STD Communications Database Interviews with Non-Gay Identified Men who have Sex with Men (NGI MSM)

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EXECUTIVE SUMMARY

Introduction

Sexually transmitted diseases (STDs) are a significant public health concern in the United States. While estimates of the incidence and prevalence of STDs in the United States vary according to method of data collection and source of the data, the latest estimates of STD incidence indicate that there are 18.9 million new cases each year.[1] There are more than 25 diseases that are transmitted through sexual activity, the most common of which are human immunodeficiency virus (HIV) infection/Acquired Immunodeficiency Syndrome (AIDS), chlamydia, gonorrhea, syphilis, genital herpes, human papillomavirus (HPV), hepatitis B, trichomoniasis, and bacterial vaginosis. Each disease affects different audience segments and requires different communication approaches to prevent and control the disease.

Men who have sex with men (MSM) are at increased risk for multiple sexually transmitted diseases including HIV/AIDS, syphilis, gonorrhea, chlamydia, hepatitis B and hepatitis A. It has been stated that high rates of STDs among MSM appear to be associated with the return of unsafe sexual practices such as unprotected sex.[2] Non-gay identified men who have sex with men (NGI MSM) are men who engage in sexual activity with other men and with women, but who do not self-identify as gay or bisexual and who cannot easily be reached through the social or community support systems associated with the gay/bisexual community.[3]

Given the dearth of information available about NGI MSM, their knowledge of STDs, and their communication preferences, resources for this study were dedicated to address these particular gaps in health communication literature. Specifically, the intent was to collect data regarding the behaviors, attitudes, and community/culture of African-American and Hispanic/Latino NGI MSM aged 20 – 45 relevant to STDs and their ideas for increasing knowledge of how to prevent these diseases. Due to the lack of health communication information available regarding African-American and Hispanic/Latino NGI MSM men between the ages of 20 – 45, CDC indicated that these populations were the central focus of the study.

In-depth interviews were conducted to address the following five research questions about African-American and Hispanic/Latino NGI MSM aged 20 – 45:

1. Are there identifiable sexual behaviors of NGI MSM that are important to consider when developing STD prevention messages?
2. Are there identifiable attitudes of NGI MSM regarding STDs and sexual behavior that are important to consider when developing STD prevention messages?

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[1] Weinstock, H., Berman, S., Cates, W. 2004. Sexually Transmitted Diseases Among American Youth: Incidence and Prevalence Estimates, 2000. Perspectives on Sexual and Reproductive Health, v36 (1).

[2] US Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, National Center for Infectious Diseases. 2004. Dear Colleague Letter. Retrieved August 11, 2004 from NCID Website: http://www.cdc.gov/ncidod/diseases/hepatitis/msm/dear_colleague.htm.

[3] Vermont HIV Prevention Community Planning Group, Comprehensive HIV Plan for Vermont. 2001. Section 3C Meeting The HIV Prevention Needs Of Men Who Have Sex With Men (MSM): Notes on Terminology. Retrieved August 24, 2004 from http://www.nvtredcross.org/cpg/Section%203C_Pt2_MSMTerms.htm.

3. To what extent do NGI MSM believe that same-sex relationships are supported by institutions and organizations in their communities?
4. Do NGI MSM believe they can turn to organizations and institutions in their communities for information and services regarding STDs?
5. What are the most effective channels/sources of information to reach NGI MSM with STD prevention messages?

Methodology

Forty-nine men were interviewed from March – June 2004. Each interview consisted of open-ended questions and lasted approximately one hour. The men were interviewed in four geographically dispersed U.S. sites, selected through an analysis of high male-to-female ratio of syphilis cases (proxy for male-to-male transmission) as well as available census data including a high percentage of the population identifying as African-American and/or Hispanic/Latino. Interviews were conducted in Atlanta, Georgia; Washington, D.C.; Houston, Texas; and San Diego, California.

Emerging research literature identified the Internet as a popular way for NGI MSM to meet other NGI MSM or gay men as sex partners.[4,5,6] To take advantage of this, the primary strategy for recruitment of the African-American and Hispanic/Latino NGI MSM population for this study was to use free Internet posting sites. Information describing the study and eligibility criteria was provided with a toll free number for potential interviewees to call if interested. As a supplemental recruitment strategy for slow recruitment sites, ads were placed in free weekly newspapers. Field interviewers also distributed and posted flyers in bookstores, grocery stores, coffee shops, and university areas in Atlanta, Washington D.C., and San Diego. As a strategy to increase participation of Hispanic/Latino men, Spanish language flyers were also provided to field interviewers for posting in heavily populated Hispanic/Latino areas.

There were two levels of screening to ensure participants met the study qualifications. The initial telephone screener was based on the study criteria and included questions determining the sex, age, race, location, and self-identification as an NGI MSM of the individual calling. The screener also assessed the caller's ability to speak and understand English to ensure accurate communication between interviewer and participant.

In addition to the initial telephone screener, a second, in-person screener was administered by the interviewer at the time of the interview to ensure inclusion criteria were met. This in-person screener also captured additional information on participants' Internet use, whether they accessed health information on the Internet, and which health Websites they visited.

[4] Mettey, A., Crosby, R., DiClemente, R.J, and Holtgrave, D.R. 2003. Associations between Internet sex seeking and STI associated risk behaviours among men who have sex with men. Sexually Transmitted Infections. 79(6):466-468.

[5] Halikitis, P.N., Parson, J.T. 2003. Intentional unsafe sex among HIV-positive gay men who seek sexual partners on the Internet. AIDS Care. 15(3):367-378.

[6] Koblin, B. A., Chesney, M.A., Husnik, M. J., Bozeman, S., Celum, C. L., Buchbinder, S., Mayer, K., McKirnan, D., Judson, F. N., Huang, Y., Coates, T.J., the EXPLORE Study Team. 2003. High-Risk Behaviors Among Men Who Have Sex With Men in 6 US Cities: Baseline Data From the EXPLORE Study. American Journal of Public Health. HIV RETURNS. 93(6):926-932.

Four field interviewers, one in each site, conducted the interviews. The interviews in three of the four sites were conducted in private study rooms of public or university libraries. The interviews in the remaining site were conducted in a conference room of a local health research company.

A skilled interviewer who had received specific training in interviewing sensitive populations conducted the interviews. The role of the interviewer was to ask the questions on the interview guide, guide the discussion, take detailed notes, and ask probing questions about salient, related topics that arose during the interview. Once the questions from the guide had been covered, participants were thanked for their participation; offered CDC fact sheets with information concerning STDs and local resources for finding out more information, and asked to spread the word concerning the study to people they knew who fit the study criteria. They were also provided with their incentive payment.

The analysis strategy for the project was considered and outlined when the study design was developed, taking into account the available resources and the anticipated quantity of data that would be generated from such a large number of interviews. Using a grounded theory approach, the data was analyzed for themes, patterns, and interrelationships relevant to an understanding of the behavior, attitudes, community/culture and communication preferences of NGI MSM. As such, a note-based analysis was used for this project. Note-based analysis relies primarily on field notes, debriefing sessions, and summary comments made at the conclusion of each interview. The interview is taped, but the tape is used primarily to verify specific quotes. The primary analysis documents are the detailed field notes.

Data collected from each participant were thoroughly read and notes taken across interviews. A rigorous, systematic process was implemented to ensure reliability and consistency among the researchers in how data were being summarized, and to ensure neutrality in the reporting and interpretation. The researchers met on a regular basis to discuss and come to agreement on categorizing responses. Particular attention was given to capturing the frequency of topics and the level of detail and explanation of the responses across participants. Based on these discussions and preliminary conversations with the field interviewers, themes across the interviews were identified.

Highlights of Results

Key findings are presented by research question below.

Research Question 1: Identifiable Sexual Behaviors of NGI MSM

- Participants were asked for their thoughts, words, feelings, or concerns in response to a man's choice of sexual partners as a way to learn of their basic perceptions of sexual behavior. When asked about a man having sex with a woman, participants stated that this was common, normal behavior. When asked about a man having sex with a man, participants stated that this behavior was often regarded as out of the norm, abnormal, not right, or "weird." When asked what words, thoughts, or feelings come to mind when thinking about a man having sex with both a man and a woman, participants described this behavior as secret, sneaky, deceitful, and dangerous. However, they also believed that the behavior is exciting, adventurous, and boundary-less.

- Participants were asked about the types of places they had heard about where a man might go to find a male sexual partner. Men responded that they had heard of the Internet (especially chat rooms and gay Websites), public parks, public restrooms, bars, bathhouses, and adult bookstores as places where a man might find a male sexual partner. Respondents also mentioned a number of other venues that they had heard of for this purpose including beaches, bus stations, and concerts.
- Participants spoke about several factors in determining the choice of venue when attempting to find a male sexual partner. The availability of privacy or seclusion was noted as an important consideration in deciding where to go to meet a sex partner. Venues that are discreet and allow for an inconspicuous meeting were identified as preferred sites for meeting partners. Most respondents stated that the Internet is a common meeting place because it is both private and discreet and allows the partners to then plan where they will meet in person.
- Participants noted that venues that facilitate an individual's anonymity are also preferred meeting sites. Public parks, restrooms, and bathhouses were cited as specific meeting places that foster anonymity. Respondents also stated that venues in which alcohol or drug use is common are preferred meeting places. Bars or clubs where drinking and the use of drugs can influence behavior or impair judgment were identified as particular locations where it is easy to meet a sex partner.
- When asked about the types of places they have heard of where male-to-male sexual encounters take place, participants agreed that common venues include public parks, public restrooms, bars, bathhouses, and adult bookstores. Participants went further to mention other venues where male-to-male sexual encounters take place including movie theaters, sex clubs, and truck stops. They noted that these venues must be convenient to allow for quick interaction such as in public parks, restrooms, or bathhouses. Participants also believed that these venues must promote privacy such as in a private home or car, but also ensure anonymity such as in public parks, bars, or bathhouses. Furthermore, access to alcohol and drugs in a venue was noted as an important factor influencing whether or not a sex encounter will take place in that venue.
- When asked how being diagnosed with an STD might influence a man's sexual behavior, participants believed that, for some men, the diagnosis would change their behavior, while for other men, it would not change anything at all. Respondents stated that once the STD is diagnosed, some men would stop having sex and stay away from sexual partners while they are treating the STD. In contrast, respondents stated that it is also common for some men not to change their behavior in any way after being diagnosed with an STD. They noted that these men believed that compared with HIV, an STD is not as serious since it is curable.
- Respondents were asked about specific places where they would go if they had a concern about an STD. When probed, participants agreed that they would turn to the Internet, the hospital emergency room, a public health facility, their private doctor, or an STD clinic or other organization such as Planned Parenthood. Respondents said they would choose a resource based on whether or not their privacy and confidentiality would be maintained. Hours of operation and location of the health care provider or facility were cited as important factors.

- Participants were asked when a discussion about the STD or HIV status of a same-sex partner usually occurs. Respondents noted a difference in when this discussion should occur and when it actually does occur. Participants stated that the conversation with a same-sex partner about STD/HIV status should take place before any sexual activity with the partner begins. However, these men were quick to admit that the reality is that this discussion usually happens after the partners have already had sex or does not happen at all.

Research Question 2: Identifiable Attitudes of NGI MSM

- In response to the question asking participants if they thought males were at equal risk for contracting an STD with a male partner as they were with a female partner, most of the respondents answered that men were at equal risk with both partners. Many of the participants thought this was the case because if protection is not used, regardless of the type of sex partner, there is a risk for STDs.
- Respondents who did not think the risk of acquiring an STD was equal for both male and female partners thought so for a number of reasons. A few participants mentioned the increased number of possible physical interactions with women (anal, oral, and vaginal) as opposed to men (anal and oral) as additional means of contracting an STD; thus having sex with only women would increase the risk of acquiring an STD. Other participants believed women were more promiscuous than men so they would be more likely to pass on an STD.
- All of the participants believed in the importance of using condoms with male partners when having anal and oral sex. The respondents listed the fear of contracting an STD as the primary reason to use condoms. Some participants thought it was only necessary to use condoms during anal sex and not during oral sex. A few reasons participants stated for not using a condom during oral sex included less risk involved in oral sex (anal sex being a more dangerous act), being able to feel during oral sex, and being “in the moment.”
- The majority of the participants thought it important to use condoms with female partners during vaginal, anal, and oral sex. These respondents stated their main reasons to use condoms are for pregnancy and disease prevention.
- Most men referred to the decreased feeling or sensation when using a condom, as the primary reason men do not want to use them. Others also stated the size of condoms is a factor and that they are often too big or too small to fit comfortably and work efficiently. Many men believed not having them available when sex is initiated or the inconvenience of stopping the sexual act to put a condom on is a barrier to some men. Participants also listed the cost, access, and ignorance of some men as barriers to condom use. A few men discussed substance use as another factor in forgetting or not caring about using condoms.
- When participants were asked what they would say to someone who believes that two men having sex with each other are gay and whether or not they agreed with the statement, the majority stated they did not agree and gave a variety of reasons why they felt this way. Many respondents believed the word “gay” represented a lifestyle or identity that was more than the physical act of having sex with another man. Most of the respondents stated men could have sex with other men without being gay.

- Many of the respondents who did not agree with the statement that two men who have sex together are gay, believed the word “gay” was a label placed on men who have sex with other men by society and that this label did not apply to them. Some of the men thought that labeling the act as gay brought on feelings of shame or guilt or that it assigned the men to a distinct category they didn’t feel they belonged to. Many of the respondents made a point of saying they do not like labels and preferred not to use them.
- When participants were asked whether having sex with other men would affect the way a man understands and defines himself, the majority of the respondents thought it did affect the way a man thought of himself. Many of the respondents stated the gay stereotype of effeminate men and the ways that they view themselves were not compatible. The respondents said the internal struggle over society’s definition of gay and their own identity caused confusion and uncertainty.

Research Question 3: Beliefs of NGI MSM – Support from the Community

- Questions about the meaning of the labels “gay” and “bisexual” provided insight into many of the ways men participating in the study see themselves and how they think community or society views people who are so labeled. A number of participants stated that they do not like to label people and do not identify themselves as “straight,” “gay,” or “bi.” A few said that a label such as gay indicated an overall lifestyle while others suggested that the labels only referred to preferred sex partners.
- Many of the respondents indicated that, for both themselves and society, the term gay suggest that a man is effeminate, weak, and somehow less of a man, and that a gay man is “different” from other men. They suggest that for most people the label also brings up stereotypes of men who dress as women or “queens,” who are passive, or who want to be women. These men discussed stigma and shame associated with the term gay, stating that society judges and rejects men who are perceived as gay for being different, “not a man,” or immoral.
- Participants were asked if the institutions or organizations they belong to discourage or fail to be supportive of same-sex relationships. Fewer than 10 participants describe being lucky enough to have found a church that accepts them and welcomes people as they are. Overwhelmingly, other participants identified the church as an institution that does not support same-sex relationships. Their responses varied in terms of how actively discouraging the church was, with a couple participants describing pastors who go overboard in their message about homosexuality being a sin, and others stating that they know it is frowned on and considered sinful but not talked about openly.
- Participants were asked to talk about what it would be like to be accepted by friends and family as a man who has sex with both men and women. Roughly one-third of the participants responded that they could not even imagine such a scenario, that it would never happen. These men believe they would be rejected and judged if anyone knew they had sex with men and could not see themselves telling those close to them; they could not see themselves taking the risk of losing their family or their friends. A few of the men responded that their families or friends knew about their sexual preferences and accepted them for who they are. These men knew that not everyone has such acceptance and they feel lucky to be in such a situation.

Research Question 4: Beliefs of NGI MSM – Access to Resources in the Community

- The men participating in this study do not believe they can turn to the organizations and institutions in their communities for information and services regarding STDs. With a few exceptions of participants who have found an organization (clinic, community-based organization, or church) that is open to a gay, lesbian, and bisexual culture and population, the participants talked mostly about fear of rejection and being harshly judged if they were open about their sexual preferences.
- While few participants said they had actually experienced an environment that would encourage them to seek STD information and services, most could articulate the characteristics of such an environment and what it would take for someone like them to feel comfortable going for help. A number of items were identified as important, regardless of the type of setting, including a non-judgmental, supportive, and open environment where confidentiality is maintained.
- The men participating in this study described few ways they dealt with everyday stress. These included general stress reduction techniques of eating healthy, getting enough sleep, and exercising; talking to friends; participating in recreational activities and hobbies. A few of the men mentioned unhealthy techniques to deal with stress such as drinking or using drugs, and a couple of participants talked about withdrawing from others and keeping everything inside. Therapy was mentioned twice, as was talking with someone like you (a stranger).
- Most of the participants thought that support groups for men who have sex with men and women would be a good idea, to encourage men to take better care of their physical and mental health, and to learn to accept themselves. However, many of them also thought that these men would not take part in these types of groups because the stigma is currently too great and the fear of being judged and rejected is too strong. They do believe that community organizations and institutions, such as churches and community-based organizations can do more to encourage these men to protect themselves and their partners by simply acknowledging that this is going on and not being so condemning.

Research Question 5: Effective Channels & Sources to Reach NGI MSM

- Participants in this study listen to the radio an average of 15 hours a week, with a range in listening time from 0 to 72 hours a week. Participants most often stated that they listen to rhythm and blues (R & B) radio stations; followed by jazz, talk radio, and gospel stations.
- Participants in this study watch television an average of 28 hours a week, with a range in viewing time from 0 to 100 hours a week. The majority of participants noted that they watch news programs, followed by comedy/situation comedies and sports programs.
- Participants in this study spend an average of ten hours a week reading print media (newspapers, magazines, other publications), with a range in reading time from 0 to 52 hours. The most frequently mentioned print media were local and national newspapers, followed by African-American interest magazines and news magazines. When asked what holds their attention in the publications above, participants most often stated that they read these newspapers and magazines to stay informed of current events locally, nationally, and internationally.

- The majority of participants in this study (39 out of 49) stated that they use the Internet. For activities other than email, respondents in this study use the Internet an average of 14 hours a week, with a range in use from 15 minutes to 40 hours a week. Types of Websites most commonly visited by participants include entertainment sites followed by news sites, search engines, and adult or pornographic sites.
- Participants were asked if they would first go to radio, television, print media or the Internet if they wanted information on sexually transmitted diseases such as syphilis, gonorrhea or HPV. An overwhelming majority of respondents stated that they would first go to the Internet for this type of information. Participants mentioned a few additional channels they thought might be effective in disseminating STD information, including billboards, healthcare providers and facilities, and public libraries.

Limitations

This study has several limitations:

- First, in-depth interviews rely on convenience samples. As such, the generalizability of these findings is limited.
- Second, all of the participants were willing to participate in an interview. It is not known how, if at all, these participants differ from those who did not participate.
- Third, as a result of participating in a one-hour discussion about this topic, participants are likely very different than those who did not participate. While it is highly unlikely that their attitudes would change as a result of participating, they may have become more open and willing to discuss sex, STDs, and prevention methods.
- Fourth, the findings of this study rely on a small sample size.
- Finally, this study reports the results of aggregated data. As a result, there are cultural and other factors associated with NGI MSM in African-American and Hispanic/Latino communities that cannot be explored.

Summary

The research described in this report was an exploratory look at African-American and Hispanic/Latino non-gay identified men who have sex with men, aged 20 – 45. Based on qualitative, in-depth interviews, a number of important findings emerged regarding the behaviors, attitudes, and community and cultural influences of NGI MSM and how these might affect their preferences for receiving messages for STD prevention. The need for a continued focus on reducing high-risk behavior, such as unprotected anal intercourse, regardless of the sex of the partner is emphasized in these findings. This information will be valuable to public health workers at the local and state levels, to community-based organizations, and to national agencies that are committed to preventing and reducing the spread of STDs. The results of this study will also be helpful for other researchers interested in NGI MSM, although there are many more questions that can be raised regarding the most effective ways to communicate about STD prevention with this population.

I. INTRODUCTION

A. Background

Sexually transmitted diseases (STDs) are a significant public health concern in the United States. While estimates of the incidence and prevalence of STDs in the United States vary according to method of data collection and source of the data, the latest estimates of STD incidence indicate that there are 18.9 million new cases each year.[7] There are more than 25 diseases that are transmitted through sexual activity, the most common of which are human immunodeficiency virus (HIV) infection/Acquired Immunodeficiency Syndrome (AIDS), chlamydia, gonorrhea, syphilis, genital herpes, human papillomavirus, hepatitis B, trichomoniasis, and bacterial vaginosis. Each disease affects different audience segments and requires different communication approaches to prevent and control the disease.

