and-drug-related drug deaths could be prevented within these groups (Althoff et al., 2019). Alcohol consumption is among the health issues contributing to HIV infections among Black men who have sex with men (the most at-risk population for HIV infection). Conversely, condom use is an effective intervention in reducing sexually transmitted diseases (e.g., HIV) in this population (Allen et al., 2015). There is a need to use effective, culturally tailored programs and interventions that can sufficiently address crack/cocaine use and binge drinking among African American gay and bisexual men to reduce the high HIV infection in this population (Csete et al., 2016; Zellar et al., 2017). Public health intervention programs that would detect and treat HIV-positive African Americans in high risk environments should target those with a history of injection drug use. Frequent screening tests for HIV should be promoted in those areas (Reilly et al., 2013).

Psychosocial Issues

Social rejection, isolation, early experiences of physical abuse, drug use, and depression are some psychosocial issues contributing to the increased HIV infection among African American gay and bisexual men (Centers for Disease Control and Prevention**,** 2022; Gourlary et al., 2017). Mental health conditions, such as psychological distress, suicidal tendencies, low self-esteem, and significant depression, are among the health issues that increased HIV infection in this population (Centers for Disease Control and Prevention**,** 2022; Gourlary et al., 2017). Many studies associated psychosocial problems (e.g., partner violence, childhood sexual abuse, and depression) with having sex

without condoms or risk for HIV infection (Centers for Disease Control and Prevention**,** 2022; Gourlary et al., 2017). African American gay and bisexual men experienced some psychosocial issues for a long time, which damaged their psychological well-being and made them engage in high-risk behavior for HIV (e.g., unsafe sex) or being infected by HIV (Centers for Disease Control and Prevention**,** 2022**;** Gourlary et al., 2017; Zellar et al., 2017). A longitudinal study in the United States concluded that the accumulation of psychosocial conditions results in HIV-related risk behaviors and HIV seroconversion among men who have sex with men (Centers for Disease Control and Prevention**,** 2022; Gourlary et al., 2017). Environments that are comfortable for risk-taking increase the certainty of HIV infection, especially for men whose experiences and other circumstances have decreased their sexual health priorities. Some studies indicated that chemsex could result in more risk for HIV transmission than drug-free sex of its longer duration, and it involves many partners (Gourlary et al., 2017).

African American gay and bisexual men and other men who have sex with men are still the minority groups most affected by HIV/AIDS in the United States and other western countries, despite the current advances in prevention and treatment of this disease. The minority groups suffer from different psychological problems, such as distress, trauma, substance use, and depression. These health issues are linked with higher rates of behaviors, which are related to acquisition and transmission of HIV, high rate of HIV infection, and lower levels of HIV treatment engagement for individuals from this population living with HIV/AIDs (Batchelder et al., 2017; Hussein et al., 2019). Unrecognized childhood sexual abuse manifested in substance use, psychological

distress, and high risk sexual behaviors for HIV among Latino and Black men who have sex with men (Downing et al., 2020). There are racial disparities among young African American men who have sex with men in the United States. This minority group bears a consistent burden of the HIV epidemic due to different HIV prevalence within partner pools, including long-standing structured inequities in the population (Batchelder et al., 2017; Hussein et al., 2019).

The mental health problems among MSM in the United States are due to lack of HIV and STI prevention, and poor access to quality care, such as HIV testing, and engagement and retention in care, as well as antiretroviral adherence (Batchelder et al., 2017; Hussein et al., 2019). Disparities within the MSM population are ethnic and race, age-related, and structural barriers linked with HIV prevention and treatment (Batchelder et al. 2017; Hussein et al., 2019). Resources are needed to evaluate and implement effective intervention strategies that may address psychological and social barriers to HIV and STI risk reduction and treatment for men who have sex with other men, focusing on the most vulnerable subpopulations (Batchelder et al., 2017; Hussein et al., 2019). Breakthroughs occur as access to prevention and treatment strategies increase. However, behavioral strategies are still needed to decrease risk and increase uptake and engagement among people at risk of HIV in this population (Batchelder et al., 2017; Hussein et al., 2019).

The Use of the Internet and Social Media Increases HIV Infections Among YMSM

Social media use is linked with HIV risk behaviors among young gay, bisexual, and transgender people who use social media to search for sex partners, exchange sex for

drugs, and exchange sex for money or clothes (Patel et al., 2016). Urban YMSM (young men who have sex with men) and transgender populations are experiencing high rates of HIV infections in the United States because many people do not have access to current prevention interventions (Patel et al., 2016). The use of the Internet and social media among youth is increasing (Bauermeister et al. 2019). Web-based technologies facilitated sexual risk behaviors among young global MSM because they gave access to many concurrent partners. Conversely, these technologies can create innovative and promising opportunities that may deliver the proper intervention to the right populations of global MSM at the right time (Hill et al., 2018; *Wei et al. 2019).* Millions of young global MSM use mobile apps, such as Tinder, Grindr, and Scruff worldwide. Also, most global MSM less than 30 years old uses geosocial networking apps (Knight et al., 2017).

Current understanding of the link between access to social media and use and HIV risk behaviors is essential to reach and tailor technology-delivered public health prevention interventions for individuals most vulnerable to HIV in these populations (Patel et al., 2016). Sexual networking apps contributed to the increased HIV infection in African American population because they gave them access to drugs and sex and made it easy to meet their sexual partners and connect with their networks (Gourlary et al., 2017; Zellar et al., 2017). Mobile technology is the appropriate approach to interventions that could provide individually tailored support for younger and older HIV-positive Black MSM and enable anonymous participation. Also, mobile technology would be used to incorporate other features that men might desire for HIV retention in care interventions (Senn et al., 2017).

Young Black gay and bisexual men used geosocial networking applications (e.g., Jack'd) to meet romantic-sexual partners, which resulted in sexual risk behaviors for HIV in this population. HIV prevention approaches directed to YBGBM to role dating applications might either worsen or reduce sexual risks (Smiley et al., 2020; Wang et al., 2018). Using community-level and specific geographic interventions tailored to meet the needs of each sub-group of MSM of color may be more effective in reducing HIV infections in this population than using one type of intervention for all MSM groups (Abuelezam et al., 2019; Tan et al., 2018).

The Low Percentage of Viral Suppression Elevated HIV Infection Among AAMSM

African American gay and bisexual men are at higher risk of being infected by HIV because of having lower percentages of viral suppression and higher prevalence of HIV in this population. Also, having more sexual partners of the same race than other ethnic and racial groups, increases the risk of contracting HIV in this population (Biello et al., 2017; Centers for Disease Control and Prevention**, 2019**). Unlike Whites, the issues of late diagnosis of HIV, lower percentage of viral suppression and linkage to care, and disparities still exist among African American gay and bisexual men (Kaiser Family Foundation, 2020). 75% of HIV-positive young Black MSM are not virally suppressed (Koenig et al., 2016).

A current MMWR indicated that only 67% of HIV-positive African American gay and bisexual men with newly diagnosed HIV, and 58% of those diagnosed with HIV previously, received HIV medical care within 90 days of the diagnosis **(**Centers for Disease Control and Prevention**, 2019).** 76% of Blacks who were above 18 years old

reported not being tested for HIV in 2014. During that year, 20% of Blacks who were HIV positive indicated being tested for HIV late in their illness (Kaiser Family Foundation, 2020**).** Backward linkage to HIV medical care contributed to the increased HIV infection among African American gay and bisexual men **(**Centers for Disease Control and Prevention, 2019). Having early access to HIV medical care may enable this population to achieve viral suppression quickly and reduce the transmission of HIV in the African American community **(**Centers for Disease Control and Prevention**,** 2019**).** A study emphasized the necessity to address mental health problems, substance use, and social service needs sufficiently to improve the capability of men who have sex with men to withstand viral suppression for the long term (Sheehan et al., 2020).

Louisiana Department of Health used a financial incentive called "a pay-for-performance program" to improve engagement rates in HIV medical care and viral suppression. The program helped the government motivate individuals with HIV to come for treatments by paying them money (Brantley et al., 2018). The government's goal was to use this program to reduce HIV/AIDs mortality and morbidity among some racial/ethnic minority groups (including men who have sex with men) in the United States (Brantley et al, 2018). HIV prevention policies that could not allow prejudice from discouraging implementation efforts to motivate Black MSM to participate in the PrEP program might reduce HIV infections in this population (Calabrese et al., 2016). A holistic public health intervention program for HIV that would comprise the goals to achieve viral suppression and the basic economic and social support needs might yield better outcomes for BMSM and women (Arnold et al., 2017).

