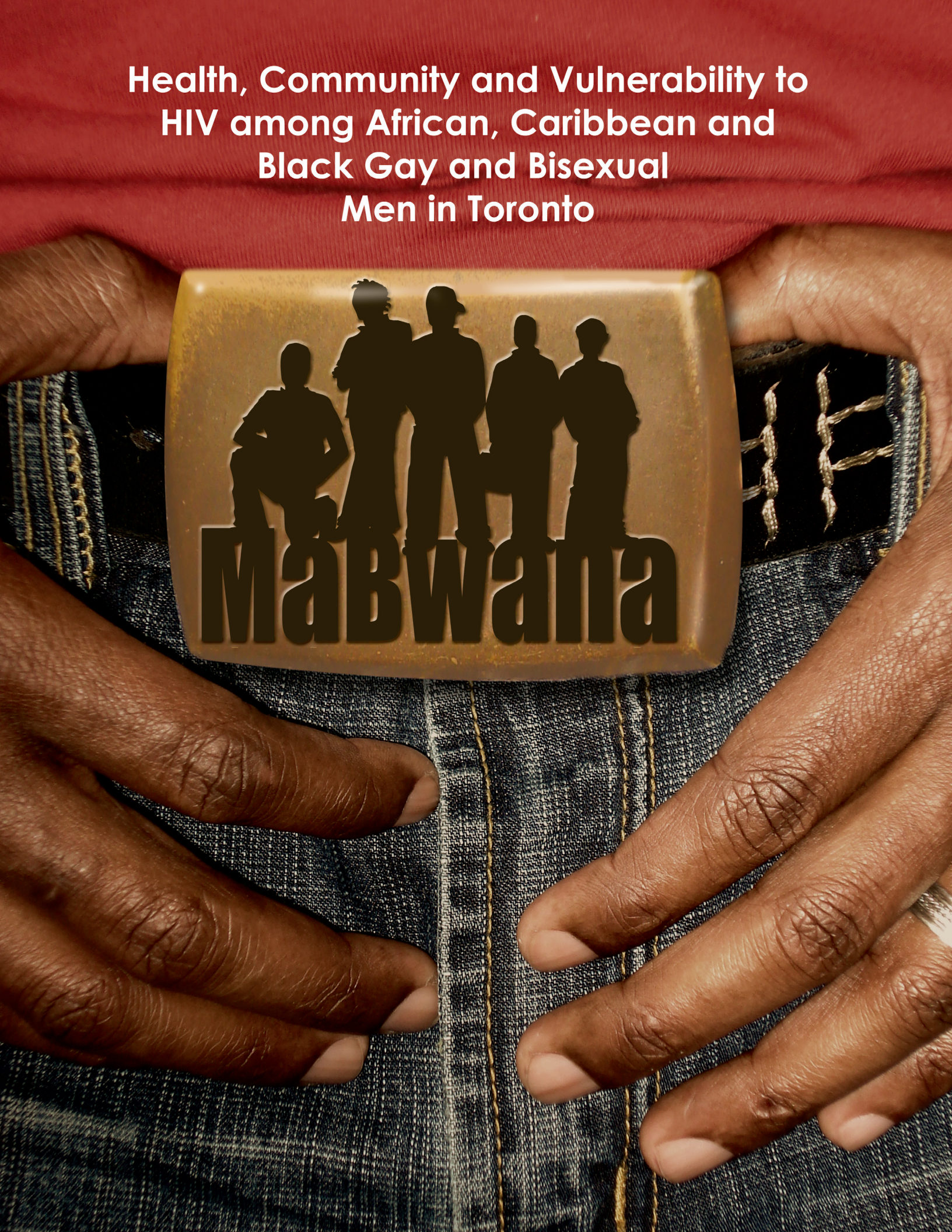
Health, Community and Vulnerability to HIV among African, Caribbean and Black Gay and Bisexual Men in Toronto



MaBwana

Health, Community and Vulnerability to HIV among African, Caribbean and Black Gay and Bisexual Men in Toronto

Winston Husbands[1,2] , Lydia Makoroka[1], Clemon George[3], Barry Adam[4], Robert Remis[2,5], Sean Rourke[5,6], Joseph Beyene[7]

[1]AIDS Committee of Toronto; [2]African and Caribbean Council on HIV/AIDS in Ontario; [3]University of Ontario Institute of Technology; [4]University of Windsor; [5]University of Toronto; [6]Ontario HIV Treatment Network; [7]Hospital for Sick Children.