Men who have sex with men (MSM) are at increased risk for multiple sexually transmitted diseases including HIV/AIDS, syphilis, gonorrhea, chlamydia, hepatitis B and hepatitis A. It has been stated that high rates of STDs among MSM appear to be associated with the return of unsafe sexual practices such as unprotected sex.[8] Non-gay identified men who have sex with men (NGI MSM) are men who engage in sexual activity with other men and with women, but who do not self-identify as gay or bisexual and who cannot easily be reached through the social or community support systems associated with the gay/bisexual community.[9]

B. Evidence-Based Communication Interventions

As part of a comprehensive effort to address the prevalence and seriousness of STDs in the United States and to promote prevention of STDs, the Division of Sexually Transmitted Disease Prevention (DSTD) at the Centers for Disease Control and Prevention (CDC) contracted with ORC Macro, an Opinion Research Corporation company, to develop an STD Communications Database. The purpose of the database is to provide easy access to a comprehensive reference of evidence-based communication efforts, peer-reviewed journal articles, and target audience profiles. The STD Communications Database:

- Houses information specific to a variety of STDs and target audiences that can be used to guide future health communication efforts or message development in a cost-effective, timely, and efficient manner;
- Provides information regarding specific target audiences in relation to certain STD communication and information needs;

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[7] Weinstock, H., Berman, S., Cates, W. 2004. Sexually Transmitted Diseases Among American Youth: Incidence and Prevalence Estimates, 2000. Perspectives on Sexual and Reproductive Health, v36 (1).

[8] US Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, National Center for Infectious Diseases. 2004. Dear Colleague Letter. Retrieved August 11, 2004 from NCID Website: http://www.cdc.gov/ncidod/diseases/hepatitis/msm/dear_colleague.htm.

[9] Vermont HIV Prevention Community Planning Group, Comprehensive HIV Plan for Vermont. 2001. Section 3C Meeting The HIV Prevention Needs Of Men Who Have Sex With Men (MSM): Notes on Terminology. Retrieved August 24, 2004 from http://www.nvtredcross.org/cpg/Section%203C_Pt2_MSMTerms.htm.

- Serves as a useful tool to public health practitioners by identifying and drawing on lessons learned from previous audience research and evaluations of communication intervention efforts;
- Contains information about knowledge, attitudes, beliefs and behaviors of five key target audiences, including at-risk populations, the general public, policymakers, health care providers, and community leaders; and
- Describes preferred communication source, channel, and message quality information for each audience.

Approximately 500 studies are captured within the STD Communications Database. These studies were published in English between January 1985 and September 2003. Literature published prior to 1985 was excluded from the database based on the notion that research regarding HIV and risk behaviors applicable to present day issues was limited.

All studies captured within the database provide information regarding evidence-based communication interventions and target audience profiles. Although the majority of the literature included within the database focuses on information specific to the United States, studies conducted internationally were included when the study population was considered similar to cultures in the United States.

The STD Communications Database is available at http://www.cdc.gov/std/commdata.

C. The Need for More Information

Following the development of the STD Communications Database, a general search was executed to identify significant gaps in information regarding specific target audiences for STD prevention messages. While many studies in the Database have focused on at-risk populations such as intravenous drug users and prison populations, few have focused on NGI MSM and effective public health communication strategies for preventing STDs in this population. The search of the Database revealed only four articles from research conducted specifically with NGI MSM. The results contained in these articles focused on risk behaviors of this population. While this information is helpful in understanding the audience, it does not provide sufficient information regarding communication preferences to be used when developing prevention interventions.

In addition, broader searches of the Database revealed that most of the research focuses on interpersonal, face-to-face communication, not on printed or mass media communication. In research articles that included information about communication channels, the information is based on anecdotal evidence and authors' suggestions about how the findings can be applied to various audiences.[10] Additional empirical information regarding appropriate channels for information dissemination for specific audiences would be helpful to health communication practitioners.

[10] The abstraction coding term "Author Suggestions and Other Findings" in the Database refers to recommendations made by the authors that are not necessarily supported by data from the research.

D. Focus of this Study

Given the dearth of information available about NGI MSM, their knowledge of STDs, and their communication preferences, resources for this study were dedicated to address these particular gaps in health communication literature. Specifically, the intent was to collect data regarding the behaviors, attitudes, and community/culture of African-American and Hispanic/Latino NGI MSM aged 20 – 45 relevant to STDs and their ideas for increasing knowledge of how to prevent these diseases. Due to the lack of health communication information available regarding African-American and Hispanic/Latino NGI MSM men between the ages of 20 – 45, CDC indicated that these populations were the central focus of this study.

As a first step in conceptualizing the study, research staff from ORC Macro met with CDC and internal experts to clarify the study population and generate appropriate research questions. The relationship of sexual behavior to self-definition emerged from these discussions as a pivotal question in understanding this group of men. The research staff discussed NGI MSM identity as a process of interaction within social contexts, thus consisting of multiple identities.[11] This resulted in the formulation of research questions that attempt to understand the complexity of identity and to recognize that people may choose to identify themselves in different ways within different contexts. During those discussions, it was also noted that it is important to consider the cultural and structural factors that play an integral part in the choices people feel they are able to make about their identity.

For example, non-gay identified could mean that the individual has sex with men, but chooses to not "identify" as being gay; the individual could be "closeted" and not want their identity disclosed; or, the individual could be searching for an identity and not yet have adopted a "label." All of these identities exist within specific cultural contexts and do not fully encompass the broad spectrum of NGI MSM. The table below lists NGI MSM identities researchers expected to hear discussed in the research.

Table 1. Possible NGI MSM Groups and Characteristics

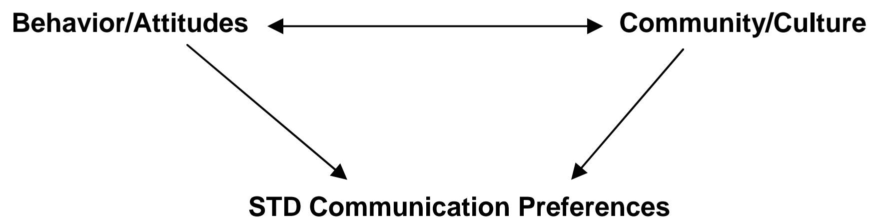
	NGI MSM Group	Characteristics[12]
1.	"Open" with others but do not find gay identity useful or meaningful	▪ More often middle-class
2.	Closeted and fearful – do not want anyone in the community to know	▪ Identity is with community (African-American, Hispanic/ Latino) ▪ For religious reasons ▪ For cultural reasons
3.	Closeted and exploring	▪ Sex with men and women ▪ More often younger men experimenting

[11] Deverell, K. and Prout, A. 1999. 'Sexuality, Identity, and Community: The Experience of MESMAC,' in Parker, R. and Aggleton, P. *Culture, Society and Sexuality: A Reader*, London: UCL Press.

[12] J. Encandela, B. Jones, D. Radcliffe, and D. Fraguiero (expert panel communication, June 3, 2003)

In addition to conceptualizing the types of possible NGI MSM identities, the research staff also developed a conceptual framework to aid in understanding the connections between behavior, attitudes, community/culture, and STD communication preferences. The following figure depicts the interaction between sexual behavior, attitudes, community, culture and the effect these variables may have on STD communication sources and channels.

Figure 1. Non-Gay Identified Men who have Sex with Men (NGI MSM) Research Questions Conceptual Framework



Through this initial conceptualization process of identity, three research assumptions were identified. These include:

1. NGI MSM *do not* identify with, and thus do not participate in, gay cultural outlets (including print/video/media directed to gay male audiences, gay social venues, etc.);
2. NGI MSM *do* identify with, and thus participate in, mainstream heterosexual cultural outlets (including print/video/media directed to heterosexual men, mainstream social venues, etc.); and
3. African-American and Hispanic/Latino NGI MSM identify first with their community/ethnic heritage.

The identity assumptions along with the conceptual framework guided the development of the following five research questions about African-American and Hispanic/Latino NGI MSM aged 20 – 45:

1. Are there identifiable sexual behaviors of NGI MSM that are important to consider when developing STD prevention messages?
2. Are there identifiable attitudes of NGI MSM regarding STDs and sexual behavior that are important to consider when developing STD prevention messages?
3. To what extent do NGI MSM believe that same-sex relationships are supported by institutions and organizations in their communities?
4. Do NGI MSM believe they can turn to organizations and institutions in their communities for information and services regarding STDs?
5. What are the most effective channels/sources of information to reach NGI MSM with STD prevention messages?

II. METHODOLOGY

This exploratory research was conducted to learn more about African-American and Hispanic/Latino non-gay identified men who have sex with men and their behaviors, attitudes, community/culture, and communication preferences for receiving information about STDs. Qualitative interview methodology was used to allow for exploration of these variables in a one-on-one confidential setting.

In-person, semi-structured individual interviews were conducted to draw more in-depth information from each person participating in the study. This methodology was particularly appropriate for this study because in-depth interviews allow for exploration and discovery of sensitive topics and serve to gather more information about groups of people that are poorly understood. Most importantly, the one-on-one nature of in-depth interviews prevents participants' views from being influenced by the opinions of others in the sample and encourages participants to respond openly and honestly to questions.

In-depth interviews are also helpful in understanding the context and depth of participants' experiences and attitudes, providing interpretive insights into why they believe what they do and what experiences and cultural attitudes have influenced them. This study was not designed to be representative of all members of the African-American and Hispanic/Latino NGI MSM population in the specific study sites, but to identify and explore the issues and themes regarding communicating with this population. This information may then be validated with a larger, more representative sample in future studies.

A. Site Selection and Audience Segmentation

Forty-nine men were interviewed from March – June 2004. Each interview consisted of open-ended questions and lasted approximately one hour. The men were interviewed in four geographically dispersed U.S. sites, selected through an analysis of high male-to-female ratio of syphilis cases (proxy for male-to-male transmission) as well as available census data including a high percentage of the population identifying as African-American and/or Hispanic/Latino. Interviews were conducted in Atlanta, Georgia; Washington, D.C.; Houston, Texas; and San Diego, California.

In the study design, the goal was to conduct 65 – 72 interviews with participants segmented according to race and age (Table 2). African-American participants were to be recruited in Atlanta and Washington, D.C. and Hispanic/Latino participants in San Diego and Houston, with equal numbers of interviewees segmented by age range (20 – 30 and 31 – 45) in each site. To be as inclusive as possible, recruitment was open to men who also identified as biracial, multiracial Black, or multiracial Hispanic/Latino.

Table 2. Initial Study Segmentation Goals by Race and Age

Segment	Atlanta, GA	Washington, D.C.	San Diego, CA	Houston, TX
African-American Men				
Age 20 – 30	9	9	–	–
Age 31 – 45	9	9		
Hispanic/Latino Men				
Age 20 – 30	–	–	9	9
Age 31 – 45			9	9
Total Per Site	**18**	**18**	**18**	**18**

Recruiting yielded so few participants in the first six weeks that it became apparent that adjustments were needed in the design, due to a delimited data collection timeline and, more importantly, to the challenges in recruiting a population that remains hidden. In mid-April recruitment was opened to both race and age segments in each site. There were two issues discussed with CDC regarding the opening of recruitment in each site.

The first issue addressed the target number of interviews for recruitment of African-American and Hispanic/Latino NGI MSM. The goal was to conduct a maximum of 36 interviews with African-American men and 36 interviews with Hispanic/Latino men. As a result of opening recruitment to both African-American and Hispanic/Latino men across all four sites, it was anticipated that equal representation of these two segments would be unlikely.

The second issue had to do with the original goal of conducting a total of 18 interviews in each site. A more open recruitment approach meant that it would be unlikely that an equal number of interviews would be conducted in each site.

Due to these changes in recruitment and the resulting total number of participants, all men who participated in the study were analyzed as one group. The decision was made to open recruitment to facilitate a better overall response rate rather than trying to continue to recruit within the original segmentation goals, even though some sensitivity in data would be lost.

B. Recruitment and Screening of Participants

Emerging research literature identified the Internet as a popular way for NGI MSM to meet other NGI MSM or gay men as sex partners.[13,14,15] To take advantage of this, the primary strategy for recruitment of the African-American and Hispanic/Latino NGI MSM population for this study was to use free Internet posting sites. This is a passive recruitment strategy in which potential

[13] Mettey, A., Crosby, R., DiClemente, R.J, and Holtgrave, D.R. 2003. Associations between internet sex seeking and STI associated risk behaviours among men who have sex with men. Sexually Transmitted Infections. 79(6):466-468.

[14] Halikitis, P.N., Parson, J.T. 2003. Intentional unsafe sex among HIV-positive gay men who seek sexual partners on the Internet. AIDS Care. 15(3):367-378.

[15] Koblin, B. A., Chesney, M.A., Husnik, M. J., Bozeman, S., Celum, C. L., Buchbinder, S., Mayer, K., McKirnan, D., Judson, F. N., Huang, Y., Coates, T.J., the EXPLORE Study Team. 2003. High-Risk Behaviors Among Men Who Have Sex With Men in 6 US Cities: Baseline Data From the EXPLORE Study. American Journal of Public Health. HIV RETURNS. 93(6):926-932.

interviewees, self-identifying as NGI MSM, make the first contact with project staff. Potential Websites were compiled from CDC sources and ORC Macro research staff. These sites were then screened for appropriate content that would appeal to African-American and/or Hispanic/Latino NGI MSM as well as for links to free message boards. The recruitment plan included posting the study description, study sites, inclusion criteria, and a toll-free phone number on various classified bulletin boards (e.g., city-specific *Craig's Lists*), MSM Website message boards (e.g., *EbonyMale.com*) and on appropriate America Online (AOL), Yahoo, and Microsoft Network (MSN) group lists (e.g., *Black Males Looking for DL Black Males)*. Please see Appendix A for a sample Web message board ad. Study ads were posted on a total of 35 Websites. A complete listing of Websites can be found in Appendix B.

As a supplemental recruitment strategy for slow recruitment sites, ads were placed in free weekly newspapers. The ad was placed in both hardcopy and online versions in Houston, TX; Washington D.C.; and San Diego, CA newspapers. A complete listing of the newspapers and a sample ad can be found in Appendix C. Field interviewers also distributed and posted flyers in bookstores, grocery stores, coffee shops, and university areas in Atlanta, GA; Washington D.C; and San Diego, CA. As a strategy to increase participation of Hispanic/Latino men, Spanish language flyers were also provided to field interviewers for posting in heavily populated Hispanic/Latino areas (see Appendix D). These targeted flyers informed potential interviewees that the study was looking for men who were able to speak and understand English in addition to fitting the established study inclusion criteria. A complete listing of flyer locations and a sample flyer can be found in Appendix E and F.

The Website postings and newspaper and flyer ads instructed the potential interviewee to call the toll-free number between 9:00am and 5:00pm EST if they were interested in participating. At the time of their call, the potential respondents were screened by a male ORC Macro staff member for study inclusion and an interview date was scheduled in the appropriate study site.

Telephone and In-Person Screener

There were two levels of screening to ensure participants met the study qualifications. The initial telephone screener was based on the study criteria and included questions determining the sex, age, race, location, and self-identification as an NGI MSM of the individual calling. The screener also assessed the caller's ability to speak and understand English to ensure accurate communication between interviewer and participant. Although the screening questions were identical for each site, four site-specific screeners were developed to facilitate access to interviewer schedule information and directions to the interview location. A sample of the telephone screener for Washington, D.C. can be found in Appendix G.

After the individual was screened for inclusion, the date, time, and location was determined for the interview. Interviews in all sites were conducted in public facilities (e.g., public library) with private rooms, which allowed for interviewer comfort and a sense of anonymity and privacy for the interviewee. Due to the "hidden" nature of this population and the possibility of "no-shows," interviews were conducted in the shortest time possible after initial contact was made and permission to be interviewed granted. If the potential interviewee provided the research staff with an email address or telephone number, the interview was confirmed by either email or telephone call. Potential participants were told they would receive a $75.00 monetary incentive

for participating in the interviews. Participants were given the name and gender of their interviewer after the screener was administered and the interview was scheduled. Directions to the interview location were also given at that time.

In addition to the initial telephone screener, a second in-person screener (Appendix H) was administered by the interviewer at the time of the interview to ensure inclusion criteria were met. This in-person screener also captured additional information on the participant's Internet use, whether they accessed health information on the Internet, and which health Websites they visited.

C. Development of Interview Guide

CDC provided ORC Macro with a list of interview questions believed to be a priority to understanding this population. Along with the research questions, ORC Macro developed the interview guide to address these priorities. The guide was then pilot-tested internally during mock interviews with ORC Macro staff and the field interviewers during interviewer training. Questions that were confusing or appeared out of order were revised. Field interviewers were also asked to report any confusion with questions after their first interview. Final revisions to the guide were made at that time and approved by CDC.

Participants were not asked about their own personal health or sexual activity, but rather their thoughts on hypothetical questions and situations. Components of the interview guide captured participants' thoughts on sexual behavior and STDs, attitudes surrounding male and female sexual behavior, how community and culture affects sexual behavior, and STD communication preferences. ORC Macro's Institutional Review Board (IRB) reviewed and approved the study protocol and data collection instruments. A copy of the interview guide can be found in Appendix I.

D. Selection and Training of Interviewers

Four field interviewers, one in each site, conducted the interviews. Based on conversations with CDC and researchers working with NGI MSM populations,[16] field interviewers were recruited based on interviewing experience, especially with hidden or sensitive populations, and not matched to the race and gender of the participants. The following table depicts the race/gender of the field interviewers in each site.

Table 3. Field Interviewer Characteristics

Atlanta, GA	Houston, TX	San Diego, CA	Washington, D.C.
African-American Male	Caucasian Female	Latina Female	Caucasian Female

[16] A.J. Silvestre, M. Holloway, and S.M. McCauley of the PITT Men's Study (personal communication, American Public Health Association Annual Meeting 2003)

All of the field interviewers participated in a formal one-day training session at the Atlanta office of ORC Macro; the CDC Technical Monitor was also present at this training. The training consisted of a detailed review of the background and purpose of the project, expectations of interviewers, in-depth tutorial on the protocol and interview guide, and an interactive session on successful interviewing strategies and potential pitfalls (see Appendix J for the training agenda). Mock interviews were conducted using the interview guide with ORC Macro staff as participants. Field interviewers received feedback on their skills and use of interview techniques from all participants in the training session.

A portion of the training session was devoted to the importance of notetaking and the specific procedures involved with notetaking for this project, as there were no notetakers or additional observers present during the actual interviews. ORC Macro provided the interviewers with an easy-to-follow interview guide. The guide had adequate space to take notes during the interview and the interviewers were instructed to write down what was said in the participant's own words. Any additional explanations by the interviewer were placed in the interviewer notes section. The interviewers were given instruction on how to operate the ORC Macro supplied tape recorders. Interviews were audio taped with the participant's permission.

Quality Control Process

As part of the training, the field interviewers were also provided instruction on the quality control process performed by ORC Macro staff. Once interviewers' materials were received, project staff checked the interview notes for completeness, clarity, and quality of answers as well as for signatures on consent forms. Particular attention was paid to ensure that interviewers had asked all appropriate probes and gathered as full and detailed answers as possible. Once the quality control process was completed, the interviewers were paid per completed interview.

E. Conduct of Interviews

The interviews in three of the four sites were conducted in private study rooms of public or university libraries. The interviews in the remaining site were conducted in a conference room of a local health research company.

Upon arrival at a scheduled interview, the participant was asked questions from the brief in-person screener to confirm their eligibility. Next, the interviewer read aloud an informed consent form while the participant followed along. The informed consent form detailed the following:

- Risks and benefits associated with the project;
- The voluntary nature of the study and the right of the participant to not answer any given question and their right to end the interview at any time;
- The confidentiality of their responses; and that
- The interview would be audio taped only with their permission.

Participants were then asked to sign the consent form with any name they wished to use. They were also allowed to put an "X" on the form if they wished not to use a name at all. A copy of the informed consent form can be found in Appendix K.

A skilled interviewer who had received specific training in interviewing sensitive populations guided the interviews. The role of the interviewer was to ask the questions on the interview guide, guide the discussion, take detailed notes, and ask probing questions about salient, related topics that arose during the interview.

Once the questions from the guide had been covered, participants were thanked for their participation; offered CDC fact sheets with information concerning STDs and local resources for finding out more information, and asked to spread the word concerning the study to people they knew who fit the study criteria. They were also provided with their incentive payment.

F. Tracking and Monitoring Interviews/Communicating with Interviewers

ORC Macro staff developed several databases and tables to track and monitor the interview process. A Microsoft (MS) Excel database of interviewers' schedules was maintained in order for the screener to correctly schedule interview dates and times. To track the logistics associated with screening and scheduling interviews, an MS Word table was used. The table captured the site ID number, interviewee ID number, date screened, date/time of interview, date email/call was placed to interviewer, date interviewer confirmed, date room was reserved for the interview, and the date a reminder was sent to the interviewee. In addition to these tracking documents, an accounting MS Excel spreadsheet was created to monitor paid incentives to participants and interview completed monies to field interviewers.

ORC Macro staff and field interviewers participated in weekly one-on-one conference calls for the duration of data collection in which relevant information was shared, questions answered, and emerging themes from the interviews discussed. It was also possible in these weekly calls for project staff to clarify and take corrective action if any questions in the guide were being misinterpreted by field interviewers or participants. In addition to the weekly check-in calls, three one-hour group conference calls were held at regular intervals during data collection. These group calls allowed the field interviewers to share interview experiences with each other as well as discuss common themes. This discussion served to inform the initial phase of analysis by familiarizing ORC Macro staff with the data collected and facilitating discussion around concepts or questions identified. During these calls, ORC Macro staff were also able to disseminate important project information to the group.