Some Diseases Increased the Risk of HIV Infection Among AAMSM

HCV (Hepatitis C) infection is one of the primary sources of morbidity and mortality among HIV-positive MSM (Breskin et al., 2015; Nelson et al., 2019). African American gay and bisexual men who have STDs such as gonorrhea, syphilis, chlamydia, and genital herpes are more likely to be infected by HIV than those who do not have STDs (Garofalo et al., 2016; Harney et al., 2019; Nelson et al., 2019). Also, inflammations and sores from STDs could enable HIV infections prevented by intact skin (Nelson et al., 2019). HIV/STI prevalence is high among Black MSM. There is a need to integrate HIV/STI screening and treatment programs for this population (Chan et al., 2018; Nelson et al., 2019).

Public health interventions are needed to decrease the disproportionate HIV/STI burden among this group and improve HPV vaccine coverage in this community (Nelson et al., 2019). The incidence of HIV/STI is high among young Black men who have sex with men (Garofalo et al 2016). HIV and syphilis are extremely concentrated epidemics within the population of men who have sex with men in the United States. MSM group was responsible for 77.6 of all primary and secondary cases of syphilis among males in this community in 2018 (Centers for Disease Control and Prevention**,** 2020). HIV is more linked to syphilis and herpes than chlamydia (Centers for Disease Control and Prevention**,** 2020). Testing for STDs may help evaluate an individual's risk for contracting HIV, and treatment for STDs is essential for preventing complications of STDs infections and stopping transmission of those diseases to partners. Still, it does not control the spread of HIV (Centers for Disease Control and Prevention**,** 2020).

Approaches to comprehend racial/ethnic disparities in HIV/STIs within the population of young MSM should go beyond the investigation of individual-level sexual behaviors and focus on both socioeconomic and race/ethnicity conditions to determine how these factors influence the sexual behaviors of young MSM (Kapadia et al., 2015). Testing men who have sex with men for STIs regularly is critical because it may reduce morbidity and mortality of STIs and HIV in this population and decrease secondary transmissions of these diseases to other people in the community (Landovitz et al., 2018).

Summary and Conclusions

The major themes in the literature reviewed that was responsible for the elevation of HIV infection among African American gay and bisexual men are political issues, social issues, environmental issues, socioeconomic/contextual and structural issues, psychosocial issues, government's failure to test the AAMSM population for HIV infection, HIV prevention campaigns with stigma, limited access to care and treatment, high-risk behaviors for HIV, high rates of STDs, the use of the Internet and social media and low percentage of viral suppression among AAMSM**.** Based on the literature review, one of the reasons HIV infections continued to increase in the African American community despite public health intervention and new drugs discovered to prevent the transmission of this disease is that there are some groups of African Americans who have not been sufficiently targeted and diagnosed of HIV. The problem and the purpose of the research study of the HIV epidemic among African American gay and bisexual men were reviewed in this chapter. Subsequently, the search terms, including library resource databases used to search for the literature related to this qualitative study, were explained.

The two theories reviewed would help establish a theoretical framework for the study conducted about the issues that elevated HIV infections among African American gay and bisexual men discussed in the chapter. Based on the health information gathered from the literature, for policymakers to reduce HIV infections in the African American community, they need to understand how some health issues work together to increase HIV infection among African American gay and bisexual men from their perspectives and experiences. Policymakers should establish effective policies and intervention programs that would address the above health issues sufficiently and reduce the transmission of HIV among African American gay and bisexual men.

Chapter 3: Research Method

Introduction

The research problem was the increased HIV infection among African American gay and bisexual men. The study aimed to know the perspectives of African American gay and bisexual men toward the HIV epidemic in their community. Other parts of Chapter 2 are the synopsis of the current literature that supports the relevance of the problem and the literature search strategy used to research the study's topic. The theoretical framework was developed from two theories (TTM and syndemic theory) learned from the literature and the current research about race and gender disparities contributing to high HIV infection among African American gay and bisexual men was also discussed. A summary of the chapter's key sections essential for comprehending the importance of the topic and the purpose of the study, including the literature used to support them, were provided in the conclusion of the chapter.

Research Questions

The research questions for the study were as follows:

RQ1: What are the perspectives of African American gay and bisexual men toward HIV infections in their community?

Sub-Question 1: What are the perspectives of African American gay and bisexual men toward barriers to seeking care or diagnosis for HIV?

Sub-Question 2: What are the perspectives of African American gay and bisexual men toward facilitators to assist with seeking care or diagnosis for HIV?

RQ2: What is the understanding of African American gay and bisexual men toward possible reasons that HIV rates appear to be increasing in their community?

Research Design and Rationale

The study focused on investigating the perspectives of African American gay and bisexual men toward the HIV epidemic in their community. The basic qualitative research design was the research tradition for the study, and the rationale for choosing it was that it helped to understand how HIV infection increased in the LGBTQ community from African American gay and bisexual men. The basic qualitative research method is the appropriate qualitative inquiry strategy that can identify health issues responsible for the HIV epidemic in this population from the perspectives of African American gay and bisexual men at high risk for HIV (Merriam & Tisdell, 2015).

Role of the Researcher

My role as a qualitative researcher required identifying personal values, assumptions, and biases at the study's outset. The data collection method used for the qualitative research was a semi-structured telephone interview (Creswell, 2008). I used open coding to provide a summary statement or word for each element discussed in the transcript (Burnard et al., 2008) and used the thematic content analysis process to analyze the interview transcripts. I identified the themes from the primary data collected and made sense of the information gathered by exploring and interpreting them, analyzing data as I received them, and identifying the themes in the interview transcripts. Subsequently, I verified, confirmed, and qualified data by searching them and repeating the process to identify further issues and categories (Burnard, 2008). I managed personal

biases by comparing the raw data collected from the study participants with field notes and the information gathered from a literature review. Also, I prevented personal biases through the process of triangulation and the committee members' evaluations.

Methodology

For the basic qualitative research, the study participants were African American gay and bisexual men at high risk for HIV and their gatekeepers (HIV social workers and public health HIV disease counselors). research was conducted by telephone in the southern and other parts of the United. Purposeful sampling was chosen for the study because it helped to obtain practical manifestations of experiences and perceptions of African American gay and bisexual men toward the health issues that had a significant impact in increasing HIV infection in the study population from the study participants (Patton, 2002, p. 40). Using the purposeful sampling strategy and the sample size selected could be justified by the intent to explain, describe, and interpret the phenomenon. Therefore, qualitative sampling does not concentrate on representing opinions but focuses on information richness (Guetterman, 2015; Maxwell, 2005; Miles et al., 2014; Patton, 2002).

The criterion on which participant selection was based was that this type of sampling helped select information-rich cases purposefully and strategically (Patton, 2002, p. 243). Also, it helped to purposely select data that matched the parameter of the dissertation research questions (Cenolli, 2019; Tracy, 2013). Purposeful sampling strategy is the appropriate sampling method for this study that focused on the perspectives of African American gay and bisexual men toward the increased HIV

infection in their population (Cenolli, 2019; Elliot & Timulak, 2005). Purposeful sampling was used to inquire and understand the perspective of African American gay and bisexual men toward the increased HIV infection within their population in depth (Patton, 2003, p. 46). The study participants met this criterion because the best way to understand how they feel or think about the elevated HIV infection in their community is by actively interacting with them and gaining insight through introspection (p. 48). Furthermore, this type of sampling matched the study's research method and purpose, including the research questions and resources available for the study (p. 49).

The sample size proposed for the study was 12 individuals. The rationale for selecting this number of study participants was that it is better to have a small sample size and go into more depth with participants in the qualitative research than having a large sample size and not getting as in-depth with participants. Hence, the situation that will derive more meaningful data is a small sample size study, and the literature supports it (Patton, 2002; Wright et al., 2014). A small sample size study with modest claims achieves saturation quicker than a large-sample-size study. The participants of this qualitative research were recruited through flyers. The study participants were interviewed by telephone.

The relationship between saturation and the sample size is that saturation determines the majority sample size in the qualitative research approach. At the same time, other factors can dictate how quickly or slowly saturation will be achieved. The pros of the small sample size study are that it allows participants to discuss the most

pertinent and meaningful issues from their perspectives, protects their privacy, and prevents ethical issues. It is cost-effective.