Available online at: www.accho.ca, www.actoronto.org

For printed copies of this report, please contact:

African and Caribbean Council on HIV/AIDS in Ontario
110 Spadina Avenue, Suite 207
Toronto, Ontario M5V 2K4, Canada
administration@accho.ca

AIDS Committee of Toronto
399 Church Street, 4th Floor
Toronto, Ontario M5B 2J6, Canada
mabwana@actoronto.org

ISBN: 978-0-921918-40-0 (print)

Design and cover art by Frantz Brent-Harris

CACVO
Le conseil des africains et caraïbéens sur le VIH/SIDA en Ontario
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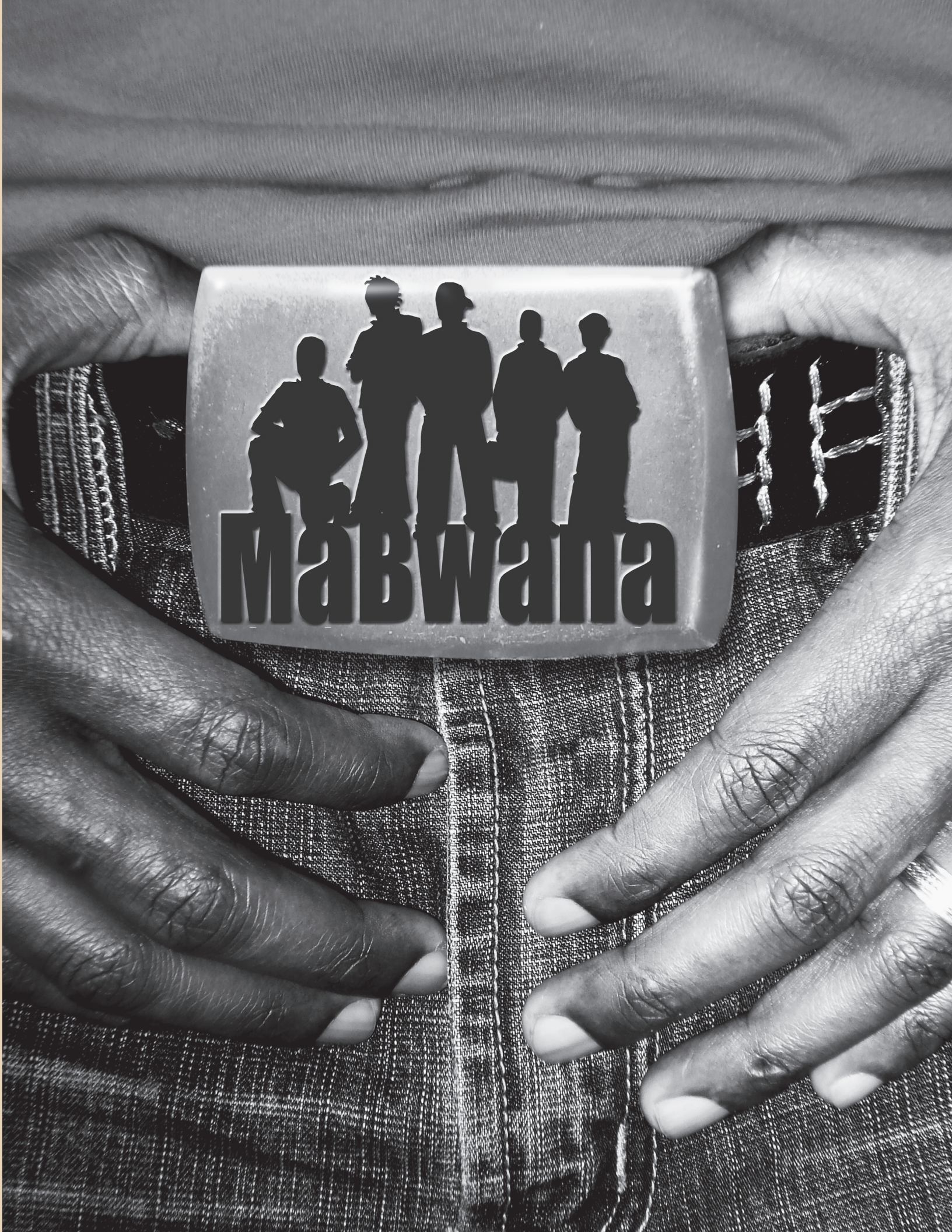
MaBwana