G. Data Analysis

The analysis strategy for the project was considered and outlined when the study design was developed, taking into account the available resources and the anticipated quantity of data that would be generated from such a large number of interviews. The challenge was to progress from raw data in the form of interviewer notes from each of 49 interviews to meaningful answers to the five research questions. As with all research dependent on individual interviews, a great deal of importance was placed on maintaining the integrity of what was heard in individual interviews

and respecting and reflecting the contributions of each participant. At the same time, the analysis strategy had to enable the researchers to summarize and compare information across interviews, to draw out insights and conclusions with confidence.

Using a grounded theory approach, the data was analyzed for themes, patterns, and interrelationships relevant to an understanding of the behavior, attitudes, community/culture and communication preferences of NGI MSM. Grounded theory is a complex iterative process that begins with the development of a set of general research questions that are meant to be neither static nor all-inclusive. As the researcher begins to gather data, core theoretical concept(s) are identified. Tentative linkages are developed between the theoretical core concepts and the data. This early phase of the research tends to be very open. Later on the researcher is more engaged in verification and summary. What emerges from a systematic comparative analysis of the data is theory, grounded in fieldwork that serves to explain what has been observed in the field.[17]

As such, a note-based analysis was used for this project. Note-based analysis relies primarily on field notes, debriefing sessions, and summary comments made at the conclusion of each interview. The interview is taped, but the tape is used primarily to verify specific quotes. The primary analysis documents are the detailed field notes. Other information sources provide amplifying details.[18]

For each of the interviews conducted, participants' responses were recorded by the assigned interviewer on a hard copy of the interview guide. The interviewer was then responsible for entering these notes into an electronic copy of the interviewer guide. Both the hard copy and electronic notes were then sent to ORC Macro.

As part of a quality control process, ORC Macro staff reviewed both the hard copy and electronic notes sent by the interviewer for each interview. The electronic notes were then copied and pasted into a Microsoft Word data table organized sequentially by question from the interview guide.

As a first step in analysis, the data table was re-organized by research question. It was designed to guide the three ORC Macro staff responsible for analysis in using the responses to individual interview guide questions to form a comprehensive response to the larger research question. Table 4 was used to provide the structure for this process. A sample of the data table can be found in Appendix L.

[17] Trochim, W.M. (2002). The research methods knowledge base (2nd ed). Internet WWW page, at URL: <http://www.socialresearchmethods.net/kb/qualapp.htm> (version current as of September 28, 2004).

[18] Krueger, Richard A. (1998). Analyzing and reporting focus group results. (Volume 6). Thousand Oaks, CA: Sage.

Table 4. Analyzing and Consolidating Participant Responses to Interview Guide Questions

	Research Question	Questions in Interview Guide
1.	Are there identifiable sexual behaviors of NGI MSM (aged 20 – 45) that are important to consider when developing STD prevention messages?	**Section B** 12A, 14, 14A, 14B, 15, 15A, 15B, 16, 16A, 16B, 16C, 18, 18A
2.	Are there identifiable attitudes of NGI MSM (aged 20 – 45) regarding STDs and sexual behavior that are important to consider when developing STD prevention messages?	**Section B** 12, 12B, 13, 17, 17A, 17B, 17C, 19 **Section C** 20
3.	To what extent do NGI MSM (aged 20 – 45) believe that same-sex relationships are supported by institutions and organizations in their communities?	**Section C** 20A, 20B, 21, 21C
4.	Do NGI MSM (aged 20 – 45) believe they can turn to organizations and institutions in their communities for information and services regarding STDs?	**Section C** 21A, 21B, 21D
5.	What are the most effective channels/sources of information to reach NGI MSM (aged 20 – 45) with STD prevention messages?	**Section A** 1-11

Data collected from each participant were thoroughly read and notes taken across interviews. A rigorous, systematic process was implemented to ensure reliability and consistency among the researchers in how data were being summarized, and to ensure neutrality in the reporting and interpretation. The researchers met on a regular basis to discuss and come to agreement on categorizing responses. Particular attention was given to capturing the frequency of topics and the level of detail and explanation of the responses across participants. Based on these discussions and preliminary conversations with the field interviewers (as described in section F above), themes across the interviews were identified. These data are reported in the Results section below.

III. RESULTS

The ORC Macro team used the audiotapes and notes taken during the interviews to identify patterns or themes that were clearly and frequently expressed across all participants, as well as those that were more subtle or less often voiced. The team also took into consideration ideas or thoughts that were voiced but not necessarily repeated frequently by others in the groups. Every attempt was made to ensure that all comments and insights are reported in an accurate context. The team members met several times during these processes to compare findings and discuss differences and similarities in the interpretation of the data. Comments were chosen for inclusion if multiple respondents raised a similar issue or if comments were made by a few participants but helped to shed light on an issue relevant to all. As previously mentioned, the results are presented below in aggregate.

A. Description of Participants

Across the study, 49 men participated. Of these, 46 men self-identified as African-American (including two biracial/multiracial Black participants) and three men self-identified as Hispanic/Latino.[19] Participants' ages ranged from 21 – 46,[20] with an average age of 38.4 years across the interviews. Most indicated they had resided in the community for at least one year.

Table 5 provides more specific details about individuals participating in this study. A description of participants by interview site can be found in Appendix M.

Table 5. Descriptive Information about Participants

	No. Participants	49
Race/Ethnicity	African-American	46
	Hispanic/Latino	3
	Mean Age	**38.39 years**
Age Range	20 – 30 years	7
	31 – 45 years	42
	Mean Length of Time in Community	**22.31 years**
Use the Internet	Yes	39
	No	10
Use the Internet For Health Information	Yes	29
	No	10

Of the 49 participants, 39 use the Internet; of these, 29 use the Internet for health information. Participants most frequently mentioned the Websites of WebMD, the National Institutes of Health (NIH), and CDC for this purpose. A full list of Websites mentioned by participants follows:

Government Sites	▪ Centers for Disease Control and Prevention (CDC) ▪ National Institutes of Health (NIH)
Topical Health Sites	▪ CenterWatch ▪ HealthWatch ▪ MedlinePLus ▪ Salud.com ▪ WebMD

[19] For purposes of data analysis, participants were categorized by self-identification of their dominant race or ethnicity. As a result, responses of biracial/multiracial participants were not analyzed separately, but rather were analyzed according to self-identification as either Black or Hispanic/Latino.

[20] The target age range of participants was 20 – 45. However, two participants had recently celebrated their 46th birthday and were included as respondents in this study.

Hospital/Clinic/University Sites	▪ Ben Taub Hospital (Houston) ▪ Dekalb Medical Center (Atlanta) ▪ Emory University (Atlanta) ▪ Georgetown University (Washington, D.C.) ▪ Herman Hospital (Houston) ▪ MD Anderson (Houston) ▪ Whitman Walker Clinic (Washington, D.C.)
Fitness/Wellness Sites	▪ DrDavidWilliams.com ▪ Globalfitness.com ▪ Menshealth.com ▪ Personaltrainer.com
Health Organizations	▪ Steppingstones.org
Health Insurers	▪ Blue Cross
Search Engines	▪ AOL ▪ Google ▪ Yahoo

B. Research Question 1: Identifiable Sexual Behaviors of NGI MSM

The first objective of this study was to identify sexual behaviors of NGI MSM (aged 20 – 45) that are important to consider when developing STD prevention messages. In order to glean this information, participants were asked a number of questions about their thoughts on male and female sexual partners and relationships, specific sex venues, and the impact of an STD diagnosis on sexual behavior. Participants were also asked their thoughts on usual methods for seeking STD services as well as patterns of communication about STDs and HIV.

Below is the list of specific questions on this topic. Following the list, we present our findings for this research question.

Research Question 1:

Are there identifiable sexual behaviors of NGI MSM (aged 20 – 45) that are important to consider when developing STD prevention messages?

- When thinking about sexual partners, tell me what words, thoughts, feelings or concerns come to mind when you think about: A man having sex with a woman? A man having sex with a man? In what ways are these similar? In what ways are these different? When thinking about a man who has had sex with both men and women, tell me what words, thoughts, feelings or concerns come to mind?
- Other than HIV, how, if at all, would being diagnosed with an STD influence a man's sexual behavior? If so, how; if not, why not?
- How might being diagnosed with an STD other than HIV impact a man's relationship with female partners? With male partners?
- How might being diagnosed with an STD other than HIV influence a man's sexual behavior with males? With females?
- Where would you go if you had a concern about an STD? A public health facility, your private physician, or some other usual source of care?
- What would be the factors in deciding where to go if you had a concern about an STD?
- Where else would you go if you had a concern about an STD? Where would you not go?

Research Question 1 (Continued):

Are there identifiable sexual behaviors of NGI MSM (aged 20 – 45) that are important to consider when developing STD prevention messages?

- What type of places have you heard of where a man might go to find a male sexual partner? Internet? Public park? Public restroom? Bar? Bathhouse? Adult bookstore? Other? Why one in comparison to others?
- What type of places have you heard of where male-to-male sex encounters normally take place? Public park? Public restroom? Bar? Bathhouse? Adult bookstore? Other? Compare reasons for each place; Why or why not?
- Do you think men who have sex with men prefer sex with the same man more than once, or having sex with a different partner each time? What type situations or relationships would impact that preference? Does it change over time/age? What are the pros and/or cons of either?
- How common is it to have an ongoing sexual relationship with a woman and a man at the same time? What might impact the level of commitment in one type relationship over the other?
- When does a discussion about the STD or HIV status of a same-sex partner usually occur? What type situations or encounters would discourage or prevent this discussion?
- Is there something that makes it easier to start the discussion about a partner's STD or HIV status?

Sexual Partners and Relationships: Male and Female

Participants were asked for their thoughts, words, feelings, or concerns in response to a man's choice of sexual partners as a way to learn of their basic perceptions of sexual behavior. When asked about a man having sex with a woman, participants stated that this was common, normal behavior. They noted that this behavior was what was expected by society and represented the "American way." Participants used labels such as "heterosexual" and "straight relationship" to further describe the behavior.

"It's fine. Normal I guess, expected by society, common, there's nothing wrong with it."

African-American male, Washington, D.C.

Respondents also spoke about a man having sex with a woman in descriptive terms regarding relationships, emotional responses, and risk behaviors. They referred to various aspects of relationships including attachment, commitment, marriage, pregnancy, and children. Participants noted a number of emotional responses to this behavior such as soft, sensual, romantic, and natural. They also noted behaviors related to risk/reducing risk including contracting diseases such as AIDS and STDs, using protection, and having safe sex.

"Marriage. Handle with kid gloves. Soft."

African-American male, Atlanta

When asked about a man having sex with a man, participants stated that this behavior was often regarded as out of the norm, abnormal, not right, or "weird." Some participants noted that there is stigma and a taboo nature associated with this behavior and spoke of resulting secrecy, regret, denial, and psychological scarring. Participants used labels such as "homosexual," "bisexual," and "gay" to further describe the behavior.

Respondents also spoke about a man having sex with a man in numerous descriptive terms. They stated that this behavior is intriguing, exciting, energetic, and aggressive. They also noted that the behavior is often associated with experimentation, curiosity, promiscuity, and spur-of-the-moment, emotionless interaction. As with a woman, participants cited behaviors related to risk/reducing risk including contracting diseases such as AIDS and STDs, using protection, and having safe sex.

"Depending on individual, sex may have more meaning. Erotic and taboo, do it because you're not supposed to. Intriguing."

African-American male, Atlanta

"Homosexual. Secrecy, taboo, things along those lines."

African-American male, Washington, D.C.

A number of similarities were identified in the behaviors of a man having sex with a woman compared with a man having sex with a man. Participants noted that the physical interaction (anal and oral sex) is similar with a female and male partner. They stated that the risk of the behaviors, including exposure to disease, is common to both. They also spoke about using protection with both female and male partners. Additionally, participants believed that sexual interaction with a female partner or a male partner is exciting, gratifying, and pleasurable.

"Both exciting and feel good. Protection with both."

African-American male, Washington, D.C.

In contrast, respondents stated that there were also some marked differences in the behaviors of a man having sex with a woman compared with a man having sex with a man. They described the sexual interaction with a woman as being soft, tender, nurturing, and more intimate; sexual interaction with a man was described as rough, hard, domineering, and involving less emotion. Respondents noted that a sexual relationship with a woman is more accepted by society than a sexual relationship with a man. They also believed that common religious beliefs conflict with a man having a sexual relationship with a man.

"A man having sex with a woman is more emotionally based. There is more conversation and romance. You at least try to pick up on her and flirt and romance. It is more of a relationship when it comes to sex. Men having sex with a man is only for sexual gratification. Everything happens so fast. There is not much talking. Most of the time you don't even know their name. There are no feelings involved. They only give you the gratification that a woman can't. That is it. You don't want anymore than that."

Hispanic/Latino male, San Diego

When asked what words, thoughts, or feelings come to mind when thinking about a man having sex with both a man and a woman, participants spoke of both negative and positive references. They described this behavior as secret, sneaky, deceitful, and dangerous. However, they also believed that the behavior is exciting, adventurous, and boundary-less. Participants said that a man who engages in sex with both men and women might be open-minded, confused, or just experimenting. They emphasized that this person is more at risk for disease and they spoke of using protection and having safe sex.

Participants were asked if they thought that men who have sex with men prefer sex with the same partner more than once or a different partner every time. They believed that most men prefer having sex with a different partner with each interaction. Participants recognized that the preference for different partners was more risky and more likely to expose men to STDs, but they also stated that this preference was more exciting and adventurous and allowed for more variety in sex partners. Alternatively, participants noted that choosing the same partner for each sexual interaction was safer, healthier, and presented less risk of STDs, but that this choice was often less stimulating and less exciting for a man.

Respondents believed that a man's preference for different sexual partners is likely to change over time. They stated that as he grows older, a man is more likely to seek stability, companionship, and healthy behaviors leading to a preference for the same sexual partner with each interaction. Respondents also noted that a man is likely to "slow down" with age, focusing more on the quality of sexual relationships than the quantity.

"Men prefer different people because they get bored of each other. More common to have different partners. Once you get older you settle down. The pros of being with the same person is that you can develop a relationship, and you don't have to go out and look for someone else. You will have less diseases."

African-American male, Houston

When asked how common it is to have an ongoing sexual relationship with a woman and a man at the same time, participants stated that this is a very common situation but one that has not been exposed or openly recognized. When probed further about what might impact the level of commitment in one type of relationship over the other, participants spoke of several specific factors. The following table depicts participants' responses to this question.

Table 6. Factors that Impact Level of Commitment to Relationship with Female vs. Male

Factors	Explanations	Illustrative Quotes
Marital Status	▪ A man who is married is more likely to be committed to the relationship with his wife than the relationship with his male partner. ▪ Family and societal pressures as well as the difficulty of ending the marriage make commitment to the male partner unlikely.	***"The stigma and fear is too much for some. A lot can't afford the divorce. It gets complicated when you're married."*** **African-American male, Washington, D.C.** ***"You would still be more committed to a woman because that's the image you want to uphold, for family reasons, and for what people think of you."*** **African-American male, Washington, D.C.**
Parental Status	▪ A man who has children is more likely to be committed to the relationship with his female partner than the relationship with his male partner. ▪ The difficulty and complications of breaking up a family make commitment to the male partner unlikely.	***"If married with children will stay with woman because want child to have mother and have supporting parents but still like men."*** **African-American male, Atlanta**

Table 6. Factors that Impact Level of Commitment to Relationship with Female vs. Male *(Continued)*

Factors	Explanations	Illustrative Quotes
Sexual Orientation	▪ A man who identifies himself as gay is more likely to be committed to the relationship with his male partner than the relationship with his female partner.	***"[Men are] not usually committed to men unless [they're] gay or something."*** **African-American male, Washington, D.C.**
Acceptance/Support of Community	▪ A man is more likely to be committed to the relationship that feels most accepted and/or supported. ▪ Most often, a man is more likely to be committed to the relationship with his female partner than the relationship with his male partner. Stigma and lack of support for same-sex relationships make commitment to the male partner unlikely.	***"Location and society would impact the level of commitment…like how much is it the norm where you live and how are your neighbors going to perceive you."*** **African-American male, Houston** ***"Acceptance of who you are basically. The community would have an impact on who you are and how you would be with someone. If you were more accepted, you would be all right with you are and who you are with and if something is less taboo, you would be with them more and more committed."*** **African-American male, Washington, D.C.**
Role in Relationship	▪ A man is more likely to be committed to the relationship with the partner who considers him to be a provider or caregiver.	***"Taking care of the partner also influences commitment."*** **African-American male, Atlanta** ***"I think men can be more committed to a man if financial security is not an issue."*** **African-American male, Washington, D.C.**
Sexual Satisfaction	▪ A man is more likely to be committed to the relationship with the partner who satisfies him most sexually.	***"Sexual satisfaction from the partner is another influence [of commitment]."*** **African-American male, Washington, D.C.**

Sex Venues

Participants were asked about the types of places they had heard about where a man might go to find a male sexual partner. When probed on a number of specific areas, men responded that they had heard of the Internet (especially chat rooms and gay Websites), public parks, public restrooms, bars, bathhouses, and adult bookstores as places where a man might find a male sexual partner. Respondents also mentioned a number of other venues that they had heard of for this purpose including:

- Beaches
- Bus stations
- Concerts
- Grocery stores
- Gyms
- Malls
- On the street in certain neighborhoods
- Parties, swinger parties
- Telephone chat lines
- Train stations
- Truck stop

Participants spoke about several factors in determining the choice of venue when attempting to find a male sexual partner. The availability of privacy or seclusion was noted as an important consideration in deciding where to go to meet a sex partner. Venues that are discreet and allow for an inconspicuous meeting were identified as preferred sites for meeting partners. Most respondents stated that the Internet is a common meeting place because it is both private and discreet and allows the partners to then plan where they will meet in person.

Participants noted that venues that facilitate an individual's anonymity are also preferred sites. Public parks, restrooms, and bathhouses were cited as specific meeting places that foster anonymity. Respondents also stated that venues in which alcohol or drug use is common are preferred meeting places. Bars or clubs where drinking and the use of drugs can influence behavior or impair judgment were identified as particular locations where it is easy to meet a sex partner.

"Internet preferred because more discreet, get to know someone before meeting. At bar drinking/drugs influence meeting people. Public places can be more apprehensive so won't talk to them."

African-American male, Atlanta

"At clubs it's the alcohol. It changes the body and the mind and makes people do things they really wouldn't do if they were sober. I would say about three-fourths of them. They look at things different with alcohol. You can be up in the air."

African-American male, Washington, D.C.

When asked about the types of places they have heard of where male-to-male sexual encounters take place, participants agreed that common venues include public parks, public restrooms, bars, bathhouses, and adult bookstores. Participants went further to mention the following as other venues where male-to-male sexual encounters take place:

- Beaches
- Bus stations
- Hotels
- In the car
- Movie theaters
- Parties
- Private homes
- Sex clubs
- Truck stops

Respondents stated that there are a number of factors that influence the decision of where a sex encounter takes place. They noted that these venues must be convenient to allow for quick interaction such as in public parks, restrooms, or bathhouses. Participants also believed that these venues must promote privacy such as in a private home or car, but also ensure anonymity such as in public parks, bars, or bathhouses. Furthermore, access to alcohol and drugs in a venue was noted as an important factor influencing whether or not a sex encounter will take place in that venue. Finally, participants noted that any venue that is "out of the norm" would be considered as a potential location for a male-to-male sex encounter simply because of the fact that it is exciting and adventurous.

"In public because of being in the moment and needs to be done immediately or need somewhere private/discreet."

African-American male, Atlanta

"Bathhouse is the most popular because of access and demand. You can find willing partners easily and privacy easily."

African-American male, San Diego

Impact of STD Diagnosis

When asked how being diagnosed with an STD might influence a man's sexual behavior, participants believed that, for some men, the diagnosis would change their behavior, while for other men, it would not change anything at all. Respondents stated that once the STD is diagnosed, some men would stop having sex and stay away from sexual partners while they are treating the STD. They believed that these men will talk to their partners about the diagnosis and will ask about the health status of their partners. Participants also believed that these men would be more cautious in the future and take the necessary precautions to prevent another STD diagnosis. These precautions include using condoms, limiting and being more selective of partners, and having monogamous relationships.

"Would influence man to take precautions. Wear protection. Inform partners. Research and learn more about the disease for personal education. Would not deal with sex partner again if got STD from them."

African-American male, Atlanta

In contrast, respondents stated that it is also common for some men not to change their behavior in any way after being diagnosed with an STD. They noted that these men believed that compared with HIV, an STD is not as serious since it is curable. Participants stated that these men also believe that if the disease is not serious or painful and is curable, there is no need to change their behavior at all.

"Wouldn't influence behavior unless diagnosed with HIV. Can get a cure for other STDs so if diagnosed can go get treated and continue same behavior."