Instrumentation

The data collection selected for the qualitative research study was the telephone interview protocol. The study used the qualitative semi-structured in-depth telephone interview method and field note to collect primary data from African American gay and bisexual men at high risk for HIV. The source for the data collection instrument was the researcher produced. The basis for the instrument development was a literature source. An in-depth telephone interview was used to conduct a qualitative research follow-up study with 48 women who previously participated in the 2009-2010 National Alcohol Survey (Drabble et al., 2016). The authors' questions focused on the lives and experiences of women and their use of alcohol and drugs, past traumatic experiences, identity, and social relationships.

The findings from the study showed the viability and value of using telephone interviews as an appropriate method for gathering rich narrative data among people, including individuals who were marginalized. The study indicated that qualitative in-depth telephone interviews reduce costs, enhance access to geographically dispersed interviewees, increase interviewer safety, and provide greater scheduling flexibility. Also, the authors asserted that several studies contended that the methodological strengths of conducting qualitative telephone interviews are increased privacy for respondents, perceived anonymity, self-consciousness (for interviewers when they take notes during interviews), and reduced distraction for interviewees (Drabble et al., 2016).

Procedures for Recruitment

Primary data were collected from the population of African American gay and bisexual men (eight people) at high risk for HIV, two public health HIV counselors, and two HIV social workers. The duration of data collection events was 55 minutes for each volunteer. The study participants received a notification in advance of the initial telephone contact through email. Interviews were conducted after obtaining permission from the Walden University Institutional Review Board (IRB). An in-depth semi-structured interview guide that comprised seven primary interview questions and follow-up inquiries relating to the study participants' perspectives and experiences about the HIV epidemic in their population were used for the study. Every volunteer received a gift card for participating in the study.

Data Analysis Plan

The process of thematic content analysis was used to analyze data. The data analysis was conducted concurrently as the data were collected from the study participants, and the interpretations and write reports were made. After organizing and preparing raw data for analysis, hand-coding was used to convert data to codes, categories, interrelate themes/descriptions, and interpret the meaning of themes/descriptions (Creswell, 2008). The computer program Microsoft Word was used to manage, organize, store, and locate qualitative data quickly. I was responsible for coding and analyzing the data collected during the interview (Creswell, 2008). The information from the literature review was used to compare and contrast with the primary data collected from the study participants. Furthermore, the literature review validated

some of the findings generated from the primary data through triangulation before describing the results for the study's audiences (Amutah, 2012).

Issues of Trustworthiness

Trustworthiness (vigor of a study) in qualitative research involves establishing that the findings from the study are credible, dependable, confirmable, and transferable. The triangulation was used to establish credibility in the study to show that the findings were accurate and true. Transferability was established in the study by describing how the results might apply to other sub-populations where HIV infection is increasing. Confirmability was established in the study by having the chair and other committee members of the study evaluate each step of the data analyzed to justify my decisions. Also, they contributed to the dependability of the qualitative research study by evaluating the research process and data analysis to ensure that the findings are consistent and other researchers can repeat them (Connelly, 2016; Statistic Solutions, 2019).

Ethical Procedures

The study participants were recruited after receiving approval from Walden University IRB. The IRB application procedures were used to gather data while interviewing study participants. The study participants had the opportunity to read the informed consent and understood it before participating in the study. Indulging in the research agreement enabled me to prevent ethical or legal issues that may occur. The informed consent showed that the study participants' information would be kept confidential. The study participants' rights were protected, and they were aware of

anything that might harm them during the study (Sage Publication, 2004). Pseudonyms were used to explain the results and the ones that would be published.

The volunteers were informed that participation in the study was voluntary, and they could withdraw from the research any time they wanted. Also, the informed consent was written in a way the study participants could understand and interpret. The participants had the opportunity to request explanations or ask questions before giving their consent to the study. Furthermore, the study participants were told about their benefits from the study (Sage Publication, 2004).

Summary

The research method for the basic qualitative research interview was described in Chapter 3 as the inquiry strategy on the perspectives of African American gay and bisexual men toward the increased HIV infection in their population. Semi-structured telephone interviews were conducted to understand how African American gay and bisexual men think about the HIV epidemic among them and the health issues responsible for elevating HIV infection in their population after receiving approval from Walden University IRB. 12 participants were interviewed for the study (eight from African American gay and bisexual men at high risk for HIV, two HIV public health counselors, and two HIV social workers). Subsequently, a plan was created to collect primary data from the study participants and analyze and store them. This method is the best way to gather quality and reliable data. The transcriptions of the telephone interviews with the study participants were saved in the file cabinet and locked to protect their privacy. Apart from myself, other individuals who will have access to the data from

the study participants are members of my dissertation committee. The primary data collected from the study participants will be retained for 5 years before destroying them. Chapter 4 contains the results of data collection. A plan for collecting primary data from the study participants was developed, including how the data were analyzed and stored, as well as their validity and trustworthiness, which are described in Chapter 4.

Chapter 4: Results

Introduction

Chapter 4 contains the results of data collection. The purpose of this basic qualitative research study was to seek the perspectives of African American gay and bisexual men at high risk for HIV infection about their understanding of HIV infections to identify the health issues responsible for the HIV epidemic among African American gay and bisexual men.

Research Questions

RQ1: What are the perspectives of African American gay and bisexual men toward HIV infections in their community?

Sub-Question 1: What are the perspectives of African American gay and bisexual men toward barriers to seeking care or diagnosis for HIV?

Sub-Question 2: What are the perspectives of African American gay and bisexual men toward facilitators to assist with seeking care or diagnosis for HIV?

RQ2: What is the understanding of African American gay and bisexual men toward possible reasons that HIV rates appear to be increasing in their community?

The method for this basic research study was elucidated as an approach to inquiry on the perspectives of African American gay and bisexual men toward the HIV epidemic in their population. Semi-structured telephone interviews were conducted with 12 volunteers recruited to participate in the qualitative research. Eight African American gay

and bisexual men at risk for HIV, two HIV public health counselors, and two HIV social workers were recruited for the study. Consequently, a framework was developed to collect trustworthy and quality primary data from study participants and analyze and store them.

Setting

As indicated in Chapter 3, each study participant was interviewed in their environment by phone. Volunteers were recruited from different parts of the United States. Many of them did live in the southern region of the country. There were no personal or organizational conditions that influenced interpretation of the study results.

Demographics

Table 1 shows the pseudonym assigned to volunteers and their demographic data below.

Table 1

Demographics of the Study Participants (Target Population)

Volunteers (pseudonyms used)	Age	Gender	Ethnicity	Title	Education level
1. DT2	24	Male	African American	Student	Junior
2. AM3	28	Male	African American	Outreach coordinator	High school diploma
3. CT4	40	Male	African American	Manager	BA
4. MK5	22	Male	African American	Student	Junior
5. MH7	25	Male	African American	HIV testing specialist	BS
6. TH8	46	Male	African American	Senior financial aid director	MBA
7. DL11	42	Male	African American	National organizer	BS
8. B12	33	Male	African American	HIV testing coordinator	BS

Table 2 shows the pseudonym assigned to volunteers and their demographic data below.

Table 2

Demographics of the Study Participants (HIV Social Workers and Public Health Professionals)

Volunteers (pseudonyms used)	Age	Gender	Ethnicity	Title	Education level
1. PP1	46	Female	Indian	Project director	MSPH
2. CJ6	36	Female	African American	Program manager	M.Ed.
3. DN9	47	Female	African American	MSM coordinator	BA
4. AS10	31	Female	African American	Licensed clinical therapist	MS

Data Collection

Primary data were collected from 12 volunteers who participated in this study. A semi-structured telephone interview was used to gather primary data from eight African American gay and bisexual men at risk for HIV infection, 18 years and older from different parts of the United States, including two HIV social workers and two HIV public health professionals who provided services for African American gay and bisexual men. Each study participant was interviewed one time for 50 minutes, based on the interview guide questions, to know their perspectives toward the HIV epidemic in their community and the health issues that contributed to it. The data were recorded in the transcripts created for each participant and my field notes**.** There were no variations in

data collection from the plan presented in Chapter 3. There were no unusual circumstances encountered during data collection.