African-American male, Atlanta

Participants were then asked how being diagnosed with an STD might impact a man's relationship with female and male partners. Participants noted similarities and differences in the way an STD diagnosis would affect relationships with female partners compared with relationships with male partners. They stated that, in some cases, with both female and male partners, the diagnosis is likely to end a committed relationship. In this situation, participants stated that both male and female partners would not want to stay in a relationship with a partner who contracted an STD. If the relationship is less committed and more casual, participants believed there would be less of an impact on the relationship with either male or female partners, but that the use of condoms in the relationship might increase in the future.

Specifically in a man's relationship with a female, however, participants believed there would be more emotional discussion about the diagnosis whether in a committed or casual relationship. In a man's relationship with a male, though, respondents believed there would be less emotional discussion and more understanding about the situation. Participants believed that males are more willing than females to take risks, and would be more accepting of an STD diagnosis than females whether in a committed or casual relationship.

"More intense with a female partner. With females a relationship is more sacred. It's more of a delicate situation. With male partners, understanding is better. It's more acceptable."

African-American male, Houston

Seeking STD Services

Respondents were asked about specific places where they would go if they had a concern about an STD. When probed, participants agreed that they would turn to the following:

- Internet (for symptoms, self-diagnosis before seeking further help)
- Hospital emergency room
- Public health facility
- Private doctor
- STD clinic or other organization such as Planned Parenthood

A number of factors were important to participants in deciding where to go if they had a concern about an STD. Respondents said they would choose a resource based on whether or not their privacy and confidentiality would be maintained. They stated that they would go to physicians or clinics with which they have an established relationship, feel comfortable, and can trust. They noted that the quality of the health care providers available and services offered would also factor into this decision.

Logistical criteria were also mentioned as a consideration of participants in helping them decide where to go with an STD concern. Hours of operation and location of the health care provider or facility were cited as important factors. Participants also mentioned that the cost of care, promptness of results, and insurance coverage for services provided would help them decide where to seek services.

"Don't want other people to know. Time, the convenience of getting in and out of receiving care. Confidentiality. Location, how accessible to where located at time. How fast can get results."

African-American male, Atlanta

When asked what places they definitely would and would not go to when they had an STD concern, participants had mixed responses. Some participants stated that they would go to a public health facility or free clinic instead of their private doctor; while others said they would turn to their private doctor instead of a public health facility or free clinic. There is discordance among participants' responses based on their perspective of privacy and confidentiality. Participants who stated that they would go to a public health facility or free clinic believed that these facilities were more likely than a private doctor to keep their health status confidential and provide anonymity. Participants who stated that they would go to their private doctor believed that this health care provider would allow them more privacy and confidence simply because there were fewer staff with whom they would interact.

"Public health facility not a part of medical record, more discreet. Goes on record at private doctor."

African-American male, Atlanta

"Last resort would be a free clinic because it's less private and usually when you go there people know why you're there."

African-American male, Washington, D.C.

Participants agreed that they would go to health fairs or the library for more information about an STD. Some stated that they would turn to a family member or friend about an STD concern while others said they would not turn to these people citing anticipated lack of support due to the stigma associated with STDs. Most participants noted that in this situation they would not go to their church or other places or people that do not understand STDs.

Communication about STDs/HIV

Participants were asked when a discussion about the STD or HIV status of a same-sex partner usually occurs. Respondents noted a difference in when this discussion *should* occur and when it *actually does* occur.

Participants stated that the conversation with a same-sex partner about STD/HIV status *should* take place before any sexual activity with the partner begins. However, these men were quick to admit that the reality is that this discussion usually happens after the partners have already had sex or does not happen at all. They further stated that there are specific circumstances that make the conversation more likely to occur. These include:

- Being diagnosed with an STD or HIV;
- Having some other health or sexual problem;
- Moving past "just dating" to being in a relationship with the person; and
- Realizing that emotions are involved in the interaction with the person.

Respondents also noted that there are a number of barriers that may prevent the discussion about STD/HIV status from taking place. The stigma of having an STD or HIV was mentioned as a strong factor in discouraging this conversation. Participants believed that the fear of rejection from a partner based on health status often stands in the way of communication about this issue. Further, they stated that this fear might inhibit an individual from disclosing a positive disease status even when asked.

"Don't share status until having sex with person because a negative stereotype is associated with being positive."

African-American male, Atlanta

The choice of venue where a sex act takes place was also mentioned as a factor that may discourage communication about disease status. Participants noted that, especially in a public environment such as a park or restroom, there is often a desire for a quick, one-time interaction in which both partners maintain anonymity. Apprehension about "ruining the mood" in this situation deters such conversation. Sexual interaction in other venues, such as a bar or club

where the use of alcohol or drugs is common, may also hinder open communication about disease status. Participants stated that the influence of alcohol or drugs makes it unlikely that an individual will stop to have this discussion before having sex. Additionally, other open, non-private venues where conversation can be overhead or seem more uncomfortable to initiate make the discussion more unlikely to take place.

"Trying to rush to have sex."

African-American male, Washington, D.C.

"Sex parties or in the bathrooms, people don't talk."

African-American male, Washington, D.C.

"Drugs, alcohol. A lot of people go out and get drunk and then there's a lot of pretty guys, a lot of pretty girls. And you don't really forget, you just…heat of the moment."

African-American male, Washington, D.C.

In contrast, participants identified a few factors that may facilitate a discussion between partners about STD or HIV status. They believed that having an established relationship with the partner makes this conversation most likely to occur. Respondents noted that if the partners know one another, care for one another, and trust one another they are more likely to talk about their STD/HIV status as a means of maintaining a healthy relationship.

"Openness, trust, caring about the other person."

African-American male, Washington, D.C.

"If you know the person. Feel comfortable. They bring it up."

African-American male, Washington, D.C.

Respondents believed that making a plan to have this conversation makes it more likely to happen. Careful consideration to set the stage by choosing appropriate timing and venue seems to make the discussion easier and less awkward. Using humor to initiate the conversation was noted as a helpful tactic in this situation. Participants also stated that freedom from the influence of alcohol or drugs makes it easier to have this discussion before any sexual interaction takes place.

C. Research Question 2: Identifiable Attitudes of NGI MSM

The second objective of this study was to identify attitudes of NGI MSM (aged 20 – 45) toward STD risk with both male and female sex partners, condom use, and the label "gay." These attitudes incorporate aspects of NGI MSM self-identity and risk perception that are important to consider when developing STD prevention messages. In order to gather this information, participants were asked a number of questions about their thoughts on the differences, if any, between male and female sex partners and STD risk as well as the importance of condoms, specific barriers to their use, and how to encourage increased condom use. Participants also shared their thoughts on the use of the word "gay" and whether having both male and female sex partners affects their identity as men.

Below is the list of specific questions on this topic. Following the list, we present our findings for this research question.

Research Question 2:
Are there identifiable attitudes of NGI MSM (aged 20 – 45) regarding STDs and sexual behavior that are important to consider when developing STD prevention messages?

- What comes to mind when I say "men's sexual health"? Listen for and/or probe for each of the following: behaviors, diseases, emotions, and/or types of partners. Probe: What behaviors come to mind? What comes to mind when I say STDs? Which STDs have you heard of?
- Do you think males are at equal risk for contracting an STD with a male partner as they are with a female partner? Why/why not? Probe: In what way does the type of sex partner contribute to being at risk? Examples of types of sex partner: Men with men exclusively; Men with men and women; Men with women exclusively.
- Do you believe it is important for men to use condoms with every male sexual contact (anal and/or oral)? Probe: Why or why not?
- Do you think it is important for men to use condoms with every sexual contact with female sexual partners (oral, anal, vaginal)? Probe: Why or why not?
- What do you think discourages men from using condoms?
- What can be done or said to encourage the use of condoms?
- What would you say to someone who believes that two men having sex with each other are gay? Probe: Do you agree/disagree? Tell me more…
- When you think about a man having sex with another man, when would you consider that behavior as being gay? Or, do you not think that it is? Probe: When would you not consider the behavior as being gay?
- Does having sex with other men affect the way a man understands and defines himself? Why/why not?

Male and Female Sex Partners and STD Risk Perception

Attitudes towards "Men's Sexual Health"

Participants were asked for their thoughts, words, and feelings in response to the phrase "men's sexual health" as a way to begin to understand their attitudes towards sexual risk behavior and STDs. In response to the question, most of the participants' answers fell into one of two categories. In the first category, the participants view sexual health as something positive that needs to be protected by practicing preventive behaviors. Participants whose answers fell in the second category focused on the negative consequences of practicing risky sexual behavior and the possibility of acquiring an STD.

The men who mentioned protective behaviors in relation to the phrase "men's sexual health" often referred to disease screening behaviors (e.g., HIV screening) or doctor's visits for check ups as well as "men's only" issues such as prostate cancer and erectile dysfunction. These participants discussed using condoms, having one sex partner, and practicing safe sex. They also mentioned taking care of oneself in a more holistic way such as eating well and staying physically, as well as mentally, strong. To these men, "men's sexual health" was protected by taking measures to keep one healthy.

"I think of erectile dysfunction and stamina problems as well as the prostate issues men have. I also think of preventing STDs."

African-American male, San Diego

"Working out and eating properly as well as practicing safe sex."

African-American male, Washington, D.C.

"Practicing safe sex and wearing condoms. Having only one sex partner."

African-American male, Atlanta

"I think of going to the gym and all the different ways to take care of a man's body."

African-American male, Atlanta

"Safety, protection, cautiousness as well as going to the doctor."

African-American male, San Diego

The participants whose answers fell into the second category focused more heavily on the results of practicing risky sexual behavior. These men listed types of risky sexual behavior such as unprotected sex, multiple partners, and anonymous sex as well as specific STDs such as HIV.

"I think of HIV and STDs. I also think of the words deviant and promiscuous. I think people have negative attitudes when it comes to STDs."

African-American male, San Diego

"I think of diseases, unprotected sex and anonymous sex."

African-American male, Washington, D.C.

"Diseases, STDs, HIV and all that, hepatitis and multiple sex partners."

African-American male, Houston

"HIV, STDs, unprotected and protected sex."

African-American male, Washington, D.C.

Participants were also asked as a probe to this question what STDs they had heard of. The most frequently mentioned STD was gonorrhea followed closely by HIV/AIDS and syphilis. A full list of the STDs mentioned by participants follows; STDs identified by the participants are listed by frequency of response ***(1 most frequent; 12 least frequent)***.

Table 7. STDs[15] Mentioned According to Frequency

1.	Gonorrhea
2.	HIV/AIDS
3.	Syphilis
4.	Herpes
5.	Chlamydia
6.	Crabs
6.	Hepatitis (all types)
8.	HPV
9.	Trichomoniasis
9.	Yeast Infection
11.	Mononucleosis
12.	Clap
12.	Shingles
12.	Thrush

Attitudes Towards Male and Female Sex Partners and STD Risk

In response to the question asking participants if they thought males were at equal risk for contracting an STD with a male partner as they were with a female partner, most of the respondents answered that men were at equal risk with both partners. Many of the participants thought this was the case because if protection is not used, regardless of the type of sex partner, there is a risk for STDs.

"Without protection, people are at equal risk of catching STDs."

African-American male, Houston

"Yes, males are at equal risk with either [a male or female] partner because diseases don't discriminate."

African-American male, Atlanta

"Yes, regardless of your partner. If you are sexually active there is a risk of contracting an STD."

African-American male, Houston

A few participants who agreed there was an equal risk of contracting an STD with either a male or female partner, thought so because either partner (man or woman) could be practicing unsafe sex with other partners. Participants noted women as well as men could be "dirty," "shady," or "unclean." Respondents also stated that many times sex is anonymous and the history of a partner unknown. A few men mentioned the part alcohol and drugs could play in throwing "caution to the wind" and not caring who a sexual partner is or whether they have a history of STDs.

"Yes, there is an equal risk of contracting an STD with either partner. Sometimes with men who have sex with men and women there are a lot of drugs involved (meth, GHB…) and then you lose your inhibitions—throw all caution to the wind."

Hispanic/Latino male, San Diego

[15] This is a complete list of diseases the participants mentioned as being an STD they had heard of. Please note that some of the diseases listed are not STDs and others are slang for an STD already listed.

"Yes, both are at equal risk because there are shady women out there too, just like men who have dirty relationships and they can spread STDs just like men."

Hispanic/Latino male, San Diego

Respondents who did not think the risk of acquiring an STD was equal for both male and female partners thought so for a number of reasons. A few participants mentioned the increased number of possible physical interactions with women (anal, oral, and vaginal) as opposed to men (anal and oral) as additional means of contracting an STD; thus having sex with only women would increase the risk of acquiring an STD. Other participants believed women were more promiscuous than men so they would be more likely to pass on an STD.

"I think a man is more at risk with female partners. This is simply a matter of options—with male partners you are only able to have anal and oral intercourse and with women you have the addition of vaginal intercourse. So there is one more chance of contracting or spreading an STD"

African-American male, San Diego

"No, I think females get around a lot more. Females have the ultimate power and they can have anyone they want and a lot sleep with whoever they want."

African-American male, Houston

Still other participants believed the opposite and thought men had more sexual partners and thus were more likely to be carriers of STDs.

"No, with a male because men have sex too much."

African-American male, Houston

When probed further about the ways the type of partner could contribute to being at risk for an STD, many participants stated the type of sex partner does not contribute to risk level and reaffirmed their stance that unprotected sex with any partner is risky. Other respondents contradicted their initial assessment and stated there was a difference in risk level according to type. Most participants thought having only male sex partners was riskiest in terms of contracting an STD, followed by men who have both male and female partners as involving a fair amount of risk, and men with only female partners as having the least amount of risk. The following table depicts participants' responses to the type of partner and the risk level.

Table 8. Assessed Risk Level According to Type of Partner

Type of Partner	Assessed Risk Level	Participant Responses
Men with Women Exclusively	Less Risky	***"Probably not too much risk with a man who has sex with only women because it's easier for a man to give it to a woman than a woman to give it to a man."*** **African-American male, Washington, D.C.** ***"With women exclusively as sex partners there is only the normal STD risk associated with having sex."*** **African-American male, San Diego**

Table 8. Assessed Risk Level According to Type of Partner (Continued)

Type of Partner	Assessed Risk Level	Participant Responses
Men with Men and Women	Risky	***"Men who have sex with men and women have a higher risk of getting an STD than a man who only has sex with women because they have multiple sex partners of both sexes."*** **African-American male, Houston** ***"Men with both [men and women] is risky because they are capable of spreading diseases amongst both."*** **African-American male, Atlanta**
Men with Men Exclusively	More Risky	***"Men who have sex with men exclusively contribute most to risk because men are more promiscuous and both men are having sex with more partners."*** **African-American male, Atlanta** ***"Males are at a higher risk with other males because there are a lot of diseases passed through anal sex. You don't have the chance of getting a disease like that with a woman, she may not let you have sex with her that way."*** **Hispanic/Latino male, San Diego** ***"More likely with male partners simply because a woman will most often tell you to put a condom on. They [female partners] take care of it."*** **African-American male, Washington, D.C.**

Attitudes Toward Condom Use with Male and Female Partners

Importance of Condom Use with Male Partners

All of the participants believed it is important to use condoms with male partners when having anal and oral sex. The respondents listed the fear of contracting an STD as the primary reason to use condoms.

"Everyone should use condoms period. It is important because you don't know what is going on or what diseases are out there."

African-American male, Atlanta

Some participants thought it was only necessary to use condoms during anal sex and not during oral sex. A few reasons participants stated for not using a condom during oral sex included less risk involved in oral sex (anal sex being a more dangerous act), being able to feel during oral sex, and being "in the moment."

"Yes, it is important for anal but not important for oral sex. There is a high risk factor for anal sex and you need to always take care of yourself. With oral sex, unless they have cold sores, the probability that you will contract something is less likely, and that sometimes it is worth the risk. Oral sex feels and tastes better without a condom."

Hispanic/Latino male, San Diego

"Definitely use condoms with anal and you should with oral— although many guys don't."

African-American male, Washington, D.C.

Importance of Condom Use with Female Partners

The majority of the participants thought it important to use condoms with female partners during vaginal, anal, and oral sex. These respondents stated their main reasons to use condoms are for pregnancy and disease prevention.

"Yes, it is important to use condoms with women because if you know you've been messing around with other men you don't want to infect the women because they are the ones to produce the babies."

African-American male, Washington, D.C.

"Yes, it is important to use condoms for anal, oral, and vaginal sex. If you are not ready for kids, use condoms and make sure she has protection."

African-American male, Houston

Some participants thought that it is only important to use condoms for vaginal and anal sex and not oral sex. The reason for this distinction was similar to those for male sex partners and includes lower risk with oral sex for disease transmission, loss of sensation, and inconvenience.

"Just vaginal is fine—definitely anal. Not so much with oral. I don't think there's as great a risk for diseases in the mouth."

African-American male, Washington, D.C.

"Yes, it is important to use condoms for vaginal sex because of diseases and birth control. Condoms with oral sex disturbs the moment and is inconvenient. Also dental dams are so big and obtrusive, so you don't want to use them."

Hispanic/Latino male, San Diego

A few men also felt it was not important to use condoms with female partners at all. These participants believed that if you want your partner to get pregnant you did not need condoms, or if you were in a committed relationship condoms were unnecessary. Other men thought if you were in a serious relationship with a woman, both partners would be tested for STDs and if the results were negative there would be no need for condoms.

"No, it is not important to use condoms with women because ideally you would go out and test together for STD status and if the results are negative then you would not have to use condoms."

African-American male, Atlanta

Barriers to Condom Use

In response to what participants think discourages men from using condoms, the respondents gave a variety of answers. Most men referred to the decreased feeling or sensation when using a condom, as the primary reason men do not want to use them. Others also stated the size of condoms is a factor and that they are often too big or too small to fit comfortably and work efficiently. Many men believed not having them available when sex is initiated or the

inconvenience of stopping the sexual act to put a condom on is a barrier to some men. Participants also listed the cost, access, and ignorance of some men as barriers to condom use. A few men discussed substance use as another factor in forgetting or not caring about using condoms.

> ***"Some men just don't know any better. Other men are just selfish and they want to live in the moment. Alcohol also discourages people from using condoms. You just forget about them when you are drunk and even if you do remember sometimes it is difficult to maintain an erection."***
>
> **Hispanic/Latino male, San Diego**

> ***"The size of condoms—too small and you don't get as good a sexual feeling."***
>
> **African-American male, Atlanta**

> ***"Greedy. High. Some guys check their wallet and pockets and they don't have any so they say forget it. Some guys say they won't ejaculate, but that's bull. Or it's the heat of the moment and they don't want to"***
>
> **African-American male, Washington, D.C.**

Facilitators of Condom Use

When asked what can be said or done to encourage the use of condoms, many participants thought that nothing more could be done. They stated that the information is already out there and people needed to listen and practice safer sex. A few men believed nothing could be said or done because people will do whatever they want to do.

> ***"Nobody can say or do anything to get people to do the things they don't want to do."***
>
> **African-American male, Washington, D.C.**

> ***"Really nothing can be done. All the information is out there- we know all the risks, but it doesn't seem to work. It seems that people have to learn the hard way, they have to get a disease and it has to hurt them or someone they care about for it to hit home with them. Then they might change their behavior. Until then, there is nothing anyone can do that hasn't been done."***
>
> **African-American male, San Diego**

Some men believed more education and advertising could work it just needed wider dissemination and more powerful messages than what is currently out in mainstream media. These respondents felt that equating unprotected sex with disease and death could force some men to change their behavior. A few other men pointed to schools and community centers as sources of education regarding practicing safe sex.

> ***"Educate so people are more aware of STDs and show statistics of people with STDs that have died. Put it at the door of people—these are people who have died."***
>
> **African-American male, Atlanta**

"It would be great if schools or community centers would teach kids how to use condoms and not feel ashamed about it. It would be great if in school you could have relay races in sex ed class to put condoms on bananas and make it fun, that way they wouldn't feel bad about it and they could learn to use them well and properly."

African-American male, San Diego

Other participants thought scare tactics did not work and health educators should be promoting condom use as part of a healthy lifestyle. A few of the men also said talking more about sex and how to use condoms would be helpful to encourage men to use condoms.

"Scare tactics don't work. If there was a way to make someone feel less shame and take better care of their health then maybe they would be more likely to use protection. It seems that it's easier or quicker to get treated so you are likely to worry less about using condoms."

Hispanic/Latino male, San Diego

"People need to speak up and talk about safeness and the importance of protecting yourself. They should have groups showing people how to use a condom."

African-American male, Washington, D.C.

Attitudes Toward the "Gay" Label and Self-Identity

"Gay" as Lifestyle

When participants were asked what they would say to someone who believes that two men having sex with each other are gay and whether or not they agreed with the statement, the majority stated they did not agree and gave a variety of reasons why they felt this way. Many respondents believed the word "gay" represented a lifestyle or identity that was more than the physical act of having sex with another man. Most of the respondents stated men could have sex with other men without being gay. A few of the reasons they listed included a separation between the physical act of sex with the emotional attachment of having a relationship, "down low" acts that no one would know were happening as opposed to a visible gay relationship, and the fact that men might also be having sex with women so they could be bisexual, experimenting, or not want to have a label attached to their sexual interactions.