Data Analysis

The data were analyzed as they were collected and subsequently coded into different categories. The computer software program was used to quickly code, organize, store, and locate the study participants' data. Furthermore, the categorized data were converted into themes and descriptions, and their meanings were interpreted. The specific codes, categories, and themes that emerged from the data are lack of funds for HIV prevention programs, homelessness and exchanging sex for money due to poverty, mental and emotional health problems, high-risk behaviors for HIV, limited access to treatment and care, homophobia and stigma, lack of trust, failure to go for HIV testing, low level of education, ethnic/racial discrimination, lack of representation and visibility, revenge, fear of being exposed as MSM living with HIV, unprotected sex, lack of concern about the spread of HIV, high level of STDs, limited access to resources for HIV prevention programs, failure to send HIV prevention messages to African America MSM, lack of HIV testing centers in the African American gay and bisexual men neighborhoods, lack of community health education to prevent HIV infection, using social media to get multiple sex partners quickly, and failure to promote the awareness of HIV infection in this community.

Evidence of Trustworthiness

The specific processes in volunteer recruitment, including collection, organization, and data analysis, were followed to establish trustworthiness. The

appropriate procedures were used to account for the confirmability, transferability, dependability, and credibility of the data collected.

The issue of credibility was addressed, starting with volunteers' recruitment. The number of study participants (12) selected made it possible to gather detailed data for the study. All the participants were aware of the increased HIV infections among African American gay and bisexual men, which helped produce quality data for the research study based on their responses to the research questions. Data were analyzed, compared, and contrasted with literature review and field notes to establish the credibility of the study. Finally, the study participants reviewed the findings from the qualitative research after the interviews and checked them for accuracy.

In-depth interviews were conducted to increase the transferability of the study. The assumption was that this type of interview would produce rich data that could help other researchers to conduct further investigations. The volunteers were recruited from different parts of the United States and brought different perspectives and experiences from their communities. Hence, transferability may be possible because participants live in other parts of the country.

The dependability of the study was implemented by ensuring that the volunteers read their interview transcripts to confirm that their perspectives were recorded appropriately. Furthermore, the committee evaluated the transcripts for emergent themes to ensure that critical data were not ignored and that personal biases were avoided.

The theoretical framework and research questions were used to establish the confirmability of the study by steadily relating the data to the structural aspects of the

study. Detailed notes of themes, conclusions, and inferences drawn from the study were saved for continuousness and reliability.

Results

RQ1: What are the perspectives of African American gay and bisexual men toward HIV infections in their community?

The codes generated from the primary data collected were: (a) HIV infection is still rising in the African American gay and bisexual men community because of a lack of HIV prevention programs (PP1 said, "The federal government is not providing enough funds for HIV intervention programs to reduce HIV infections in the African American gay and bisexual men community." DN9 confirmed, "Public health HIV intervention programs decreased in the African American gay and bisexual men community"); (b) public health officials are not promoting awareness of the HIV epidemic in African American gay and bisexual men community (DL11 responded: "There is a need to promote awareness of HIV infection in my community"); (c) HIV infection increases among African American gay and bisexual men because of health disparities in African American LGBTQ community (CJ6 responded: "Treatment is more available to other communities than African American MSM community"); (d) limited access to HIV treatment and care elevated HIV infection in this community (DT2 responded: "We don't have HIV testing center close to my neighborhood"); (e) African American gay and bisexual men do not receive enough information on the resources that will help them prevent HIV infection like MSM in other ethnic/racial groups (CT4 responded: "There is not enough health education about how to prevent HIV infection in our community"); (f)

lack of concern about the high incidence and prevalence of HIV among African American gay and bisexual men by the government is responsible for the HIV epidemic in this community (AM3 responded: "Government stopped providing funds for HIV prevention program in our community"); (g) lack of concern about the spread of HIV among African American gay and bisexual men increased HIV infections in this population (PP1 responded: "The government is not investing enough money in HIV intervention programs in black men who have sex men community"); (h) there is a lack of worries about the high morbidity and mortality of HIV within these groups by the public health department (AS10 responded: "Public health is not making enough effort to prevent HIV in African American gay and bisexual men community. Public health professionals do not speak much about how to prevent HIV infection in our community"); and (i) the fear of the HIV epidemic is decreasing in African America gay and bisexual men community because of the discovery of new HIV treatments (PP1 responded**:** "The fear of death from HIV infections among African American gay and bisexual men is decreasing because the disease can be controlled by new HIV treatments." DT2 responded: "Some people in my community do not care about contracting HIV. They do not take precautions to protect themselves from catching the disease").

Sub-Question 1: What are the perspectives of African American gay and bisexual men toward barriers to seeking care or diagnosis for HIV?

The codes that emerged from the primary data collected were: (a) homophobia and stigma are among the health issues responsible for increased HIV infection in the

population of African American gay and bisexual men (AM3 emphasized that "homophobia and stigma occur in our community every hour and day"); (b) HIV testing campaigns that contained stereotypical and gay-identified messages discouraged African American gay and bisexual men from seeking HIV testing and treatment (DN9 responded: "If you are gay, people look at you as being HIV positive. Stigma and homophobia are more in black communities than in other communities"); and (c) some African American gay and bisexual men do not trust health care providers who are not African Americans (CJ6 responded: "Older people hide their HIV status than younger people, and they trust where they can be comfortable").

Sub-Question 2: What are the perspectives of African American gay and bisexual men toward facilitators to assist with seeking care or diagnosis for HIV?

The codes extracted from the primary data collected were: (a) the public health department does not send HIV prevention messages to encourage African American gay and bisexual men to go for HIV testing and treatment in their community (DN9 responded: "There are no HIV prevention programs targeted to gay communities"); (b) the public health department does not provide HIV treatment centers in African American gay and bisexual neighborhoods to encourage poor people who cannot afford transportation money to go for HIV testing and treatment to reduce HIV in this community (AM3 responded: "It is harder to access care and treatment for HIV as African American men who have sex with men"); (c) the public health department did not establish community health education programs in many African American gay and bisexual men communities to teach them how to prevent HIV infection (BE12 responded:

"I think not enough education, stupidity, failure to get tested, denial, and fear make HIV infection increase in our community"); (d) there are no group meetings in MSM communities where African American gay and bisexual men can discuss how to prevent HIV infection (DN9 responded: "People need to educate themselves by attending support groups"); (e) inviting role models (e.g., celebrities) who are HIV positive to speak, engage, and motivate them to go for HIV testing and treatment may reduce HIV infection in this community (TH8 responded: "The visibility of people who survive HIV will motivate others to seek HIIV programs. Some people are not concerned about HIV infection in our community"); (f) African American gay and bisexual men want to be represented by leaders from African American gay and bisexual men community who can speak for them and let the government know how HIV infection can be reduced in their community (DT2 responded: "African American gay and bisexual men need community leaders who will motivate them to seek for HIV testing and treatment, to reduce HIV infections in our community"); (g) public health professionals and other key stakeholders do not send targeted HIV prevention program messages to African American gay and bisexual men through social media (AM3 responded: "Social media can also be one of the best ways to convey public health prevention messages to African American gay and bisexual men"); and (h) HIV testing promotion campaigns that do not contain stereotypical and gay-identified messages are essential for motivating African American gay and bisexual men to go for HIV testing and treatment to reduce the spread of HIV in this community (DN9 responded: "Stigma is attached to the prevention system").

The categories generated from the codes were: (a) government's failure to provide funds for locating, diagnosing, and treating African American gay and bisexual men living with HIV, including educating, and supporting those who do not have HIV to protect themselves from contracting the disease; (b) public health failure to promote the awareness of the HIV epidemic in African American LGBTQ community; (c) lack of information about the resources for HIV prevention and intervention programs in African American gay and bisexual men neighborhoods, due to public health's failure to send culturally targeted HIV prevention and intervention program messages to African American gay and bisexual men; (f) Public health's inaction to reduce high incidence and prevalence of STDs in African American LGBTQ community resulted to high HIV infections among African American gay and bisexual men; (g) lack of community health education programs and support services in African American gay and bisexual men communities to teach them how to prevent HIV infection and motivate them to seek for HIV testing and treatment; (h) mental and emotional health problems, and high-risk behaviors for HIV in African American gay and bisexual men neighborhoods are among the health issues that elevated HIV infection in this community; (j) lack of fear of contracting HIV due to the discovery of HIV treatments; (j) some people purposely spread HIV to others for a revenge; (k) social media and mobile App made it easier for African American gay and bisexual men to be infected by having sex with multiple partners they did not know their HIV status; (l) some African American gay and bisexual men do not trust health care providers who are not African Americans; (m) lack of community leaders from MSM groups who can represent and speak for African

American gay and bisexual men to let policymakers and other key stakeholders know the best way to reduce HIV infections in their community; (n) public health HIV prevention campaigns that contained stereotypical and gay-identified messages made African American gay and bisexual men not to seek for HIV testing; and (0) racial/ethnic discrimination in prevention of HIV infections within African American LGBTQ community because of public health's non-effort to address health and health care disparities in African American LGBTQ community.

The themes developed from the categories were that HIV infection increased among African American gay and bisexual men due to: (a) lack of funds for HIV prevention and intervention programs; (b) poverty, homelessness, homophobia, stigma, lack of community health education and supportive services; (c) Mental, and emotional health problems, injecting drugs with contaminated needles, substance abuse, lack of concern about contracting HIV, spreading HIV for revenge, and easy access to multiple sex partners through social media; (d) Lack of HIV prevention group network, trust, representation, visibility, and African American MSM community leaders; and (e) failure to go for HIV testing due to stereotypical and gay-identified public health campaign messages, limited access to treatment and care, and high rates of STDs in African American LGBTQ community.

The discrepant cases in the study were that some participants elucidated that homophobia and stigma still exist in African American community because of the culture and faith of African Americans (MK5 responded**:** "Homophobia is so pushed harder in black communities than other ethnic/racial communities," DN9 responded: "Stigma and

homophobia are more in black communities than in other communities"). Conversely, other study participants indicated that homophobia and stigma are decreasing in their communities (DL11 responded**:** "Homophobia and stigma are decreasing in my community," CJ6's responses**:** "My thoughts about stigma is that it's getting better than it used to be"). Most study participants stressed that African American gay and bisexual men have limited access to HIV treatments (PP1 responded: "Health issues most concern me about increasing the risk for HIV in the population of African American gay and bisexual men are high rates of STDs, lack of community health education, and limited access to HIV testing and treatment," DT2 responded: "We don't have HIV testing center close to my neighborhood," AM3 responded: "It is harder to access care and treatment for HIV as African American MSM," CT4 responded**: "** We need HIV testing centers within our neighborhoods. People should be more vocal about how to prevent HIV infections in this community"). They also emphasized that they do not receive HIV prevention program information like other MSM in White community (CT4 responded**:** "There is not enough health education about how to prevent HIV infection in our community," CJ6 responded: "Some African American MSM do not know where to go for treatment. Also, treatment is more available to other communities than African American MSM community," DN9 responded: "You cannot see literature about HIV prevention in my community. There are no HIV prevention programs targeted to gay communities" AS10 responded: "Public health is not making enough effort to prevent HIV infection in African American gay and bisexual men community"). In contrast, few study participants indicated that HIV prevention programs are improving now in their

communities (MK5 responded: “Prevention of HIV is easier now than before. People should be smart and honest to prevent HIV in their community,” MH7 responded: The government is making effort to reduce HIV infection in our community, but there is always room for improvement. More works need to be done to make youths serious about protecting themselves, and educating individuals to stick to monogamist partnership,” DL11 responded: “Public health is doing its best to prevent HIV infection in my community. People should go out to seek information about how to prevent HIV infection”).

Thematic Analysis

Qualitative data analysis implemented by converting codes to categories, and subsequently to the main themes. Tables 3.1, 3.2, 3.3, 3.4, and 3.5 below depict the appropriate codes that yielded the categories, which helped to define the key overarching themes generated from the study.

Table 3.1

Code Table

Stub heading	Codes	Study Participants Responses	Categories	Themes
Row 1	Lack of HIV prevention programs.	PP1’s responses: “The federal government	Government’s failure to provide funds	Lack of funds for HIV prevention and intervention
Row 2	Lack of worries about the high morbidity and mortality of HIV within these groups by	reduced funding for HIV prevention programs in the African American	for locating, diagnosing, and treating African American gay and bisexual men living	programs

	public health professionals	community. The	with HIV,
Row 3		government is	including
	Lack of concern about the high incidence and prevalence of HIV in African American gay and bisexual men neighborhoods by public health	not investing enough money in HIV intervention programs in this community.” AM3's response**:** "Government stopped	educating, and supporting those who do not have HIV to protect themselves from contracting the disease.
Row 4	professionals	providing	
	Lack of HIV treatment centers in the African American gay and bisexual neighborhoods	funds for HIV prevention program in our community.” CJ6's response: The government should implement funding, prevention programs, and more resources	
Row 5		to reduce HIV	Public health
	Not promoting awareness of the HIV epidemic in African American MSM community	infections in this community. “ DL11's responses: “There is a need to promote awareness of HIV infection	failure to promote the awareness of the HIV epidemic in LGBTQ community

		in my community. HIV infection can be decreased in my community the more people talk about how it can be prevented". **BE12's response:** "Education and promoting the awareness of HIV infection will reduce the spread of HIV in our community." AS10's responses: "Public health is not making enough effort to prevent HIV in the African		
Row 6	Many African American gay and bisexual men are not informed about the resources that can help them prevent HIV infection.	American gay and bisexual men community. Public health professionals do not speak much about how to prevent HIV infection in our community."	Lack of information about the resources for HIV prevention and intervention programs in African American gay and bisexual men neighborhoods, due to	

	CT4's response: "People should be more vocal about how to prevent HIV infections in this community." AS10's responses: "Speaking to people to know how they are, meeting, educating, and counseling them about how to prevent HIV infection will reduce the spread of HIV in their community. Educating them to seek HIV testing, and promoting condoms, and how to prevent HIV will decrease HIV infections in this community." AM3's responses**:** "It is good to have community workers who can motivate	public health's failure to send culturally targeted HIV prevention and intervention program messages to African American gay and bisexual men.

		people to go for HIV testing and treatment.”
		CJ6's response: “Some African American MSM do not know where to go for treatment.“
		CT4’s response: “There is not enough health education about how to prevent HIV infection in our community.”
		DN9's responses: "HIV is on the rise in my community. You cannot see literature about HIV prevention in my community. There are no HIV prevention programs targeted to gay communities.”

Table 3.2

Code table

Stub heading	Codes	Study Participants Responses	Categories	Themes
Row 1	Fear, ignorance, denial, and low health literacy level due a low level of education, including homophobia and stigma make some people not seek resources that can help them prevent HIV infection in this community.	DT2's responses: "People are scared. They don't want to know about their HIV status." DL11's response: "People need to be educated about how to overcome homophobia and stigma."	Lack of community health education programs and support services in African American gay and bisexual men communities to teach them how to prevent HIV infection and motivate them to seek for HIV testing and treatment.	Poverty, homelessness, homophobia, stigma, lack of community health education and supportive services
Row 2	Poverty and homelessness make some African American gay and bisexual men contract HIV by exchanging sexual intercourse with money and shelter.	**TH8's response:** " My thought are that having sex without protection, lack of education, and poverty are making people infected with HIV in my community."		
Row 3	Some homeless African American MSM	**BE12's response:** "I think not enough education, stupidity,		

	purposely become HIV positive to get government assistance, such as free housing and other benefits	failure to get tested, denial, and fear make HIV infection increase in our community. “ DN9's responses: “Young adults are pushed out of their homes and become homeless, and they end up trading sex for money and shelter. People want to be HIV positive, so they can get healthcare, housing and be taken care of. Stigma is attached to the prevention system.”		