"I would say that it is not true. Gay is a lifestyle as opposed to a sexual orientation. Gay is flamboyant, someone who doesn't mind letting people know he has sex with men an that's his attraction—with DL [down low] men you wouldn't even know it's going on."

African-American male, Atlanta

"I would say they are wrong. Gay is a lifestyle; sex has nothing to do with it. Gay people have more of a spiritual connection with the same sex than they do of the opposite sex."

African-American male, San Diego

"Men have different reasons for having sex with men. I would disagree it doesn't mean both men are gay. Some men are just trying it out or they have sex with women as well as they are bisexual."

African-American male, Houston

“Gay” as Label

Many of the respondents who did not agree with the statement that two men who have sex together are gay believed the word “gay” was a label placed on men who have sex with other men by society and this label did not apply to them. Some of the men thought that labeling the act as gay brought on feelings of shame or guilt or that it assigned the men to a distinct category they didn’t feel they belonged to. Many of the respondents made a point of saying they do not like labels and preferred not to use them.

> ***“You should not put a label on anyone. I would say to the person that you don’t know who these men are and even if they did know them—they shouldn’t use labels. Society makes it difficult for people when they are labeled.”***
>
> **African-American male, Atlanta**

> ***“I think it is a matter of perspective. With some men using labels can be frustrating so you don’t want to use labels so you can get down to doing what you want to [have sex.] With labels you can bring on feelings of shame and guilt…without labels there is no shame or guilt and you can go into the act [sex] without those feelings. I just don’t care for labels.”***
>
> **Hispanic/Latino male, San Diego**

“Gay” as a Social Term

Some of the men said they would agree with the statement that two men who have sex are gay. These respondents stated “gay” is the term used by society and thus a “normal” straight person would see the act as gay. Many of the men also qualified their agreement to the statement according to who the person is that said it. A few men who agreed stated they would agree with people they knew – family, friends – and not care as much if it was a stranger. Other respondents said they would use the word gay as well because it is better than “fag” or other more derogatory terms.

> ***“If I was the friend of whoever said that I would agree with them. It is the reaction a normal straight man would have.”***
>
> **African-American male, Houston**

> ***“I would agree that the statement is correct. I would rather hear or use the term ‘gay’ than ‘fag’. I think that everyone gives names to certain behaviors and two men having sex is termed gay.”***
>
> **African-American male, San Diego**

> ***“I’d say they are right—because that is the terminology for it.”***
>
> **African-American male, Washington, D.C**

“Gay” vs. Bisexual

A few of the respondents did not agree or disagree with the statement that two men who have sex are gay. These participants stated it was dependent on the context and the men could be bisexual, curious, or “just trying it out.”

"I wouldn't necessarily say they are gay. There are a lot of people—men and women—that are curious. It's their business anyway."

African-American male, Houston

"They could be, but not necessarily. That person could be bisexual."

African-American male, Atlanta

"Gay:" Behavior or Identity?

When participants were asked when they would and would not consider the act of two men having sex as gay, the respondents gave a wide variety of answers that incorporated their thoughts on relationships, gender roles, and identity. Participants listed the following factors as determinants of whether or not a sex act was gay.

Emotional Attachment. Many respondents discussed the level of emotional involvement between two men engaging in sex as a factor in qualifying the act as gay. The more emotion involved, the more likely the respondents felt the act was gay.

"People are gay when there is emotional attachment to the other person. A man who is gay dreams of falling in love with another man and spending the rest of his life with him."

Hispanic/Latino male, San Diego

And the reverse was true for many of the participants. The less emotion that is involved in the act of two men having sex—the more it is "just sex" and sexual pleasure—the more likely they felt the act was not gay.

"It is not gay when men are indifferent about sex with men. They can take it or leave it."

African-American male, Atlanta

"If it is just a physical act and that was it—it is not gay."

African-American male, Washington. D.C.

"I do not see myself as gay–I can not imagine spending the rest of my life with another man. I want to get married and have children with a woman. I picture my life with a woman. I also feel that a man can sexually gratify me in a way a woman never can. If a woman could—I wouldn't have sex with a man. So having sex with a man is strictly for pleasure."

Hispanic/Latino male, San Diego

Level of Commitment and Visibility. Participants thought the level of commitment the men had for one another as well as their level of "outness" also impacted whether or not the act was labeled as gay. Some men stated once men live together or when they let people know they are together then the act of having sex becomes a gay act.

"If they are in love with each other. If they were in a committed relationship, in public, walking down the street holding hands—you've seen it."

African-American male, Washington, D.C.

"When two men live together for a long period of time or want to get married—when they let people know and don't care if people find out. That is when it is gay."

African-American male, Atlanta

In opposition to this position, many participants believed if the men were not committed, or if it was anonymous, experimental, occasional "down low" sex, or if substance use was involved and no one knew, then the act was not a gay act.

"If it was something he did just a few times in a club or while he was high or something—it wouldn't be gay."

African-American male, Washington, D.C.

"If it is experimental or it happened only one or two times, I wouldn't call that gay."

African-American male, Washington, D.C.

"They are not gay when it is two people who are discreet and masculine and don't fit the stereotypical lifestyle."

African-American male, Atlanta

<u>Frequency of Sexual Interaction with Male and Female Partners.</u> Many of the participants mentioned the frequency with which men have sex with men as an indicator of whether or not they are gay. The more frequently a man has sex with another man the more it is seen by the respondents as a gay act. The opposite holds true for the participants as well—the less frequent the sex; the more unlikely the act would be labeled as gay.

"There is a level to homosexuality. It is how much you want to have sex with the same sex. If you want it all the time, that makes you gay."

African-American male, Washington, D.C.

"First timers are not necessarily gay nor those folks just doing it every once in awhile."

African-American male, Washington, D.C.

Some participants also thought if men who have sex with men have sex with women as well, that the male-to-male sex act was not gay. Many participants said these men were bisexual or on the "down low" and did not consider themselves gay.

"If the man has sex with women as well as men then he is bisexual—not gay."

African-American male, Washington, D.C.

"If a man thinks he can fall in love with a man or a woman, then he is bisexual."

Hispanic/Latino male, San Diego

<u>Self Identification.</u> A few participants were leery of calling anyone gay if they did not refer to themselves as such. These respondents made a point of saying some men think of it as "just sex" and do not think of themselves as gay where others may choose to use the gay label.

"I would never consider two men having sex as 'gay'. Unless, of course the person identifies himself as being gay and considered himself having gay sex. Only if that is how he defines it."

African-American male, San Diego

Sexual Behavior and Self Definition

When participants were asked whether having sex with other men would affect the way a man understands and defines himself, the majority of the respondents thought it did affect the way a man thought of himself. Many of the respondents stated the gay stereotype of effeminate men and the ways that they view themselves were not compatible. The respondents said the internal struggle over society's definition of gay and their own identity caused confusion and uncertainty.

"Yes, there might be confusion involved. You might say and act straight, but be attracted to men. You are not bisexual because the attraction is strictly physical, unless you have open communication—it can get confusing. You may want to be with a woman, but there is a physical mismatch of need associated with her— this can be very confusing."

African-American male, San Diego

"Yes, it does affect how you see yourself as a man—it definitely can make things confusing. You know that it [having sex with a man] is not normal but it feels good and right."

Hispanic/Latino male, San Diego

Other participants, who agreed having sex with other men affects how a man understands and defines himself, believed many men define themselves in part by their sexual partners. These respondents noted whom they are having a sexual relationship with often determines how they define themselves.

"I believe it does affect the way a man defines himself. I think people define themselves by their sexuality and what they can and cannot do in society as a whole and how free they are to express love or caring about somebody and commitment. During the times for me, though, the times I've been in relationship with a woman that I really care about, I do not have sex with other men. I only do it when I am by myself. So I define my sexuality by whether or not I'm in a relationship with a woman."

African-American male, Washington, D.C.

Some participants who agreed having sex with men affects how they understand themselves, referred to the stigma attached to two men who have sex, while others noted there is often a questioning of whether or not they are in fact gay.

"Oh yes because basically if you have sex with men, it's taboo and considered homosexual. You have to stop and ask yourself if you are gay."

African-American male, Washington, D.C.

"Yes it affects how you view yourself, most people don't want to think of themselves as gay."

African-American male, Atlanta

A few participants did not think having sex with men influenced the way they understood or defined themselves. These participants stated their self-definition was more complex than their sexual behavior or sex partner. Many of the participants who felt this way did not like labels and believed men are men first and foremost.

"No, I don't define myself sexually. I mean it is a part of me, but it is not who I am."

African-American male, Washington, D.C.

"A man is a man first. You should not use labels on anyone—labels cause problems. A man has to seek himself and understand himself."

African-American male, Atlanta

"No. You are a man first. What you do in private is your own business. As long as you maintain your responsibilities, what you do in the bedroom does not define you."

African-American male, Washington, D.C.

"It shouldn't make a difference. If you are pretty secure about being a man, you don't have to worry about anyone thinking you are a homo [sic], It doesn't make who you are."

African-American male, Washington, D.C.

D. Research Question 3: Beliefs of NGI MSM – Support from the Community

To understand more about how to reach NGI MSM (aged 20 – 45) with STD prevention messages, there was a need to learn more about the connection these men feel to their larger communities. For research question three, participants were asked about the level of support that same-sex relationships receive from the institutions and organizations in their communities. They were asked to give their own beliefs about various labels for same-sex relationships and to comment on the perceptions of others in their communities.

In this section, we present our findings for this research question, based on participant responses to the individual questions posed about community and culture. These questions appear below.

Research Question 3:

To what extent do NGI MSM (aged 20 – 45) believe that same-sex relationships are supported by institutions and organizations in their communities?

- What do you think the "gay" label suggests about a man? Probe for other labels: Bisexual, same-gender loving, etc.
- Do you think other persons in the (Black/Hispanic/Latino) community would agree with you? Why/why not?
- Are there institutions or organizations in your community that you belong to that discourage or fail to be supportive of same-sex relationships? Probe on: Church/religious organization; School; Club; Other.
- What would it be like as a (Black/Hispanic/Latino) man who has sex with both men and women to be accepted by friends/family?

Labels, Stereotypes, and Stigma

Questions about the meaning of the labels "gay" and "bisexual" provided insight into many of the ways men participating in the study see themselves and how they think community or society views people who are so labeled. A number of participants stated that they do not like to label people and do not identify themselves as "straight," "gay," or "bi." A few said that a label such as gay indicated an overall lifestyle while others suggested that the labels only referred to preferred sex partners.

> ***"I would just prefer a regular term like gay or bisexual. I think it's just about sex acts. There are all types of gay and bisexual men and they all act differently."***
>
> **African-American male, Washington D.C.**

Many of the respondents indicated that, for both themselves and society, the term gay suggest that a man is effeminate, weak, and somehow less of a man, and that a gay man is "different" from other men. They suggest that for most people the label also brings up stereotypes of men who dress as women or "queens," who are passive, or who want to be women. These men discussed stigma and shame associated with the term gay, stating that society judges and rejects men who are perceived as gay for being different, "not a man," or immoral.

> ***"Not accepted in the family—no place in a 'strong Black family' for someone to be gay. Such a stigma."***
>
> **African-American male, Washington D.C.**

> ***"To me it (gay) doesn't mean anything. To society, it means you are less of a man, soft, and you want to be a woman."***
>
> **African-American male, Houston**

More than half of the participants made a distinction between gay and bisexual, explaining that bisexuals are attracted to men and women, while gays are attracted to same-sex partners. Several participants also described bisexuals as curious, confused, and "freaks" who like to have a lot of sex. These participants were quick to point out, however, that they do not think society makes a distinction between gay and bisexual, and that for a man, either label means you are less than a man in the eyes of most people. Participants described being on the "down low" as men who like to have sex with men but keep it from others, being sneaky about it, and pretending to be something else.

> ***"You have some straight guys who are gay and they don't look gay, but they may be on the down low. You have a lot of guys who mess around with drag queens and transgenders, but they say they're not gay. Those are down low guys doing their own thing."***
>
> **African-American male, Washington D.C.**

> ***"People are more scared in the community about the down low. They would rather know that you are bisexual. You don't know when a person is on the down low. That's the scariest type of person. Things are so hush hush."***
>
> **African-American male, Washington D.C.**

For many participants, stigma seems to play a significant role in their own behavior and decisions about being open about their sexual preferences. They have seen that if men act in

certain ways (effeminate) they are put down, laughed at, and rejected. If they do not fit that stereotype but like to have sex with men, they keep it quiet so they are not subjected to the same kind of rejection. African-American participants stated that in that community/culture the expectation is that men are strong, physically and otherwise. Also, the church is a big part of the community and defines homosexuality as morally wrong. For these reasons, African-American men are going to hide the fact that they have sex with men.

"To the Black community, a gay Black man is a waste to the community."

African-American male, Houston

"(We know) how the Black community thinks. More brothers would not mind having sex with other men if it were anonymous. The community would see the gay label the same because of the negative association and add another negative to the list of things that people think are already wrong with Black men today. They are socially castrated."

African-American male, Atlanta

One Hispanic/Latino participant shared his view that "gay" is becoming less stigmatized and mentioned the popularity of the "metro-sexual" and more feminine male models in pop culture, including singers and actors. However, his perceptions were different from any of the other participants'.

Community Institutions and Organizations

Participants were asked if the institutions or organizations they belong to discourage or fail to be supportive of same-sex relationships. Fewer than 10 participants describe being lucky enough to have found a church that accepts them and welcomes people as they are. Overwhelmingly, others identified the church as an institution that does not support same-sex relationships. Their responses varied in terms of how actively discouraging the church was, with a couple participants describing pastors who go overboard in their message about homosexuality being a sin, and others stating that they know it is frowned on and considered sinful but not talked about openly.

"Church maybe. They just don't associate themselves with gay because they have to preach what the Bible says."

African-American male, Houston

"I disassociate myself from anything that would not be supportive of me. I know that the church says it is a sin but I think they need to be more middle of the road—not saying they support it but at least acknowledge that it happens and help people health wise, like we know you do this so when you do, you should protect yourself."

African-American male, Houston

"Some churches. A lot of Black churches. They say that, but there are a lot of gays in churches. Some churches, once a month they talk about sins and gay or homosexual always comes up. There's one church I know where half the choir is gay. Some ministers are gay."

African-American male, Washington D.C.

"Church. I go to a bi-racial, lesbian, gay worship service, so I'm lucky."

African-American male, Washington D.C.

A few participants mentioned other institutions including schools, though a couple believed this was improving with time, and the government since same-sex marriages are not legal. Individual participants mentioned specific organizations including a soccer club and places of employment.

Acceptance by Friends and Family

Participants were asked to talk about what it would be like to be accepted by friends and family as a man who has sex with both men and women. Roughly one-third of the participants responded that they could not even imagine such a scenario, that it would never happen. These men believe they would be rejected and judged if anyone knew they had sex with men and could not see themselves telling those close to them; they could not see themselves taking the risk of losing their family or their friends. A few of the men responded that their families or friends knew about their sexual preferences and accepted them for who they are. These men knew that not everyone has such acceptance and they feel lucky to be in such a situation.

"It's very hard. Me, I would keep it on the down low because they would look at you different. It would be hard to mess with a man and keep a woman because it would get around."

African-American male, Houston

"There is such stigma on each side, I don't think that could ever happen. No one would listen and then if you explain they will all give you 101 reasons why you should do this or that. That is why it is best to keep your mouth shut and not say anything."

African-American male, Houston

Most of the men imagined a situation that would allow them to be themselves and live the way they want – free from fear of being caught or found out, rejected, or ridiculed. Several mentioned that such acceptance would make it easier to be "comfortable with myself," suggesting a greater self-acceptance as well.

"It would be liberating. I would be free to be me. No fear. If I could remove my fear, I could shine. It would encourage me to have open communication with others without fear of losing them or them not understanding."

African-American male, San Diego

"It would be nice, it would be easy. I think the rate of STDs would go down because you would feel more comfortable about asking for the information you need. As for having sex with men and women, you could tell anybody. If a woman knows you're having sex with other men and she's not looking at you funny, she can protect herself better. But people don't want to tell women because it's looked down on."

African-American male, Washington D.C.

"It would be cool. Why wouldn't it be? If it was openly accepted, people would be more open about STDs."

African-American male, Washington D.C.

"Good I guess. Get people talking more. More open. Talk about STDs and HIV. HIV positive people would be more accepted and could talk about it more openly."

African-American male, Washington D.C.

"There probably would be a lot less riskier behavior because things wouldn't be driven underground. There wouldn't be such a stigma."

African-American male, Washington D.C.

A few participants also suggested that acceptance from family and friends would make it easier to be open about STDs and protection because the fear of rejection would not be so great.

"A family that loves and cares for you as an individual will love you for who you are. They would be understanding, this is not hurting them or the individual. They would understand that this is just something the person likes to do. They would accept the person because they know he's a good person."

African-American male, Atlanta

E. Research Question 4: Beliefs of NGI MSM – Access to Resources in the Community

In questions closely related to those asked in research question three, participants were asked if they could turn to the institutions and organizations in their community for information and services regarding STDs. If they felt they could not turn to these institutions and organizations, they were given the opportunity to discuss what stood in the way. Further, participants were asked to discuss what they believe would be important for encouraging NGI MSM to seek information and services regarding STDs and finding support systems.

The specific items posed during the interview around this research question appear below, followed by a description of the responses.

Research Question 4:

Do NGI MSM (aged 20 – 45) believe they can turn to organizations and institutions in their communities for information and services regarding STDs?

- Do the attitudes of the institutions or organizations in your community that discourage or fail to be supportive of same-sex relationships alienate or isolate individuals and prevent them from seeking information or services?
- What would the environment have to be in these organizations for an individual to seek STD information from them? Would you expect to find information about STDs in this type of organization? Why/why not?
- How would a (Black/Hispanic/Latino) man who has sex with men and women find ways to cope with day-to-day stress? What support systems would be available? What is needed or could be done in

Alienation

In general, the men participating in this study do not believe they can turn to the organizations and institutions in their communities for information and services regarding STDs. With a few exceptions of participants who have found an organization (clinic, community-based

organization, or church) that is open to a gay, lesbian, and bisexual culture and population, the participants talked mostly about fear of rejection and being harshly judged if they were open about their sexual preferences.

In response to other questions during the interview (refer to results from research question three), participants described institutions and organizations in their communities as discouraging or rejecting of same-sex relationships, particularly churches. In this section of the interview, participants described their beliefs that these attitudes prevented men like themselves from seeking STD information and services for fear of being labeled, judged, embarrassed, or ridiculed. They said that the stigma is so prevalent that men would prefer to remain silent and not ask their questions rather than risk revealing themselves. Many said that men who have sex with men are made to feel ashamed because it is constantly preached as something wrong.

"Yes, because they're distracted by the issue of sexual preference and they're not getting to the point of providing STD information."

African-American male, Atlanta

"Yes and no. I say yes, if they catch STDs, they'll look for something anywhere. But negative attitudes prevent people from looking beforehand because you don't want to look like someone who's high risk because people would judge you."

African-American male, Washington D.C.

Characteristics of an Environment Where NGI MSM Would Seek STD Information and Services

While few participants said they had actually experienced an environment that would encourage them to seek STD information and services, most could articulate the characteristics of such an environment and what it would take for someone like them to feel comfortable going for help. The following items were identified as important, regardless of the type of setting, i.e., church, school, or clinic.

- Non-judgmental
- Supportive
- Open – any topic or issue is acceptable
- Inviting
- Inclusive – everyone is welcome
- Maintains confidentiality
- Cares about the community and about the individual
- There are people like you – age/race/straight, gay, bisexual
- Everyone is accepted for who they are
- Everyone is allowed/encouraged to talk and ask questions
- People are made to feel comfortable in asking questions, going through testing

- There is a recognition that STDs are a problem in the community
- There is not an attitude that same-sex relationships are abnormal or immoral
- People do not care about your sexual preference
- Easy to get information anonymously if that is what someone wants/needs
- Discreet – no gossiping among staff

Most participants indicated that they would not expect to find this kind of environment in churches because of teaching against homosexuality, though a number of them did find this to be sad and a missed opportunity for helping members of the congregation and the larger community, particular youth. A few mentioned churches that are open to gays and provide this kind of service or churches that have large youth populations because STDs are such a problem that some may be or should be starting to deal with it.

"Yes, I would expect to get information from organizations because should be knowledgeable of what's going on regardless of if against it."

African-American male, Atlanta

"They'd have to be more understanding. In the church I'm talking about they outright speak against it, so of course no one's going to ask for it but, I guess if they were more understanding...they might think its wrong, but at the same time don't put a person down."

African-American male, Washington D.C.

"An environment of understanding, helping, and confidentiality. A place that provided guidance to the right help or services while keeping privacy."

African-American male, Atlanta

"It would have to be like where a participant spends time, like a twelve-step program. A positive, supportive environment."

Hispanic/Latino male, San Diego

Most participants did say that they would expect to find this kind of environment in the schools and clinics because this is where most people, particularly youth, would turn for information and services about STDs. However, many believe that many of these desirable characteristics do not exist in these settings and people who need the services do not seek them out because they are afraid of being judged or looked at differently if they reveal anything about themselves.