Table 3.3

Code table

Stub heading	Code	Study Participants Responses	Categories	Themes
Row 1	Mental health, depression, substance abuse, using	AS10's responses: “They do not talk about	Mental and emotional health problems, and	Mental and emotional health problems,

	contaminated needles to inject drugs, and unprotected sex increased HIV infections in African American gay and bisexual men community.	mental and emotional health problems that lead to high rates of HIV infection in this community." **TH8's response:** "Also, shame, ignorance, and mental health make some people spread HIV infection in gay community."	high-risk behaviors for HIV in African American gay and bisexual men neighborhoods are among the health issues that elevated HIV infection in this community."	injecting drugs with contaminated needles, substance abuse, lack of concern about contracting HIV, spreading HIV for a revenge, and easy access to multiple sex partners through social media increased HIV infection among African American gay and bisexual men
Row 2	Lack of concern about the spread of HIV among African American gay and bisexual men.	AM3's responses**:** Ignorance makes people not want to go for testing.	Lack of fear of contracting HIV due to the discovery of HIV treatments.	
Row 3	Some people who contracted HIV from their sex partners who did not disclose their HIV status, intentionally transmit the disease to others for a revenge,	Some people become serious about HIV infection when they are tested positive," PP1's response: "The fear of death from HIV infections among African American gay and bisexual men is decreasing	Some people purposely spread HIV to others for a revenge	

		because the disease can be controlled by new HIV treatments.” DT2’s responses: “Some people in my community do not care about contracting HIV. They do not take precautions to protect themselves from catching the disease.”. DL11's responses: "I think that HIV is more widely accepted now in our community than before. The reason HIV infection keeps on increasing in	
Row 4	Social media and mobile app enable Africa American gay and bisexual men get many sex partners they do not know their HIV status,	our community is because of unprotected sex. Many Black people do not wear condoms because they like raw sex	Social media and mobile App made it easier for African American gay and bisexual men to be infected by having sex

	which increases HIV infection in their community.	than using condoms. CJ6's responses: "Younger people are not concerned about HIV infection like older people." DT2's responses: "Social media is contributing to the spread of HIV disease in my community." AM3's responses**:** Social media can influence people to participate in the activities that make them contract HIV." CT4's responses: "Social media influences African American gay and bisexual men to solicit for more sex partners because they are many discussions	with multiple partners they did not know their HIV status

		about how people in our community meet their sexual partners on internet."		

Table 3.4

Code table

Stub heading	Codes	Study Participants Responses	Categories	Themes
Row 1	Lack of role models (e.g., celebrities) who are HIV positive to speak, engage, and motivate African American gay and bisexual men to go for HIV testing and treatment.	**TH8's responses:** People need to be encouraged to seek HIV testing and treatment. The visibility of people who survive HIV will motivate others to seek HIIV programs. Some people are not concerned about HIV infection in our community."	Lack of community leaders from MSM groups who can represent and speak for African American gay and bisexual men to let policymakers and other key stakeholders know the best way to reduce HIV infections in their community	Lack of: HIV prevention group network, trust, representation, visibility, and African American MSM community leaders
Row 2	Lack of MSM community leaders who can engage African American gay and bisexual men and speak for them.	DT2's responses: "African American gay and bisexual		

men need community leaders who will motivate them to seek for HIV testing and treatment, to reduce HIV infections in our community."

CT4's response: "Support services should engage people in this community, stay on top of them, and make sure that they go for HIV testing and treatment."

DN9's responses: "People need to educate themselves by attending support groups. There used to be educational programs that helped people to remain HIV negative before. But now, such programs do not exist."

AM3's responses**:** "Representation, empowering

Row 3	Some African American gay and bisexual men refused to go for HIV testing and treatment because they do not trust health care providers who are not African Americans.	people through intervention, and working with the population to provide them with job opportunities will reduce HIV infection in our community." CT4's response: "People should be more vocal about how to prevent HIV infections in this community." CJ6's responses: "Older people hide their HIV status than younger people. Trust where they can be comfortable." MH7's responses: "African American MSM do not know the proper resources to turn to. People do not like to disclose their information due to fear. They need a support group they will be able to go to	Some African American gay and bisexual men do not trust health care providers who are not African Americans.

		or turn to for help.”		

Table 3.5

Code table

Stub heading	Codes	Study Participants Responses	Categories	Themes
Row 1	HIV testing campaigns that contained stereotypical and gay-identified messages discouraged African American gay and bisexual men from seeking HIV testing and treatment.	PP1’s response: “I think barriers that may discourage African American gay and bisexual men from seeking HIV testing or treatment are stigma and denial. Some of them do not want people to know that they are HIV positive." DL11's responses: “Ignorance makes people stop going for HIV testing because of homophobia and stigma.”	Public health HIV prevention campaigns that contained stereotypical and gay-identified messages made American gay and bisexual men to seek for HIV testing	Failure to go for HIV testing due to stereotypical and gay identified public health campaign messages and limited access to treatment and care elevated HIV infections in African American LGBTQ community.

Row 2	Limited access to HIV treatment and care. are among the health issues responsible for increased HIV infection in the population of African American gay and bisexual men.	DN9's responses: "If you are gay, people look at you as being HIV positive. Stigma and homophobia are more in black communities than in other communities." DT2's responses: "We don't have HIV testing center close to my neighborhood." AM3's responses**:**	Racial/ethnic discrimination in prevention of HIV infections within African American LGBTQ because of public health's non-effort to address health and health care disparities in African American LGBTQ community.
Row 3	High incidence and prevalence of STDs in LGBTQ community made it possible for African American gay and bisexual men to contract HIV quickly.	"It is harder to access care and treatment for HIV as African American MSM." CJ6's response: "treatment is more available to other communities than African American MSM community."	Public health's inaction to reduce high incidence and prevalence of STDs in LGBTQ community resulted to high HIV infections among African American gay and bisexual men.

	PPI's response: "Health issues most concern me about increasing the risk for HIV in the population of African American gay and bisexual men are high rates of STDs, lack of community health education, and limited access to HIV testing and treatment."
	DL11's response: "I am concerned about the high rates of STDs in our community."

Summary

This section epitomized how each research question helped guide the study, indicated the setting and volunteers' demographics, and described the findings from the study. The chapter contains the results from the primary data collection. The data collection process, including the trustworthiness, credibility, dependability, transferability, and confirmability of the qualitative research, were shown before

explaining the emergent themes linked to the research questions. Also, the key themes were summarized, and the study's findings were introduced. The research questions concentrated on the perspective of African American gay and bisexual men toward the HIV epidemic in their community and the health issues that contributed to it. The results showed that the common themes among African American gay and bisexual men's perceptions of HIV epidemics in their communities are (a) lack of funds for HIV prevention and intervention programs; (b) poverty, homelessness, homophobia, stigma, lack of community health education and supportive services; (c) mental and emotional health problems, injecting drugs with contaminated needles, substance abuse, lack of concern about contracting HIV, spreading HIV for a revenge, and easy access to multiple sex partners through social media; (d) lack of: HIV prevention group network, trust, representation, visibility, and African American MSM community leaders; and (e) failure to go for HIV testing due to stereotypical and gay identified public health campaign messages and limited access to treatment and care.

Chapter 5 comprises the analysis and interpretation of the above results, including implications for social change and recommendations for further studies.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

With this basic qualitative research study, I sought the perspectives of African American gay and bisexual men at high-risk for HIV (target population) about their understanding of HIV infections. The study focused on understanding what African American gay and bisexual men believed surrounding HIV and public health and community health efforts. The findings from the study may enable policymakers to sufficiently address the health issues that contributed to the HIV epidemic among African American gay and bisexual men. The key findings from the qualitative research are that the health issues which are responsible for the HIV epidemic in the African American gay and bisexual men are (a) lack of funds for HIV prevention and intervention programs; (b) poverty, homelessness, homophobia, stigma, and lack of community health education and supportive services; (c) mental and emotional health problems, injecting drugs with contaminated needles, substance abuse, lack of concern about contracting HIV, spreading HIV for revenge, and easy access to multiple sex partners through social media; (d) lack of HIV prevention group network, trust, representation, visibility, and African American MSM community leaders; and (e) failure to go for HIV testing due to stereotypical and gay-identified public health campaign messages, limited access to treatment and care, and high rates of STDs.

Interpretation of the Findings

The ways the study's findings confirm with the information gathered from the peer-reviewed literature are that high risk behaviors for HIV (Zaller et al., 2017),

environmental issues (Butttram, 2015), socioeconomic/contextual and structural issues (Centers for Disease Control and Prevention, 2019; Ivy et al., 2014), social issues (Garcia et al., 2016). psychosocial issues (Gourlary et al., 2017), political issues (Ransomea, 2016), high rates of STDs (Garofalo et al., 2016; Harney et al., 2019; Nelson et al., 2019). the use of the internet and social media (Patel et al., 2016), and ethnic/racial discrimination (Drumhiller, 2018; Garcia et al., 2016; Kaiser Family Foundation, 2019) increased HIV infections among African American gay and bisexual men.