Coping with Stress

The men participating in this study described few ways they themselves dealt with everyday stress. These included general stress reduction techniques of eating healthy, getting enough sleep, and exercising; talking to friends; participating in recreational activities and hobbies. A few of the men mentioned unhealthy techniques to deal with stress such as drinking or using drugs, and a couple of participants talked about withdrawing from others and keeping everything inside. Therapy was mentioned twice, as was talking with someone like you (a stranger).

"Just take part in regular activities. I mean, you're not different from everybody else. Some people, if they're gay or bisexual they let that define them and that's all they do, but that's just one part of you. You should take your mind off of it and exercise or something. Other people in the same situation, bisexual, to talk to are the best support system."

African-American male, Washington D.C.

"Support groups online and chat rooms might be the best way."

African-American male, Houston

A few participants expounded on the unhealthy ways they have seen some men on the down low cope with the stress of hiding their sexual preferences, saying they have seen results that include friendships and families being hurt, violence, isolation and withdrawal, and men not taking the care to protect themselves from STDs or going for testing when they need to.

Most of the participants thought that support groups for men who have sex with men and women would be a good idea, to encourage men to take better care of their physical and mental health, and to learn to accept themselves. However, many of them also thought that these men would not take part in these types of groups because the stigma is currently too great and the fear of being judged and rejected is too strong. They do believe that community organizations and institutions, such as churches and community-based organizations can do more to encourage these men to protect themselves and their partners by simply acknowledging that this is going on and not being so condemning.

"Men who have sex with men groups and down low groups and bisexual groups. There are places that could use more groups. Especially the church because there's a lot of men at Church who are having sex with men. More advertisements, more pamphlets, more outreach, talking to people at schools and jobs."

African-American male, Washington D.C.

F. Research Question 5: Effective Channels & Sources to Reach NGI MSM

The final objective of this study was to determine the most effective channels and sources of information to reach NGI MSM (aged 20 – 45) with STD prevention messages. In order to glean this information, participants were asked a number of questions about their use of radio, television, print media and the Internet. Participants were also asked about their preferred channels for obtaining information about sexually transmitted diseases.

Below is the list of specific questions on this topic. Following the list, we present our findings for this research question.

Research Question 5:

What are the most effective channels/sources of information to reach NGI MSM (aged 20 – 45) with STD prevention messages?

- How many hours a week do you listen to the radio? If none, skip to Q4.
- What type of music or programming do you listen to on the radio? (it can be news, talk radio, etc.)
- Do you listen to the radio more in the car? At home? On public transit (e.g., train)? At work? Probe: Do you typically change the station when commercials come on?
- How many hours a week do you watch television? If none, skip to Q6.
- What type of television programs do you watch? Probe: Do you typically change the channel when commercials come on?
- How many hours a week do you read magazines, newspapers, other publications? If none, skip to Q9.
- What type of magazines, newspapers, other publications do you read for enjoyment? Probe: What is it about these publications that hold your attention?
- Do you use the Internet? If not, skip to Q11. Probe: Where do you access the Internet? Home, work, or some other place?
- How many hours a week do you use the Internet for activities other than email?
- What types of websites do you most often frequent? Probe: Entertainment, shopping, news, etc.
- If you wanted information on STDs (e.g., syphilis, gonorrhea, HPV), would you go first to: radio, TV, magazines/ publications, or the Internet? Probe: Would any of these be good places for STD information? Why or why not?

Radio Use

Participants in this study listen to the radio an average of 15 hours a week, with a range in listening time from 0 to 72 hours a week. When asked where they most often listen to the radio, the majority of participant responses were divided between listening in the car and listening at home. Some participants also stated that they listen to the radio at work, while only one participant mentioned that he listens while on public transit. About half of the participants stated that they typically change the station when commercials come on, while the other half of participants stated that they do not change the station during commercials.

When asked what type of music or programming they listen to on the radio, participants noted a wide variety of responses. Participants most often stated that they listen to rhythm and blues (R & B) radio stations; followed by jazz, talk radio, and gospel stations. A full list of the types of programming mentioned by participants follows; programming type is listed by frequency of response ***(1 most frequent; 9 least frequent)***. It should be noted that the number of responses mentioning Latin music might be low due to the small number of Hispanic/Latino participants in the study.

Table 9. Radio Programming Type

1.	Rhythm and Blues (R & B)
2.	Jazz
3.	Talk
3.	Gospel
5.	Pop
6.	Rock
7.	Hip Hop
8.	Country
9.	Urban
9.	Sports Talk
9.	Dance/Techno
9.	Latin

In addition to the types of radio programming they listen to, some participants went further to list specific

stations they prefer. Participants in San Diego, CA mentioned 92.3 fm, 92.5 fm, 93.3 fm, 96.5 fm, 97.3 fm, 98.1 fm, 102.7 fm, 104.3 fm, and 105.9 fm. Participants in Washington, D.C. mentioned 101.3 fm. In Atlanta, GA participants spoke about V103 fm, 104.1 fm, 104.7 fm, and 107.5 fm and in Houston, TX participants referred to 102.1 fm.

Television Use

Participants in this study watch television an average of 28 hours a week, with a range in viewing time from 0 to 100 hours a week. When asked if they change the channel when commercials come on, slightly more participants stated that they do not change the channel than do change the channel at that time.

Participants watch a wide range of television programs. The majority of participants noted that they watch news programs, followed by comedy/situation comedies and sports programs. The following table depicts the full list of program types mentioned by participants as well as specific examples of channels or programs when provided. Program type is listed by frequency of response ***(1 most frequent; 17 least frequent)***.

Table 10. Television Programs and Specific Examples

	Type of Television Program	Channel or Program Examples
1.	News	CNN, DateLine, MSNBC
2.	Comedy/Situation Comedies	My Wife and Kids, Will and Grace, The Parkers, Frasier, Drew Carey, Friends, The Simpsons
3.	Sports	SportsCenter
4.	Movies	HBO, Cinemax, Showtime
5.	Reality	American Idol, Making the Band, Newlyweds
6.	Crime/Drama	CSI, ER, 24
7.	Music/Video/Entertainment	MTV, BET
8.	Love Stories	
9.	Science Fiction	Sci-Fi Channel
10.	Classic Movies/Television	TVLand, AMC
11.	Public Television	
11.	History	History Channel
11.	Science	Discovery Channel
11.	Western	
11.	Talk Shows	
11.	Cartoons	Nickelodeon
17.	Cooking	
17.	Christian	
17.	Court/Forensic	
17.	Horror	
17.	Action	

Print Media Use

Participants in this study spend an average of ten hours a week reading print media (newspapers, magazines, other publications), with a range in reading time from 0 to 52 hours. When asked what type of print media they read for enjoyment, participants shared a wide array of responses. The most frequently mentioned print media was local and national newspapers, followed by African-American interest magazines and news magazines. Following is a complete listing of print media type, and examples when provided, by frequency of response ***(1 most frequent; 13 least frequent)***.

Table 11. Print Media and Specific Examples

	Type of Print Media	Print Media Examples
1.	Newspapers	Washington Post, Express (daily Washington Post commuter reader), Washington Blade, Washington City Paper, Houston Chronicle, Houston Press, Atlanta Journal-Constitution, New York Times, Los Angeles Times, Gay and Lesbian Times, The Reader
2.	African-American Interest Magazines	Ebony, Black Enterprise, Savoy, Jet, Vibe, The Source
3.	News Magazines	US News & World Report, Time, Newsweek
4.	Sports Magazines	Sports Illustrated, Tennis
5.	Fashion Magazines	GQ, Maxim
6.	Health/Fitness Magazines	Men's Health, Men's Fitness
7.	Entertainment Magazines	
7.	Music Magazines	Rolling Stone
9.	Business Magazines	Business 2.0
9.	Finance Magazines	Smart Money, Fortune
11.	Computer Magazines	Wired, PC, Computer Gaming
11.	Cooking Magazines	
13.	Lifestyle Magazines	Parade, Life
13.	Comic Books	
13.	Soap Opera Magazines	Soap Opera Digest

When asked what holds their attention in the publications above, participants most often stated that they read these newspapers and magazines to stay informed of current events locally, nationally, and internationally. They also noted that they refer to these publications to learn more about what is happening in their community. Participants stated that the publications they read are geared towards their personal interests. Some participants noted that they especially refer to their local newspapers and Sunday editions for coupons and sales.

Internet Use

The majority of participants in this study (39 out of 49) stated that they use the Internet. Of these participants, most stated that they access the Internet from home. Other participants responded that they access the Internet from work; the library; a local health clinic; an Internet café; a friend's house; and school.

For activities other than email, respondents in this study use the Internet an average of 14 hours a week, with a range in use from 15 minutes to 40 hours a week. Types of Websites most

commonly visited by participants include entertainment sites followed by news sites, search engines, and adult or pornographic sites. The following table depicts a complete listing of Website type, and examples when provided, by frequency of response ***(1 most frequent; 14 least frequent)***.

Table 12. Websites and Specific Examples

	Type of Website	Website Examples
1.	Entertainment	MTV.com
2.	News	Newsweek.com, AJC.com, WashingtonPost.com, WSB.com, CNN.com
3.	Search Engines	AOL.com, Yahoo.com, Google.com
4.	Adult/Pornographic	
4.	Job Search	Monster.com, CraigsList.com
6.	Shopping	Amazon.com, Ebay.com, tennis.com
7.	Health/Fitness	MedlinePlus
7.	Sports	ESPN.com, AtlantaFalcons.com,
9.	Business	
10.	Games	
11.	African-American Interest	BET.com, Blackgospel.com, V103.com
11.	Computer	
11.	Personals/Chat	Adam2Adam.com
14.	Automotive	
14.	Fashion	
14.	Travel	

Preferred Channels for STD Information

Participants were asked if they would first go to radio, television, print media or the Internet if they wanted information on sexually transmitted diseases such as syphilis, gonorrhea or HPV. An overwhelming majority of respondents stated that they would first go to the Internet for this type of information. Some participants stated that they would refer to television or print media if they were looking for this information. Only a few participants noted that they would rely on radio in this case.

In addition to the channels specifically asked about above, participants mentioned a few additional channels they thought might be effective in disseminating STD information. These include billboards, healthcare providers and facilities, and public libraries.

Respondents gave a number of reasons for choosing, or not choosing, a particular channel for STD information. In the sections below, participants' views on radio, television, print media, and the Internet as communication channels for STD information are described.

Radio

A few participants said they would turn to the radio for information about STDs, but did not indicate a reason for doing so. However, several participants stated that they would not rely on

the radio for this information for a number of reasons. The unpredictability of when information would air was cited as a significant drawback to relying on radio in this situation. Participants also spoke of the lack of visual draw with radio. They believed that this would make the information provided seem less "catchy." Participants also spoke of the inconvenience of radio especially when driving in the car and unable to write down pertinent information.

"I wouldn't go looking for something there. You turn on the radio and you don't know exactly when it's going to be on."

African-American male, Washington, D.C.

"Radio is not as catchy because it doesn't have a visual aspect to hold attention."

African-American male, Atlanta

Television

Participants who stated that they would turn to television for STD information believed that that visual nature of TV made it more likely that the information provided would grab the public's attention. Participants noted that television is a good channel for use in making the public more aware of sexually transmitted diseases.

"TV would be a good place to let public have more awareness of what's going on or what's beneficial."

African-American male, Atlanta

"With the TV you tend to pay more attention. TV is more visual than radio, so I guess that's the best one."

African-American male, Washington, D.C.

Some participants, however, noted that they would not rely on television for STD information because of the unpredictability of when information would air. These participants stated that it would be inconvenient to have to wait for this information instead of being able to access it as needed.

"Radio, TV, magazines are good occasionally, but you have to wait for information to come on."

African-American male, Atlanta

Print Media

Some participants believed that magazines would be a good place for detailed articles and information about sexually transmitted diseases. These participants noted that the use of print media would be an effective channel for people who like to read. However, a few participants stated that the inconvenience and unpredictability of when articles and information would appear in magazines made it unlikely that they would look to this particular channel for STD information. These participants also believed that many people do not pay attention to advertisements in magazines, making it unlikely that information about STDs would be read.

"Magazines can not be good because [people] can flip through pages and not pay attention to ads."

African-American male, Atlanta

Internet

Most participants in this study stated that they would first turn to the Internet when in need of information about sexually transmitted diseases. A number of reasons were cited for their preference for this channel. Many participants believed that the Internet allowed for quick, instant access to accurate, up-to-date, and comprehensive information about STDs. They stated that the Internet provided them with the exact information they would be looking for as well as links to additional resources if needed. Respondents also noted that using the Internet afforded them privacy in researching STD information.

"Internet would be the best place because you can type in what you are looking for and go straight to it."

African-American male, Houston

"Internet would be the best place because there is much information and you can get it quickly."

African-American male, San Diego

"[The Internet] gives you quick basic info and directs you to places with more in depth info."

African-American male, Houston

"Internet is good because can do more researching and cross referencing. Can access many resources for validation."

African-American male, Atlanta

"[I] use internet nowadays and it's more private."

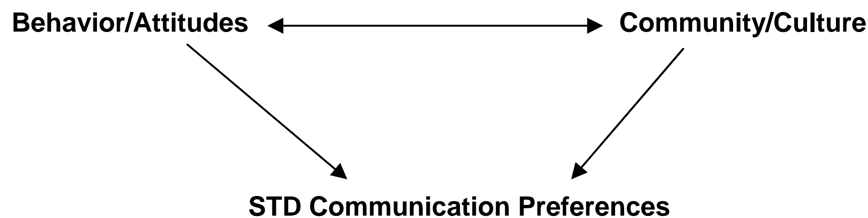
African-American male, Atlanta

IV. Discussion

The intent of the research discussed in this report was to collect data regarding the behaviors, attitudes, and community/culture of African-American and Hispanic/Latino NGI MSM relevant to STDs and their ideas for increasing knowledge of how to prevent these diseases. The findings from the individual, in-depth interviews offer valuable insight into this population at high risk for STDs and implications for the selection of sources and channels for effectively communicating prevention information with them.

As described in Section I of the report, the research staff developed the following conceptual framework to aid in understanding the connections between behavior, attitudes, community/culture, and STD communication preferences. This framework was used again in organizing the discussion of the findings, as it provides structure and context for interpretation and, ultimately, formulating recommendations for communication strategies and for further research.

Figure 1. Non-Gay Identified Men who have Sex with Men (NGI MSM) Research Questions Conceptual Framework



The underlying research assumptions of this study were also reconsidered after the findings were identified and will be referred to as appropriate throughout the discussion section. The research assumptions were:

- NGI MSM *do not* identify with and thus do not participate in gay cultural outlets (including print/video/media directed to gay male audiences, gay social venues, etc.);
- NGI MSM *do* identify with and thus participate in mainstream heterosexual cultural outlets (including print/video/media directed to heterosexual men, mainstream social venues, etc.); and
- African-American and Hispanic/Latino NGI MSM identify first with their community/ethnic heritage.

A. Behavior

Use or Presence of Alcohol/Drugs

The use or presence of alcohol and/or drugs plays an important role in the behavior of NGI MSM. Results of this study suggest that the use or presence of alcohol and/or drugs:

- ***Increases the likelihood of meeting a sexual partner.*** NGI MSM are more likely to meet a sexual partner while drinking alcohol or using drugs; inhibitions are lessened while under the influence of these substances.
- ***Increases the likelihood of sexual interaction with a partner.*** NGI MSM are more likely to engage in sexual interaction with a partner while drinking alcohol or using drugs; decision-making ability regarding this behavior is compromised and inhibitions are lessened while under the influence of these substances.
- ***Increases the likelihood of having unprotected sex.*** NGI MSM are less likely to use a condom while drinking alcohol or using drugs; decision-making ability regarding this behavior is compromised while under the influence of these substances.
- ***Decreases the likelihood of communicating with a sex partner about sexual history.*** NGI MSM are less likely to discuss their sexual history with a partner while drinking alcohol or using drugs; the use of these substances increases the urgency of sexual interaction and inhibits communication about sexual history or STD status.

- ***Is a factor in deciding the venue for meeting a sexual partner.*** NGI MSM will consider the availability of alcohol or drugs when choosing a venue for meeting a potential sex partner; venues such as bars or clubs where alcohol and drugs are often present may be chosen by NGI MSM because they are more likely to meet a sexual partner in these environments.
- ***Is a factor in deciding the venue where sexual interaction with a partner will take place.*** NGI MSM will consider the availability of alcohol or drugs when choosing a venue where sexual interaction with a partner will take place; venues such as bars or clubs where alcohol and drugs are often present may be chosen by NGI MSM because they are more likely to have sex with a partner after being in these in these environments.
- ***Is a factor in self-identification.*** MSM are less likely to identify as gay if they have sex with a male partner only when under the influence of alcohol or drugs.

Perceptions of Relationship with Partners

Perceptions of their relationships with female and male partners play an important role in the behavior of NGI MSM that further explain the various identities of this population. Results of this study suggest that perceptions around the following factors affect the behavior of NGI MSM:

- ***Emotional attachment.*** NGI MSM view their relationships with male partners as “without emotion” and for sexual gratification only. They look to their relationships with females for nurturance and emotional fulfillment.
- ***Commitment.*** Commitment to male and female partners varies among NGI MSM. Men who are married and/or have children are more likely to emotionally commit to the female partner. However, if they feel supported in their behavior by their community, NGI MSM will commit to the male partner rather than the female partner.
- ***Sexual gratification.*** Many NGI MSM view their relationships with men as a means to satisfying their sexual needs in a way that their female partners cannot. In this way, they look to their relationships with male partners primarily for sexual gratification.
- ***Risk of STDs.*** Most NGI MSM believe their relationships with female partners put them at lower risk for contracting STDs, while their relationships with male partners put them at considerably higher risk for contracting STDs.

Implications for Communication Strategies

- Bars, clubs, and other environments where the use of alcohol and drugs is prevalent may serve as an effective channel through which to disseminate STD prevention information to NGI MSM.
- When developing STD prevention information for NGI MSM, it is important to consider the various identities of this population and the perspectives through which they view themselves and their relationships with male and female partners.

B. Attitudes

Attitudes Toward Sexual Behavior and Identity

Participants identified a difference in how they view their sexual behavior and how society views same-sex behavior. These participants recognized their internal struggle over society's definition of gay and their own identity. This struggle often caused confusion and uncertainty over who the participants are as individuals.

Many participants believed that the word "gay" was a label placed on men who have sex with men by society and this label did not apply to them. Many of the men expressed the incompatibility of the gay stereotype of effeminate men with the way they view themselves as a reason to dismiss the label in relation to themselves. Of those participants who did believe same-sex acts should be labeled as "gay," they were quick to qualify this label with that of what a "normal" straight person would say.

Participants recognized socially their sexual behavior was viewed as "abnormal" and "weird." They also understood the taboo nature of same-sex relationships and the resulting stigma attached to those who participate in same-sex acts. This led the participants to conduct same-sex acts secretly and for some to live with regret or denial.

Attitudes Toward Condom Use

Participants listed a number of misconceptions when discussing condom use with male and female partners. Many participants believed it was only necessary to use condoms with male and females partners during anal and vaginal sex and not during oral sex. Participants stated the reasons for this as: 1) less risk involved in oral sex (anal sex being a more dangerous act); 2) being able to feel during oral sex; and 3) being "in the moment."

Some participants believed using condoms with female partners was never important. These participants thought that if you want your partner to get pregnant you did not need them or if you were in a committed relationship condoms were unnecessary. Participants who expressed these views did not discuss their sexual acts with other female or male partners or the possibility that their female partners may have multiple partners as well.

Implications for Communication Strategies

- To develop effective STD communication strategies for NGI MSM, it is important to consider the various ways this population understands and defines themselves. Messages targeting gay men will not be seen as relevant for this population.
- Many NGI MSM have misconceptions regarding the risks associated with unprotected oral, anal, and vaginal sex. Future STD prevention campaigns for NGI MSM should consider emphasizing the consequences of unprotected oral, anal, and vaginal sex as well as condom use for all types of sexual activity.

C. Community/Culture

Stigma

Nearly all of the men who participated in the study discussed the negative, detrimental effects of stigma that is attached to same-sex relationships by society as a whole, and specific cultural institutions in particular. Acceptance within their own communities was important to these men, and most felt that their acceptance would be threatened if their sexual preferences became known. Many were very clear in describing that they present an image of a strong male, that this is important to them and to those around them. This seems to support the assumption that these men identify first with their racial/ethnic heritage, particularly as many discussed the African-American and Hispanic/Latino communities' rejection of the "effeminate, gay man."

Importantly, the fear of stigma and rejection becomes a barrier to STD communication for these men, as they are reluctant to:

- Discuss their previous sexual history or STD status with partners of either sex.
- Seek STD information, testing, counseling, and treatment services.
- Consistently negotiate and use safe sex practices with all partners.