The themes that express perspective are (a) (lack of funds for HIV prevention and intervention programs), (d) (lack of HIV prevention group network, trust, representation, visibility, and African American MSM community leaders), and (e) (failure to go for HIV testing due to stereotypical and gay-identified public health campaign messages, limited access to treatment and care, and high rates of STDs), whereas themes (b) (poverty, homelessness, homophobia, stigma, and lack of community health education and supportive services) and (c) (mental and emotional health problems, injecting drugs with contaminated needles, substance abuse, lack of concern about contracting HIV, spreading HIV for revenge, and easy access to multiple sex partners through social media) express the understanding of the possible reasons why HIV is increasing among African American gay and bisexual men. Based on the TTM, the findings that were expected were lack of public health HIV prevention and intervention programs, and community health education in African American gay and bisexual men community. Also, based on syndemic theory, the findings that were expected were poverty, lack of funds for HIV prevention and intervention programs, homelessness, failure to go for HIV

testing due to lack of trust of health care providers who are not African Americans, stigma, homophobia, gay identified public health messages, mental and emotional health problems, and high risk behaviors for HIV, such as substance abuse, unprotected sex, and injecting drugs with contaminated needles that worked together to increase HIV infections among African American gay and bisexual men (Tsai, 2018).

The new constructs identified that contributed to the HIV epidemic among African American gay and bisexual men while interviewing the study participants are lack of public health HIV prevention and intervention programs in African American gay and bisexual men community, lack of African American MSM community leadership, lack of HIV prevention messaging, failure to promote awareness of the high rate of HIV infection within the neighborhoods of African American gay and bisexual men, revenge, lack of information to resources for HIV prevention programs, shortage of HIV testing and treatment centers in African American gay and bisexual men community, ignorance, lack of supportive services, failure to establish health education programs within African America MSM neighborhoods, lack of African American gay and bisexual men role models who can motivate them to go for HIV testing and treatment, and lack of community leaders who can represent and speak for them.

Limitation of the Study

Limitations to the trustworthiness that arose from the execution of the research study were that participants were recruited from different regions of the United States instead of focusing only on the South. Also, the study did not include many participants

with a low education level. Furthermore, the study did not show how rich or poor the study participants were when it was conducted.

Recommendation

The recommendations for further research are as follows: Other researchers should conduct advanced studies on how to reduce HIV infections among poor African American gay and bisexual men with a low level of education who are at risk for HIV in the southern region of the United States. Researchers should also extend these studies to other LGBTQ African Americans, such as lesbians and transgender men and women. Researchers should conduct advanced research to compare the perspectives of educated African American gay and bisexual men toward the HIV epidemic in their community with those with a low education level. Moreover, inquirers should conduct further research to ascertain the differences and similarities between African American gay and bisexual men's perspectives on the HIV epidemic in this population with other groups of LGBTQ African Americans. Subsequently, researchers should conduct more qualitative research studies to investigate the health issues that contributed to the HIV epidemic among different groups of LGBTQ African Americans from their perspectives that should be addressed to reduce HIV infections in these populations. Researchers should conduct advanced studies using new technologies to locate African American gay and bisexual men and motivate them to seek HIV testing, HIV prevention intervention, treatment, and care programs.

Implications

The study has the potential to advance health practice and promote positive social change in individuals because its findings may encourage public health professional to establish effective HIV prevention and intervention programs that will educate African American gay and bisexual men about how to prevent HIV infection, help them to understand that the reasons HIV infection is increasing in their community are because of not going for HIV testing and treatment, mental and emotional health problems, injecting drugs with contaminated needles, lack of community supportive services, limited access to HIV treatment and care, substance abuse, lack of concern about contracting HIV, spreading HIV for revenge, easy access to multiple sex partners through social media, stigma, homophobia, poverty, homelessness, lack of community health education, limited funds for HIV prevention and intervention programs and high rates of STDs in African American gay and bisexual men neighborhoods; and empower them to change from their high risk behaviors for HIV infection to positive behaviors, such as attending community health education programs to learn how to prevent HIV infection, and going for HIV testing and treatment to reduce HIV infections in their community. Furthermore, the findings from the study may help African American gay and bisexual men to have free access to HIV treatment and care, including supportive services and reduce the burdens the family members of the individuals who are HIV positive bear to support them, such as the time and money they spend treating and taking care of them.

At the community/organizational level, the study has potential to advance health practice and promote positive social change because it may inspire public health officials

to use HIV testing campaigns that do not contain stereotypical and gay-identified messages to promote the awareness of HIV infection in African American gay and bisexual men neighborhoods. The findings from the study may motivate the government and other stakeholders to build HIV clinics and other health centers (for community health education, supportive services, etc.) in African American gay and bisexual men neighborhoods that will provide them with the resources to help them reduce HIV infections in their community. Also, at the community level, the study may give African American gay and bisexual men a voice to get the things they need to reduce HIV infections in their community through their leaders. For example, the findings from the study may enable African American gay and bisexual men to get community leaders who can speak for them to get supportive services that will help them prevent HIV infection [representation], invite role models who survived HIV infection to talk to them about how to prevent HIV infection and encourage them to go for HIV testing and treatment [visibility], and provide HIV prevention group networks in African American gay and bisexual men community where people will learn how to prevent HIV infection, and overcome stigma and homophobia to reduce HIV infections in their community. Furthermore, the study may help African American gay and bisexual men community leaders to advocate for HIV clinics within their neighborhoods so that poor people who do not have transportation money can go for HIV testing and treatment. Their leaders may also request for public health messages that will be culturally targeted to African American gay and bisexual men.

At the societal/policy level, the study has potential to advance health practice and promote positive social change because it may motivate policymakers to enact effective policies that will address the health issues that worked together to elevate HIV infection in African American gay and bisexual men community, such as stopping health disparities and HIV stigma in African American LGBTQ community; providing enough funds for HIV prevention and intervention programs, and promoting awareness of HIV infection among African American gay and bisexual men; locating individuals who have not been diagnosed of HIV and encouraging them to go for HIV testing and treatment, and building HIV testing centers within African American LGBTQ neighborhoods; and giving African American gay and bisexual men free access to HIV testing and treatment centers and quality health care. Consequently, findings from the study may persuade policymakers to establish laws that will provide affordable housing programs and income opportunities, to reduce homelessness and poverty respectively, which contributed to the HIV epidemic in the African American LGBTQ community. Addressing the above health issues may reduce HIV infections, decrease morbidity and mortality for HIV among African American gay and bisexual men, prolong their lives, save HIV treatment money, increase productivity, and decrease health disparities in African American LGBTQ community

The methodological implication for the study was that the basic qualitative research approach helped to know how African American gay and bisexual men think about the HIV epidemic in their community. The approach helped identify the health issues that elevated HIV infection among African American gay and bisexual men. The theoretical

implication of the study was that the TTM helped provide findings that would educate and empower African American gay and bisexual men to change their high risk behaviors for HIV to positive behaviors that may protect them from contracting HIV. For example, providing African American gay and bisexual men with community health education and supportive services and health care providers they can trust, HIV prevention group networks, including African American MSM community leaders who will represent them, educate them about how to prevent HIV infection, and encourage them to go for HIV testing and treatment may reduce HIV infections in their community. The syndemic theory helped describe how some health issues such as lack of funds for HIV prevention and intervention programs, poverty, homelessness, homophobia, stigma, mental and emotional health problems, injecting drugs with contaminated needles, substance abuse, lack of concern about contracting HIV, spreading HIV for revenge, easy access to multiple sex partners through social media, failure to go for HIV testing due to stereotypical and gay-identified public health campaign messages, limited access to treatment and care, and high rates of STDs worked together to increase HIV infection among African American gay and bisexual men (Tsai, 2018).

Furthermore, the theory emphasizes that addressing the above health issues responsible for the HIV epidemic among African American gay and bisexual men may reduce HIV infections in African American LGBTQ community.

Conclusion

African American gay and bisexual men were selected for this study because they are among LGBTQ African Americans with the highest rates of HIV infections. What is

fascinating about conducting this qualitative research is that some health issues that contributed to the HIV epidemic in this population that were not discovered during the literature review were identified while interviewing the study participants. The primary data collected from the participants and the literature review's health information helped produce the findings that may motivate the study audiences to address the health issues that worked together to elevate HIV infections in this population. The study enabled African American gay and bisexual men to express their feeling and what they think about the HIV epidemic in their community, including government inaction to address the health issues that contributed to the high incidence and prevalence of HIV in their community. Also, it provided a voice for these minority groups to let the policymakers and other vital stakeholders understand how HIV infection increased in African American LGBTQ community from the perspectives of African American gay and bisexual men, which narrowed the gap of a qualitative research study on this topic. Addressing the health issues responsible for the HIV epidemic in this population may help policymakers and other vital stakeholders reduce morbidity and mortality for HIV among African American gay and bisexual men.

The themes that emerged from the findings of the study about the significant health issues responsible for the HIV epidemic among African American gay and bisexual men are: (a) lack of funds for HIV prevention and intervention programs; (b) poverty, homelessness, homophobia, stigma, lack of community health education and supportive services; (c) mental and emotional health problems, injecting drugs with contaminated needles, substance abuse, lack of concern about contracting HIV, spreading

HIV for a revenge, and easy access to multiple sex partners through social media increased HIV infection among African American gay and bisexual men; (d) lack of HIV prevention group network, trust, representation, visibility, and African American MSM community leaders; and (e) failure to go for HIV testing due to stereotypical and gay identified public health campaign messages, limited access to treatment and care, and high rates of STDs elevated HIV infections in African American LGBTQ community. The study emphasized the perspectives of African American gay and bisexual men at risk of HIV infection and revealed their need for effective policies and public health intervention programs to address the health issues responsible for the high HIV infections in their community.

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Appendix: Study Participants Responses

PP1's responses:

"The federal government reduced funding for HIV prevention programs in the African American community. The government is not investing enough money in HIV intervention programs in this community. The fear of death from HIV infections among African American gay and bisexual men is decreasing because the disease can be controlled by new HIV treatments. Health issues most concern me about increasing the risk for HIV in the population of African American gay and bisexual men are high rates of STDs, lack of community health education, and limited access to HIV testing and treatment. I think barriers that may discourage African American gay and bisexual men from seeking HIV testing or treatment are stigma and denial. Some of them do not want people to know that they are HIV positive."

DT2's responses:

"Some people in my community do not care about contracting HIV. They do not take precautions to protect themselves from catching the disease. Some people who contracted HIV from their sex partners who did not disclose their HIV status want the disease to keep on spreading in their community by transmitting the disease to others for a revenge, People are scared. They don't want to know about their HIV status. We don't have HIV testing center close to my neighborhood. Social media is contributing to the spread of HIV disease in my community. African American gay and bisexual men need community leaders who will motivate them to seek for HIV testing and treatment, to reduce HIV infections in our community."

AM3's responses:

"Government stopped providing funds for HIV prevention program in our community. Representation, empowering people through intervention, and working with the population to provide them with job opportunities will reduce HIV infection in our community. It is good to have community workers who can motivate people to go for HIV testing and treatment. Social media can influence people to participate in the activities that make them contract HIV. But, it can also be one of the best ways to convey public health prevention messages to African American gay and bisexual men. If you do not want to get it, it depends on one's mindset. It is harder to access care and treatment for HIV as African American MSM. Ignorance makes people not want to go for testing. Some people become serious about HIV infection when they are tested positive."

CT4's responses:

"There is not enough health education about how to prevent HIV infection in our community. The government is not promoting the awareness of HIV infection in our neighborhoods. Some organizations that receive funds to prevent HIV infection in this community are not doing a lot to prevent it from spreading because they want the HIV epidemic to continue in this community to keep on receiving funds for HIV prevention programs. We need HIV testing centers within our neighborhoods. People should be more vocal about how to prevent HIV infections in this community. Support services should engage people in this community, stay on top of them, and make sure that they go for HIV testing and treatment. Social media influences African American gay and

bisexual men to solicit for more sex partners because there are many discussions about how people in our community meet their sexual partners on internet."

MK5's responses:

"Homophobia is so pushed harder in black communities than other ethnic/racial communities. Social media controls peoples' mindset. Also, Social media directs people to where they can get condoms to prevent HIV infection. Prevention of HIV is easier now than before. People should be smart and honest to prevent HIV in their community. The federal government is not spending to prevent HIV infection in the African American community."

CJ6's responses:

"My thoughts about stigma is that it's getting better than it used to be. Accessibility of treatment is getting better. Younger people are not concerned about HIV infection like older people. Older people hide their HIV status than younger people, and they trust where they can be comfortable. Some African American MSM do not know where to go for treatment. Also, treatment is more available to other communities than African American MSM community. Social media is a better way to inform AAMSM. Health issues that concern me about increasing the risk for HIV in the population of African American gay and bisexual men are mental health, depression, poverty, substance abuse, unprotected sex, and injecting drugs with contaminated needles. The government should implement funding, prevention programs, and more resources to reduce HIV infections in this community. The more resources you have, the more people you can help."

MH7's responses:

"They need continued education. People understand that the spread of HIV can be controlled. The government is making effort to reduce HIV infection in our community, but there is always room for improvement. More works need to be done to make youths serious about protecting themselves, and educating individuals to stick to monogamist partnership. They should seek more African American health providers. They should talk about the spread of HIV in their community. They should avoid multiple sex partners. They should focus on preventive measures such as PREP. Physicians do not talk about PREP to their patients. African American MSM do not know the proper resources to turn to. People do not like to disclose their information due to fear. They need a support group they will be able to go to or turn to for help. We have a long way to go because of ignorance. Social media is a positive forum to educate people about how to prevent HIV infection. The government needs to educate African American gay and bisexual men about how to prevent HIV infection in their community, and through school system. Stigma, not using a condom, multiple sex partners, side effects of medications contribute to HIV infections in our community. Fear, ignorance, and distrust contribute to HIV infections in this community. Our community needs outreach programs and preventive services."

TH8's responses:

"My thought are that having sex without protection, lack of education, and poverty are making people infected with HIV in my community. Also, shame, ignorance, and mental health make some people spread HIV infection our community. People need to be

encouraged to seek HIV testing and treatment. The visibility of people who survive HIV will motivate others to seek HIIV programs. Some people are not concerned about HIV infection in our community."

DN9's responses:

"HIV is on the rise in my community. It is manageable now. You cannot see literature about HIV prevention in my community. There are no HIV prevention programs targeted to gay communities. They give them PREP and condoms only. Young adults are pushed out of their homes and become homeless, and they end trading sex for money and shelter. People want to be HIV positive, so they can get healthcare, housing, and be taken care of. Stigma is attached to the prevention system. We need community-based organizations within the community to establish HIV treatments centers within African American gay and bisexual men neighborhoods. If you are gay, people look at you as being HIV positive. Stigma and homophobia are more in black communities than in other communities. People need to educate themselves by attending support groups. There used to be educational programs that helped people to remain HIV negative before. But now, such programs do not exist. Accepting and loving yourself the way you are will help you to overcome stigma and homophobia. I do not hear groups talking about how to prevent HIV in our community anymore. People do not advertise HIV prevention magazines and newspapers in the African American MSM community anymore. Public health officials should find ways to reach out to communities of color."

AS10's responses:

"Public health is not making enough effort to prevent HIV in the African American gay and bisexual men community. Public health professionals do not speak much about how to prevent HIV infection in our community. Public health official should educate African American gay and bisexual men about how to prevent HIV infections in their communities. There is a need to have more conversations about how to prevent HIV infection in this community. Public health professionals do not speak much about how to prevent HIV infection in our community. They do not talk about mental and emotional health problems that lead to high rates of HIV infection in this community. Speaking to people to know how they are, meeting, educating, and counseling them about how to prevent HIV infection will reduce the spread of HIV in their community. Educating them to seek HIV testing, and promoting condoms, and how to prevent HIV will decrease HIV infections in this community."

DL11's responses:

"I think that HIV is more widely accepted now in our community than before. More people are comfortable talking about it in our community. People should be held responsible for their actions. You can educate people about how to prevent HIV infection, but it is their responsibility to do what they are asked to do. Public health is doing its best to prevent HIV infection in my community. People should go out to seek information about how to prevent HIV infection. I am concerned about the high rates of STDs in our community. The reason HIV infection keeps on increasing in our community is because of unprotected sex. Many Black people do not wear condoms because they like raw sex than using condoms. Homophobia and stigma are decreasing in my

community. People need to be educated about how to overcome homophobia and stigma. Ignorance makes people stop going for HIV testing because of homophobia and stigma. There is a need to promote awareness of HIV infection in my community. HIV infection can be decreased in my community the more people talk about how it can be prevented."

BE12's responses:

"I think, not enough education, stupidity, failure to get tested, denial, and fear make HIV infection increase in our community. Education and promoting the awareness of HIV infection will reduce the spread of HIV in our community."