Community Support

The participants in this study reported little or no structural/organizational support in their communities for men like them, indicating they identify no source they would turn to for information and support around issues of sexuality and STDs. Many participants discussed the importance of the church in their communities and their belief that the church missed the opportunity to help prevent STDs by not acknowledging that same-sex relationships occur and making prevention information available. For many, there was an understanding of the moral teachings around same-sex relationships, but a sense that this contributes to a person's fear of rejection and intense desire to keep their sexual behavior secret.

The most important community institution/organization in a position to offer prevention information, as identified by men in this study was the local clinic or health department. After that would be a school or community-based organization. Regardless of the type of organization, a number of characteristics of a positive environment could be identified from the interviews with these participants, giving insight and guidance in developing informational and support services for these men. The most important of these characteristics included an open, supportive, and non-judgmental staff (or volunteers) and a climate that was welcoming and comfortable for everyone. Confidentiality and discretion were also considered essential.

Implications for Communication Strategies

- Fear of stigma and rejection is a barrier for many NGI MSM who need/want information, counseling, and services around STDs. Traditional sources for this information, such as local health departments or clinics, may have more success in reaching this population by forming partnerships with community-based organizations (CBOs) that are open and receptive to these men, and using the CBOs as dissemination channels.

D. Communication Preferences

Communication Channels

NGI MSM have a preference for communication channels and methods that allow them anonymity and confidentiality. The Internet plays an important role in meeting that need in this population. Results of this study suggest that NGI MSM primarily rely on the Internet for accessing health information and meeting sex partners. Although the Internet-based recruitment utilized in this study may introduce some bias in this finding, future efforts in information dissemination to NGI MSM may well benefit from utilizing Web-based channels to target this population.

Implications for Communication Strategies

- The Internet is a commonly used means for the NGI MSM who participated in this study to access health information and meet potential sex partners. Future efforts in information dissemination to NGI MSM may well benefit from utilizing Web-based channels to target this population.

V. LIMITATIONS

This study has several limitations. First, in-depth interviews rely on convenience samples. As such, the generalizability of these findings is limited. There was no attempt to recruit a statistically representative random sample of individuals. The choice of cities in which to hold the interviews, though based on prevalence rates, was also a convenience sample to allow the research to be conducted in different regions of the country. This research was conducted as an exploration of behaviors, attitudes, and sense of community affecting communication preferences of NGI MSM for STD prevention information. The results reported could be used for additional investigation and insight that may help shape communication activities. As in any qualitative research, statistically significant results cannot be drawn from this research.

Second, all of the participants were willing to participate in an interview. It is not known how, if at all, these participants differ from those who did not participate.

Third, as a result of participating in a one-hour discussion about this topic, participants are likely very different than those who did not participate. While it is highly unlikely that their attitudes would change as a result of participating, they may have become more open and willing to discuss sex, STDs, and prevention methods. As a result, participants in these interviews may have found different concepts and strategies acceptable. While the information gleaned from these interviews can be helpful in developing communication concepts, materials, and strategies, public health professionals should interpret them with caution. When developing materials, additional concept testing should be conducted.

Fourth, the findings of this study rely on a small sample size. The original goal of this effort was to recruit 65 – 72 men for participation in this research and to segment by race and age. We were unable to reach this target due to the unanticipated challenges with recruitment in one of the interview sites. On a few occasions, interviewees in Houston appeared to be under the influence

of drugs or alcohol. Some men also arrived for interviews that had not been previously screened or scheduled. The concern of ORC Macro staff for the safety of the field interviewer, as well as the integrity of the data collected, led to the turning away of a number of potential interviewees and the termination of some interviews in progress. Despite efforts to redirect the recruitment approach in this city, the decision was eventually made to discontinue interviews in Houston.

Additionally, the sample includes a low number of Hispanic/Latino NGI MSM participants. This limitation may be due to the passive Internet recruitment strategy employed. Two possible explanations include that Hispanic/Latino NGI MSM may not have frequented the websites on which the study descriptions were posted or that men may not have been comfortable initiating contact with project staff. We do not believe the gender or race of our interviewers was a factor in the low Hispanic/Latino NGI MSM sample size, due to the fact interviewees did not know the race or gender of the interviewer prior to being scheduled. In addition, the majority of Hispanic/Latino NGI MSM who were scheduled for an interview completed the interview process.

Finally, this study reports the results of aggregated data. As a result, there are cultural and other factors associated with NGI MSM in African-American and Hispanic/Latino communities that cannot be explored.

VI. Recommendations

This in-depth interview study offers an initial exploration of the sexual behavior, attitudes, community/culture, and communication preferences for African-American and Hispanic/Latino NGI MSM (aged 20 – 45) related to STDs and STD prevention. The findings of this study suggest that NGI MSM have various self-identities and perceptions of themselves and thus are not a homogeneous population. As a result, it is important for public health practitioners to remember that there is no one-size-fits-all approach to working with NGI MSM. The implications of these conclusions should be considered when developing STD communication messages for NGI MSM and when developing protocol around recruitment and methodology for future studies with this population.

Following are the recommendations regarding communication strategies, methodology, and recruitment resulting from this study:

A. Communication Strategies

- The findings of this study further demonstrate the value of the Internet in reaching non-gay identified men who have sex with men with STD prevention messages. Many NGI MSM refer to the Internet for health information and as a means to meet sex partners anonymously and confidentially. As a result, dissemination of STD information through Web-based channels may be particularly effective with this population.
- Any efforts made in information dissemination to NGI MSM should not rule out gay venues or environments as a valuable resource. Findings from this study suggest that both mainstream and gay newspapers, Websites, clubs, etc., are particularly effective in reaching

this population. Consequently, future studies with NGI MSM should utilize venues and environments that are oriented toward both gay and heterosexual men.

- Communication messages for NGI MSM should be developed with consideration of the self-identities of this population. Results of this study suggest that identity varies with perceptions of factors such as emotional attachment, level of commitment, sexual gratification, and risk involved with male and female partners. As a result, the tone of, and images included in, STD communication messages should be tailored with consideration of the differing self-identities of NGI MSM.
- A possible communication strategy for organizations working with NGI MSM audiences is the emphasis on the high-risk behavior of unprotected intercourse, anal or vaginal, and not necessarily the sex of the partner.

B. Methodology

- Collecting additional information on NGI MSM by segmenting on race and age would be helpful in uncovering whether there are any differences among age groups or racial categories useful in designing effective prevention campaigns.
- The findings of this study indicate the Internet is an important venue to utilize in reaching NGI MSM. Internet-based surveys may be able to access a large, representative sample of NGI MSM to assist in a deeper understanding of factors related to producing effective STD communication messages. Internet-based surveys also allow anonymity for the respondents and could yield higher response rates then more traditional survey methods (e.g., telephone, household, etc.).
- A mixed-methods approach in researching this population could assist in a more complete understanding of the relationships between behaviors, attitudes, and community/culture in respect to targeted communication strategies for NGI MSM.
- Internet-based focus groups could prove beneficial in testing STD prevention messages or materials for NGI MSM populations. Due to the anonymity and confidentiality that is offered through a mechanism such as the Internet, NGI MSM participants may feel more comfortable using the Internet to express their opinions than in a traditional focus group setting.

C. Recruitment

- Due to the challenging nature of recruiting this population, we recommend using a comprehensive, aggressive approach to recruitment that includes using both gay and mainstream venues. The results of this study suggest that gay venues should not be excluded as possible points of reaching NGI MSM. Both mainstream and gay media outlets (newspapers, Websites, etc.) should be utilized to solicit participation.
- In order to reach as broad a participant base as possible, all possible recruitment options should be explored. These include Internet-based recruiting, flyers, newspaper ads, and outreach through gatekeeper organizations (e.g., Us Helping Us, LLEGO).
- Recruiting both non-gay and gay-identifying MSM in future study designs may aid in understanding if there is a difference in behavior, attitudes, community/culture, and effective

communication strategies between these two groups. Gay-identifying men may also serve as proxies for possible non-gay identifying partners or friends and could thus serve as valuable sources of information regarding their behaviors and attitudes.

VII. CONCLUSION

The research described in this report was an exploratory look at African-American and Hispanic/Latino non-gay identified men who have sex with men, aged 20 – 45. Based on qualitative, in-depth interviews, a number of important findings emerged regarding the behaviors, attitudes, and community and cultural influences of NGI MSM and how these might affect their preferences for receiving messages for STD prevention. The need for a continued focus on reducing high-risk behavior, such as unprotected anal intercourse, regardless of the sex of the partner is emphasized in these findings. This information will be valuable to public health workers at the local and state levels, to community-based organizations, and to national agencies that are committed to preventing and reducing the spread of STDs. The results of this study will also be helpful for other researchers interested in NGI MSM, although there are many more questions that can be raised regarding the most effective ways to communicate about STD prevention with this population.

APPENDICES

APPENDIX A

SAMPLE NGI MSM WEBSITE POSTING

Sample NGI MSM Website Posting

Are you a straight man?

Do you sometimes have sex with men as well as women?

Are you a Black or Latino man who lives in the Atlanta, GA, San Diego, CA, Houston, TX or Washington D.C. areas?

Are you on the DL?

If so, we are looking for straight Black and Latino men who sometimes have sex with other men to participate in a research study regarding STD prevention.

If you qualify, we will pay you to talk with us about your thoughts on STD prevention. Your privacy will be protected.

Call 1-866-734-7477 (between 9:00am – 5:00pm EST) or send an email to study@orcmacro.com to learn more.

Appendix B

NGI MSM Postings to Websites

NGI MSM Postings to Websites

Website and Subcategory	URL
1. Atlanta – Craig's List: Et cetera Jobs	http://atlanta.craigslist.org/
2. Houston – Craig's List: Et cetera Jobs	http://houston.craigslist.org/
3. Washington, D.C. – Craig's List: Et Cetera Jobs	http://washingtondc.craigslist.org/
4. San Diego- Craig's List: Et Cetera jobs	http://sandiego.craigslist.org/
5. Fo Brothas – Message Board: Sex	www.fobrothas.com
6. Latino Male – Message Board	www.latinomale.com
7. Ebony Male – Message Board	www.ebonymale.com
8. America Online (AOL)-Groups: DL Peeps	www.aol.com
9. AOL-Groups: Blk Male Looking 4 DL Blk Males	www.aol.com
10. AOL-Groups: African American Black Gay Men	www.aol.com
11. AOL-Groups: Masculine Gay Bruthas in DC/MD	www.aol.com
12. AOL-Groups: Metrohotboyz (Latino and Black men 18+ to discuss issues)	www.aol.com
13. AOL-Groups: POZ Blkm 4 Blkm Chat	www.aol.com
14. AOL-Groups: Gay Black Men of DC/MD/VA area	www.aol.com
15. AOL-Groups: Houston dl thugs 18 and older	www.aol.com
16. AOL-Groups: Gay Black Thug Men	www.aol.com
17. Microsoft Network (MSN)-Groups: African-American Males and Females Looking For Love	www.msn.com
18. MSN-Groups: DL Brothaz who love God	www.msn.com
19. Yahoo-Groups: Bi-Men-Atlanta	www.yahoo.com
20. Yahoo-Groups: blacktex26	www.yahoo.com
21. Yahoo-Groups: Boysonthedl	www.yahoo.com
22. Yahoo-Groups: DLblackmen	www.yahoo.com
23. Yahoo-Groups: MenontheDL	www.yahoo.com
24. Yahoo-Groups: EastCoastNiccasInThaLife	www.yahoo.com
25. Yahoo-Groups: blackboysbehavingbadly	www.yahoo.com
26. Cruisingforsex.com-Message Boards: CruisingforsexUSA-Georgia	http://www.crusingforsex.com
27. Cruisingforsex.com – Message Boards: CruisingforsexUSA – California – San Diego & Imperial Co's.	http://www.crusingforsex.com
28. Cruisingforsex.com – Message Boards: CruisingforsexUSA – Washington (District of Columbia)	http://www.crusingforsex.com
29. PlanetOut.com – People – Message Boards: Atlanta: Events	http://www.planetout.com
30. PlanetOut.com – People – Message Boards: San Diego: Events	http://www.planetout.com

Website and Subcategory	URL
31. PlanetOut.com – People – Message Boards: Washington, DC: Events	http://www.planetout.com
32. Blackvoices.com – Message Boards: General	http://www.blackvoices.com
Print Ads with Online Versions	**URL**
33. Houston Press – Classifieds/Help Wanted/Medical Research	www.houstonpress.com 1) Available online for 4 weeks. Also available in print editions 4/8, 4/15, 4/22, and 4/29.
34. Washington City Paper – Classifieds/Wanted	www.washingtoncitypaper.com Available online for 2 weeks. Also available in print editions 4/9 and 4/16.
35. Gay & Lesbian Times (San Diego) – Classifieds/Announcements	www.gaylesbiantimes.com Available online for 4 weeks. Also available in print editions beginning 4/15.

APPENDIX C

PRINT AD LISTINGS AND SAMPLE

PRINT AD LISTINGS

1. Houston Press – Classifieds/Help Wanted/Medical Research

   Available in print editions 4/22 and 4/29.

2. Washington City Paper – Classifieds/Wanted

   Available in print editions 4/9 and 4/16.

3. Gay & Lesbian Times (San Diego) – Classifieds/Announcements

   Available in print editions beginning 4/15.

SAMPLE AD

A health research firm is looking for straight Black and Latino men in the Houston, TX area who sometimes have sex with other men to participate in a research study.

If you qualify, we will pay you to talk with us about your thoughts on STD prevention. Call 1-866-734-7477 (9:00am – 5:00pm EST) or email **study@orcmacro.com**. Your privacy will be protected.

Appendix D

Sample Flyer in Spanish

SE NECESITA HOMBRES LATINOS Y AFROAMERICANOS

Es usted un hombre heterosexual?

Usted aveces tiene sexo con hombres y mujeres tambien?
Es usted un hombre Latino que hable ingles
y vive en Washington DC?

Esta usted viviendo una vida secreta?

Si es asi, nostros estamos buscando hombres latinos que hablen ingles y son heterosexual pero aveces tienen sexo con otro hombres para que participan en un estudio sobre prevencion de infirmedades sexuales.

Si usted tiene los requisito que buscamos, le pagaremos para que hable con nostros sobre sus ideas de prevenir infirmedades sexuales. Tenga en mente, su prividad sera protejidad.

Llame 1-866-734-7477 (entre 9 a.m. y 5p.m. EST) o mande un email a study@orcmacro.com para apprender mas.

Se Necesita Hombres
Latinos y Afroamericanos
1-866-734-7477
study@orcmacro.com

Se Necesita Hombres Latinos y Afroamericanos 1-866-734-7477 study@orcmacro.com

Se Necesita Hombres Latinos y Afroamericanos 1-866-734-7477 study@orcmacro.com

Se Necesita Hombres Latinos y Afroamericanos 1-866-734-7477 study@orcmacro.com

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Se Necesita Hombres Latinos y Afroamericanos 1-866-734-7477 study@orcmacro.com

Se Necesita Hombres Latinos y Afroamericanos 1-866-734-7477 study@orcmacro.com

APPENDIX E
FLYER LOCATIONS

FLYER LOCATIONS

- **Washington, DC:** Approximately 20 flyers posted in bookstores and coffeeshops in gay-friendly neighborhoods, grocery stores, Howard University area, and Dupont Circle
- **San Diego, CA:** Approximately 10 flyers posted around local community colleges
- **Atlanta, GA:** Approximately 10 flyers posted near and in Piedmont Park

APPENDIX F

SAMPLE FLYER IN ENGLISH

Black and Latino Males Needed

Are you a straight man?

Do you sometimes have sex with men as well as women?

Are you a Black or Latino man
who lives in the Washington, D.C. area?

Are you on the DL?

If so, we are looking for straight Black and Latino men who sometimes have sex with other men to participate in a research study regarding STD prevention.

If you qualify, we will pay you to talk with us about your thoughts. Your privacy will be protected.

Call 1-866-734-7477 (between 9:00am–5:00pm EST) or send an email to study@orcmacro.com to learn more.

Black & Latino Males Needed
1-866-734-7477
study@orcmacro.com

Black & Latino Males Needed
1-866-734-7477
study@orcmacro.com

Black & Latino Males Needed
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Black & Latino Males Needed
1-866-734-7477
study@orcmacro.com

Black & Latino Males Needed
1-866-734-7477
study@orcmacro.com

Appendix G

Phone Call Screener Sample

ID ____________________

Date ____________________

NON-GAY IDENTIFIED MEN WHO HAVE SEX WITH MEN (NGI MSM)
INTERVIEW RECRUITMENT SCREENER (TOLL FREE NUMBER CALLS)

SCREENER PLEASE READ:

Hello. Thank you for calling ORC Macro, a research and consulting firm in Atlanta. We are conducting a study for the Division of Sexually Transmitted Disease Prevention at the Centers for Disease Control and Prevention (CDC). As part of this study, we are planning private, confidential 1-hour interviews with 72 men in the following cities: Atlanta, GA; Houston, TX; San Diego, CA; and Washington D.C. Which city do you live in? *(Record on screener.)*

We would like for you to participate in this interview. We want to learn about the best ways to get information out about STD prevention. We will not ask you questions about your own personal health. [*If asked, examples of STDs include: chlamydia, gonorrhea, syphilis, human papilloma virus, pelvic inflammatory disease, hepatitis, HIV*.]

If you are eligible to participate in the interview, you will receive $75.00 cash in appreciation of your time and willingness to talk with us. Would you mind if I ask you a few questions to determine whether or not you can participate in the interview?

Note to Screener: Please continue through all questions before letting individuals know that they cannot be invited to participate at this time based on at least one of the responses they provided. Please see the end of the screener for a concluding dismissal statement.

1. Are you between the ages of 20 – 45 years old?
   - ☐ Yes
   - ☐ No → ***Not Eligible***

2. Record gender
   - ☐ Male
   - ☐ Female → ***Not Eligible***

3. Do you work for any organization promoting awareness of health issues including sexually transmitted diseases?
   - ☐ Yes → ***Not Eligible***
   - ☐ No

4. We are looking for the following characteristics in our study respondents:
   - Men who have had sex with other men 3 or more times in the last 2 years AND have also had sex with women in the last 2 years.

   Do you fit these characteristics?
   - ☐ Yes
   - ☐ No → ***Not Eligible***.

5. Has anyone else in your household been recruited for this study?
   - ☐ Yes → ***Not Eligible.***
   - ☐ No

6. How do you describe yourself?
   - ☐ Black/African American
   - ☐ Hispanic/Latino
   - ☐ Biracial or Multiracial Black
   - ☐ Biracial or Multiracial Hispanic/Latino
   - ☐ White/Caucasian → ***Not Eligible***
   - ☐ American Indian or Alaska Native → ***Not Eligible***
   - ☐ Asian → ***Not Eligible***
   - ☐ Native Hawaiian or Other Pacific Islander → ***Not Eligible***
   - ☐ Other ________________________ → ***Not Eligible***

7. What city do you live in?
   - ☐ Atlanta, GA → ***Skip to Question 10***
   - ☐ Houston, TX → ***Skip to Question 10***
   - ☐ San Diego/Riverside, CA → ***Skip to Question 10***
   - ☐ Washington, DC → ***Skip to Question 10***
   - ☐ Other________________________ → ***Go to Question 8***

8. How close is ______________ *(insert a city below that is in the same state he named above)* to where you live?

   Atlanta, GA; Houston, TX; San Diego/Riverside,CA; Washington, DC

   - ☐ Within 10 miles
   - ☐ Within 25 miles
   - ☐ Within 50 miles
   - ☐ Other__________________________

9. In a typical week, how much of your social or leisure time would you say you spend in ______________ (*insert appropriate city*)?
   - ☐ All my time- close to 100%
   - ☐ More than 75% (most of the time)
   - ☐ Around 50%
   - ☐ Less than 50% (some of the time)
   - ☐ None of my time →***Not Eligible***

10. Are you willing to participate in a discussion about health information and communication needs related to sexually transmitted diseases?
    - ☐ Yes
    - ☐ No → ***Not Eligible***

IF CALLER IS UNABLE TO PARTICIPATE- SCREENER PLEASE READ:

Thank you for calling and taking the time to answer these questions. Unfortunately we cannot invite you to participate in the study based on at least one of the answers you provided. If you know of anyone who fits the criteria and would be interested in participating in this study, please pass along this toll free number. Thanks again. **END CALL**

IF CALLER IS ABLE TO PARTICIPATE- SCREENER PLEASE READ BASED ON LOCATION:

WASHINGTON DC:

Thank you for calling and taking the time to answer these questions. I'm glad that you will be able to join us! If you know of anyone who fits the criteria and would be interested in participating in this study, please pass along this toll free number.

The interview will last about an hour. The interview will be conducted at the **Himmelfarb Library at George Washington University located at 2300 I Street, NW, in Washington, DC.**

I want to get you scheduled for an interview. What day, date, and time work best for you?

Day:_________________ Date: _______________________ Time:____________________

NOTE to Screener: Avoid Thursdays and weekends if possible.

We would also like to be able to remind you of the interview before hand. Please only provide us with a first name (it does not have to be your real name), a phone number where you can be reached, and an email address if possible. We will only call to offer a reminder of the "health communications study" or if the interview needs to be rescheduled. May we confirm your name, phone number, and email?

First Name:____

Phone Number:____

E-mail:____

Would you like directions to the interview site?

IF YES, AND EMAIL IS PROVIDED, SCREENER READ:
Great. We will send directions with your reminder email.

IF YES, AND NO EMAIL IS PROVIDED, SCREENER READ:
Great. Would you like driving or public transportation directions? *(Screener read appropriate directions as listed below).*

IF NO, SCREENER SKIP TO CLOSING SCRIPT.

Directions to Himmelfarb Health Sciences Library:
Himmelfarb Health Sciences Library is located at 2300 I Street, NW, Washington, DC 20037 between 23rd and 24th Streets.

Public Transportation:
The building is immediately to the left of the Foggy Bottom Metro when exiting the station. The Foggy Bottom Metro stop is on the Orange and Blue Line. The GW Hospital is located directly to the right when exiting.

It is also accessible via any of the "30" buses (routes numbered 30-38). Just exit at the GW Hospital and walk one block down 23rd Street.

Driving Directions:

From the North or North West:
Route 270 following arrows toward Maryland, feeds into Route 355 (which becomes Wisconsin Ave.). Proceed on Wisconsin, turning left toward Massachusetts Ave., just after Massachusetts Ave. has crossed Wisconsin. Continue on Massachusetts until 21st St., NW. Turn right on 21st at the Ritz Carlton Hotel and continue to campus.

From the South:
Route 395 to Arlington Memorial Bridge, bear left at the Lincoln Memorial. Turn left on 23rd St., NW., and continue a few blocks to campus.

From the West:
Continue on Route 50 and cross the Arlington Memorial Bridge. Bear left at the Lincoln Memorial, then turn left on 23rd St., NW. Continue a few blocks to campus.

SCREENER, READ CLOSING:
If you have any questions regarding this study the project coordinator, Bonnie Bates, can be reached at 404-321-3211. Also, please call if your plans change so we may reschedule or cancel your interview time.

Otherwise, Amy will look forward to seeing you on **Day:______________, Date:______________, Time:_________________** at **Location:** Himmelfarb Library at George Washington University**.**

The library is located inside of Ross Hall. The entrance to Ross Hall has a security desk where visitors check-in. Amy, the interviewer, is a petite white woman and she will meet you at the desk.

Do you need me to repeat that information in order for you to write it down? *(Repeat as needed.)*

Thanks again. **END CALL**

Appendix H

In-person Screener

NON-GAY IDENTIFIED MEN WHO HAVE SEX WITH MEN (NGI MSM)
INTERVIEW RECRUITMENT SCREENER (IN-PERSON)

INTERVIEWER PLEASE READ

Hello. My name is ______________. I am an interviewer representing ORC Macro, a research and consulting firm in Atlanta. As you know, we are conducting a study for the Division of Sexually Transmitted Disease Prevention at the Centers for Disease Control and Prevention (CDC). Thank you for agreeing to meet and talk with me today.

Before we begin, I have a few brief questions for you.

Note to Interviewer: Please continue through all questions before letting individuals know that they cannot be invited to participate at this time based on at least one of the responses they provided. Please see the end of the screener for a concluding dismissal statement.

---

1. What year were you born? (*Should be between 1959 and 1984*)

____

2. What ethnic group do you identify with?

- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Biracial or Multiracial Black
- ☐ Biracial or Multiracial Hispanic/Latino
- ☐ White/Caucasian → ***Not Eligible***
- ☐ American Indian or Alaska Native → ***Not Eligible***
- ☐ Asian → ***Not Eligible***
- ☐ Native Hawaiian or Other Pacific Islander → ***Not Eligible***
- ☐ Other → ***Not Eligible***

3. How long have you lived in the _______________ (*insert city interview is conducted in)* area?

____

4. Do you use the Internet?

- ☐ Yes
- ☐ No → ***Skip to the end of screener***

5. Do you use the Internet to access health information?

- ☐ Yes
- ☐ No → ***Skip to the end of screener***

6. If yes, which websites do you access for health information?

____

IF PARTICIPANT IS UNABLE TO PARTICIPATE, **INTERVIEWER PLEASE READ**:

Thank you for taking the time to meet with me and answer these questions. Unfortunately we cannot invite you to participate in the interview based on at least one of the answers you provided. If you have any questions regarding this study the project coordinator, Bonnie Bates, can be reached at 404-321-3211. Thanks again. **END INTERVIEW.**

HAVE INDIVIDUAL SIGN ACCOUNTING RECEIPT WITH ASSUMED NAME AND GIVE INCENTIVE TO INDIVIDUAL.

IF PARTICIPANT IS ABLE TO PARTICIPATE, INTERVIEWER PLEASE READ-

If you have any questions regarding this study the project coordinator, Bonnie Bates, can be reached at 404-321-3211. Thank you.

PROCEED TO INFORMED CONSENT.

APPENDIX I

INTERVIEW GUIDE

COMMUNITY HEALTH INTERVIEWS
INTERVIEW GUIDE

– Study Participant Interview Guide –

City:	Respondent Number:
Ethnic Group:	Age Range: (circle one) 20–30 31–45
Name of Interviewer:	
Date of Interview:	Start Time of Interview:

READ TO STUDY PARTICIPANT:

“*Thank you for your interest in this study. Please feel free to ask me to repeat or rephrase a question if you do not understand it. You do not have to answer a question if you feel uncomfortable answering it. There are no right or wrong answers.”*

PART A: Background Information

Approximate time to complete this section: Approximately 10 minutes

READ TO STUDY PARTICIPANT: *First, I am going to ask you some questions about the media you use.*

Questions

1. How many hours a week do you listen to the radio? If none, skip to Q.4.

2. What type of music or programming do you listen to on the radio? (it can be news, talk radio, etc.)

3. Do you listen to the radio more in the car? At home? On public transit (e.g., train)? At work?

Probe: Do you typically change the station when commercials come on?

4. How many hours a week do you watch television? If none, skip to Q6.

PART A: Background Information *(Continued)*

5. What type of television programs do you watch?

Probe: Do you typically change the channel when commercials come on?

6. How many hours a week do you read magazines, newspapers, other publications?
   If none, skip to Q9.

7. What type of magazines, newspapers, other publications do you read for enjoyment?

Probe: What is it about these publications that hold your attention?

8. Do you use the Internet? If not, skip to Q11.

Probe: Where do you access the Internet? Home, work, or some other place?

PART A: Background Information *(Continued)*

9. How many hours a week do you use the Internet for activities other than Email?

Probe: Entertainment, shopping, news, etc.

10. What types of websites do you most often frequent?

11. If you wanted information on STDs (e.g., syphilis, gonorrhea, HPV), would you go first to: radio, TV, magazines/ publications, or the internet?

Probe: Would any of these be good places for STD information? Why or why not?

Additional Interviewer Notes:

–END OF PART A–

PART B: General Sexual Behavior – Perceptions/Understanding

Approximate time to complete this section: Approximately 35 minutes

READ TO STUDY PARTICIPANT: *"Now, I would like to ask you some questions about men's sexual health. Please remember that this interview is private, the information you share and your identity will not be shared with others."*

12. What comes to mind when I say "men's sexual health"?

Listen for and/or Probe for each of the following: behaviors, diseases, emotions, and/or types of partners.

Probe: What behaviors come to mind? What comes to mind when I say STDs? Which STDs have you heard of?

PART B: General Sexual Behavior – Perceptions/Understanding *(Continued)*

12 A. When thinking about a sexual partners, tell me what words, thoughts, feelings or concerns come to mind when you think about:

A. A man having sex with a woman?

B. A man having sex with a man?

C. In what ways are these similar?

D. In what ways are these different?

E. When thinking about a man who has had sex with both men and women, tell me what words, thoughts, feelings or concerns come to mind?

12 B. What would you say to someone who believes that two men having sex with each other are gay?

Probe: Do you agree/disagree? Tell me more…

PART B: General Sexual Behavior – Perceptions/Understanding *(Continued)*

13. When you think about a man having sex with another man, when would you consider that behavior as being gay? Or, do you not think that it is?

Probe: When would you not consider the behavior as being gay?

PART B: General Sexual Behavior – Perceptions/Understanding *(Continued)*

14. Other than HIV, how, if at all, would being diagnosed with an STD, influence a man's sexual behavior?

Probe: If so, how; if not, why not?

14 A. How might being diagnosed with an STD other than HIV impact a man's relationship with female partners? male partners?

PART B: General Sexual Behavior – Perceptions/Understanding *(Continued)*

14 B. How might being diagnosed with an STD other than HIV influence a man's sexual behavior with males? With females?

Probe: If so, how; if not, why not?

15. Where would you go if you had a concern about an STD? a public health facility, your private physician, or some other usual source of care?

PART B: General Sexual Behavior – Perceptions/Understanding *(Continued)*

15 A. What would be the factors in deciding where to go?

15 B. Where else would you go? Where would you not go?

16. What type of places have you heard of where a man might go to find a male sexual partner?

Probe using the following:

- Internet
- Public park
- Public restroom
- Bar
- Bathhouse
- Adult bookstore
- Other

Probe: Why one in comparison to others? If answer is all, probe for preference and why.

PART B: General Sexual Behavior – Perceptions/Understanding *(Continued)*

16 A. What type of places have you heard of where male to male sex encounters normally take place? Probe using the following:

- Public park
- Public restroom
- Bar
- Bathhouse
- Adult bookstore
- Other

Probe: Compare reasons for each place; Why or why not?

16 B. Do you think men who have sex with men prefer sex with the same man more than once, or having sex with a different partner each time? What type situations or relationships would impact that preference? Does it change over time/age? What are the pros and/or cons of either?

PART B: General Sexual Behavior – Perceptions/Understanding *(Continued)*

16 C. How common is it to have an ongoing sexual relationship with a woman and a man at the same time? What might impact the level of commitment in one type relationship over the other?

17. Do you believe it is important for men to use condoms with every male sexual contact (anal and/or oral)?

Probe: Why or why not?

PART B: General Sexual Behavior – Perceptions/Understanding *(Continued)*

17 A. Do you think it is important for men to use condoms with every sexual contact with female sexual partners (oral, anal, vaginal)?

Probe: Why or why not?

17 B. What do you think discourages men from using condoms?

17 C. What can be done or said to encourage the use of condoms?

PART B: General Sexual Behavior – Perceptions/Understanding *(Continued)*

18. When does a discussion about the STD or HIV status of a same sex partner usually occur?

Probe: What type situations or encounters would discourage or prevent this discussion?

18 A. Is there something that makes it easier to start the discussion about a partner's STD or HIV status?

PART B: General Sexual Behavior – Perceptions/Understanding *(Continued)*

19. Do you think males are at equal risk for contracting an STD with a male partner as they are with a female partner? Why/why not?

Probe: In what way does the type of sex partner contribute to being at risk? Examples of types of sex partner:

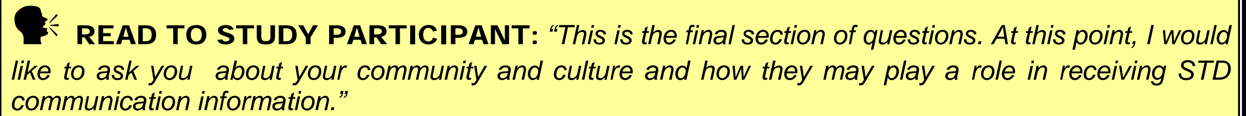
- men with men exclusively
- men with men and women
- men with women exclusively

Additional Interviewer Notes:

–END OF PART B–

PART C: Community/Culture

Approximate time to complete this section: Approximately 15 minutes



READ TO STUDY PARTICIPANT: *"This is the final section of questions. At this point, I would like to ask you about your community and culture and how they may play a role in receiving STD communication information."*

20. Does having sex with other men affect the way a man understands and defines himself? Why/why not?

20 A. What do you think the "gay" label suggests about a man?

Probe for other labels: Bi-sexual, same-gender loving, etc.

PART C: Community/Culture *(Continued)*

20 B. Do you think other persons in the (Black/Latino) community would agree with you? Why/why not?

PART C: Community/Culture *(Continued)*

21. Are there institutions or organizations in your community that you belong to that discourage or fail to be supportive of same sex relationships?

Probe on:

- Church/religious organization
- School
- Club
- Other

If yes to previous question:

21 A. Do these attitudes alienate or isolate individuals and prevent them from seeking information or services?

PART C: Community/Culture *(Continued)*

21 B. What would the environment have to be in these organizations for an individual to seek STD information from them? Would you expect to find information about STDs in this type of organization? Why/why not?

21 C. Talk to me about what it would be like as a (Black/Latino) man who has sex with both men and women to be accepted by friends/family?

PART C: Community/Culture *(Continued)*	
21 D.	How would a (Black/Latino) man who has sex with men and women find ways to cope with day-to-day stress? What support systems would be available? What is needed or could be done in your community/culture to help?
21 E.	Is there anything else you would like to share?

–END OF PART C–

Finish Time of Interview: _______

Additional Interviewer Notes:

–END OF INTERVIEW–

APPENDIX J

INTERVIEWER TRAINING AGENDA

NGI MSM INTERVIEWER TRAINING
STD COMMUNICATIONS DATABASE
FEBRUARY 27, 2004

ORC Macro
3 Corporate Square, Ste. 370
Atlanta, GA 30329

Agenda

Time	Topic
Friday, February 27, 2004	
8:30 a.m. – 9:00 a.m.	Welcome Introductions Training Overview Project Overview
9:00 a.m. – 9:30 a.m.	Interviewers Roles and Responsibilities Recruitment Logistics ➢ Interviewer Schedules
9:30 a.m.– 10:15 a.m.	In-Person Screener Informed Consent
10:15 a.m.– 12:00 p.m.	Review of Interview Guide
12:00 p.m. – 1:00 p.m.	Working Lunch ➢ Sharing Experiences Interviewing Hidden Populations
1:00 p.m. – 1:30 p.m.	After the Interview Quality Control of the Interview Data

Time	Topic
Friday, February 27, 2004	
1:30 p.m. – 1:45p.m.	Audiotaping Equipment
1:45 p.m. – 2:15 p.m.	Payments and Incentives
2:15 p.m.– 2:30 p.m.	Break
2:30 p.m. – 3:15 p.m.	Skills and Tips for a Better Interview
3:15 p.m.– 5:00 p.m.	Mock Interviews
5:00 – 5:30	Review and Wrap Up

APPENDIX K

INFORMED CONSENT

INFORMED CONSENT

Purpose of the Study: The Centers for Disease Control and Prevention (CDC) contracted with ORC Macro to collect communication information. This project will help CDC learn more about preferences for receiving information about sexually transmitted diseases (STDs) about men who have sex with men but do not consider themselves gay or homosexual.

Procedures: We are conducting interviews in four cities. We will interview up to 72 people. We are asking you to be in the study and answer our questions.

Your input is important. We will interview you in a place convenient to you. The interview will take no more than an hour. The interview questions ask you about your thoughts on your community, culture, and the media.

Confidentiality: Your answers to the interview questions will be kept private. Your name will not be used in any reports about this study. We will audiotape the interview only with your permission.

Risks: This interview poses few, if any, risks to you. You will be asked about your opinions regarding communication messages and sources.

Right to Refuse or Withdraw: You may choose to end the interview at any time. You may choose not to answer any question, for any reason. Being part of this project is voluntary. If you refuse to participate, you will not be penalized or lose benefits. If you withdraw from the interview, at your request, we will destroy your interview notes and audiotape.

Benefits: Being part of the interview will not directly benefit you.

If you decide to be part of this project, here are some things you should know:

- You may skip any question.
- We will answer your questions about this project before we begin the interview. We have provided contact information below for any questions you have later.
- You will be given a copy of this consent form.
- You will be given a $75.00 at the end of the interview. We need your signature to show that you got the money. You may sign with an “x” or any name desired. If you end the interview early or choose not to answer questions, you will still get the money.

Contact information: For concerns about your role in this project, please contact Hilda Shepeard at CDC. She is with the Division of Sexually Transmitted Disease Prevention. The number to call is, 1-404-639-8656. When you call, please mention that you are calling about the project on communication preferences.

If you have any questions about the project or wish to withdraw, please contact the Project Manager. She is Bonnie Bates with ORC Macro. The number to call is 1-404-321-3211.

Please check one box below.

- ❑ I agree to be audio taped.
- ❑ I do not agree to be audio taped.

Your signature below indicates that you understand the above and agree to participate in this study. **You may print and sign by using an "x", first name only, or any name desired**.

Please print your name____________________________________

Participant Signature ________________________________ Date________________

APPENDIX L

SAMPLE DATA TABLE

SAMPLE DATA TABLE

Research Question 1: ***Are there identifiable sexual behaviors of NGI MSM (aged 20 – 45) that are important to consider when developing STD prevention messages?***

<table>
<tr><td colspan="2">12 A. When thinking about a sexual partners, tell me what words, thoughts, feelings or concerns come to mind when you think about:
A. A man having sex with a woman?
B. A man having sex with a man?
C. In what ways are these similar?
D. In what ways are these different?
E. When thinking about a man who has had sex with both men and women, tell me what words, thoughts, feelings or concerns come to mind?</td></tr>
<tr><th>Seg</th><th>Notes</th></tr>
<tr><td>African American</td><td></td></tr>
<tr><td>Hispanic/ Latino</td><td></td></tr>
<tr><td colspan="2">14. Other than HIV, how, if at all, would being diagnosed with an STD, influence a man's sexual behavior?
Probe: If so, how; if not, why not?</td></tr>
<tr><th>Seg</th><th>Notes</th></tr>
<tr><td>African American</td><td></td></tr>
<tr><td>Hispanic/ Latino</td><td></td></tr>
</table>

14 A.	How might being diagnosed with an STD other than HIV impact a man's relationship with female partners? male partners?
Seg	**Notes**
African American	
Hispanic/ Latino	

14 B.	How might being diagnosed with an STD other than HIV influence a man's sexual behavior with males? With females?
Seg	**Notes**
African American	
Hispanic/ Latino	

15.	Where would you go if you had a concern about an STD? a public health facility, your private physician, or some other usual source of care?
Seg	**Notes**
African American	
Hispanic/ Latino	

15 A.	What would be the factors in deciding where to go?
Seg	**Notes**
African American	
Hispanic/ Latino	

15 B.	Where else would you go? Where would you not go?
Seg	**Notes**
African American	
Hispanic/ Latino	

16.	What type of places have you heard of where a man might go to find a male sexual partner? Probe using the following: • Internet • Public park • Public restroom • Bar • Bathhouse • Adult bookstore • Other Probe: Why one in comparison to others? If answer is all, probe for preference and why.
Seg	**Notes**
African American	
Hispanic/ Latino	

16 A.	**What type of places have you heard of where male to male sex encounters normally take place?** **Probe using the following:** • **Public park** • **Public restroom** • **Bar** • **Bathhouse** • **Adult bookstore** • **Other** **Probe: Compare reasons for each place; Why or why not?**
Seg	**Notes**
African American	
Hispanic/ Latino	

16 B.	**Do you think men who have sex with men prefer sex with the same man more than once, or having sex with a different partner each time? What type situations or relationships would impact that preference? Does it change over time/age? What are the pros and/or cons of either?**
Seg	**Notes**
African American	
Hispanic/ Latino	

16 C.	How common is it to have an ongoing sexual relationship with a woman and a man at the same time? What might impact the level of commitment in one type relationship over the other?
Seg	**Notes**
African American	
Hispanic/ Latino	

18.	When does a discussion about the STD or HIV status of a same sex partner usually occur? Probe: What type situations or encounters would discourage or prevent this discussion?
Seg	**Notes**
African American	
Hispanic/ Latino	

18 A.	Is there something that makes it easier to start the discussion about a partner's STD or HIV status?
Seg	**Notes**
African American	
Hispanic/ Latino	

Additional Interviewer Notes	
Seg	**Notes**
African American	
Hispanic/Latino	

APPENDIX M

DESCRIPTION OF PARTICIPANTS BY SITE

DESCRIPTION OF PARTICIPANTS BY INTERVIEW SITE

Interview Site		Atlanta, GA	Houston, TX	San Diego, CA	Washington, DC
	No. Participants	**10**	**13**	**5**	**21**
Race/ Ethnicity	African-American	9	13	2	20
	Hispanic/Latino	0	0	3	0
	Biracial or Multiracial Black[1]	1	0	0	1
	Biracial or Multiracial Hispanic/Latino[1]	0	0	0	0
	Mean Age	**36.9**	**37.15**	**32.00**	**41.38**
Age Range	20-30 years	2	3	1	1
	31-45 years	8	10	4	21
	Mean Length of Time in Community	**18.77**	**30.62**	**12.86**	**21.10**
Use the Internet	Yes	9	9	5	16
	No	1	4	0	5
Use the Internet For Health Information	Yes	7	5	5	12
	No	2	4	0	4

[1] For purposes of data analysis, participants were categorized by self-identification of their dominant race or ethnicity. As a result, responses of biracial/multiracial participants were not analyzed separately, but rather were analyzed according to self-identification as either African-American or Hispanic/Latino.

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