The MaBwana Community Advisory Committee (CAC) advised and assisted the research team with implementing the research, interpreting the findings, and developing a knowledge sharing strategy. The CAC members, who generously gave their time and shared their expertise, were:

Carlos Idibouo
David Lewis
Douglas Stewart
Henry Luyombya
Nik Redman
Rinaldo Walcott
Trevor Gray

One other CAC member has chosen to remain anonymous.

Acknowledgements

Special thanks to the research participants for sharing their experiences and aspects of their life histories.

Special thanks also to our volunteers, ACCHO members and staff for their generous assistance, advice and support.

We would also like to thank Ty Smith, Antoney Baccas (Black CAP), Duncan MacLachlan (ACT) and Rui Pires (ACT) for their interest and support.

Murchy Productions graciously facilitated MaBwana's appearance at one of their events.

Fauzia Gardezi and Eshetu Atenafu helped with the data analysis.

Monika Goodluck provided editorial advice on this report, and Helena Shimeles, Tiffanie Chattergoon and Amasay Ongoiba provided editorial assistance.

The Ontario HIV Treatment Network's support for Winston Husbands (Community Scholar Award) and Clemon George (post-doctoral fellowship) helped make MaBwana possible.

The research was funded by a grant from the Canadian Institutes of Health Research (CIHR), CBR Program (grant number CBR 80004). The AIDS Bureau of the Ontario Ministry of Health and Long-term Care provided initial start-up funding. Neither CIHR nor the AIDS Bureau is responsible for the content of this report.

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SUMMARY

Background and methods

Discussions among members of the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) identified a need for research evidence to guide and inform HIV prevention efforts among African, Caribbean and Black gay and bisexual men and other Black men who have sex with men (MSM) in Ontario, particularly Toronto. The MaBwana Black Men's Study was implemented in 2006-2008 to address this need, and is the first study to examine vulnerability to HIV/AIDS among African, Caribbean and Black gay men in Toronto. The objectives of the study were to: profile the sociodemographic characteristics of African, Caribbean and Black gay and bisexual men; understand their sexual relationships and behaviours; examine the experiences, influences and decision-making that may be associated with HIV risk; and understand how Black men assess current HIV prevention campaigns.

The study involved three sequential phases of data collection: interviews with key informants, the MaBwana survey, and indepth interviews with Black gay and bisexual men. The nine key informants were knowledgeable about Black gay communities and networks through community activism and/or professional involvement. The purpose of the key informant interviews was to gather perspectives on effective implementation of the study, and enhance the research team's understanding of community interest in the study. The key informant interviews were followed by the MaBwana survey, in which 168 men participated. The survey was designed to examine a range of issues that may influence vulnerability to HIV. Survey participants were recruited from a variety of spaces frequented by Black gay and bisexual men, and through postcards and posters distributed among various networks. The indepth interviews were designed to provide a more detailed understanding of some core issues from the survey (e.g., identity, sexual relationships and behaviours, HIV testing, community involvement, affiliation with HIV/AIDS issues, etc.). Twenty-four men were interviewed, including 17 who had participated in the survey.

Results

Three key themes emerge from the MaBwana data. First, MaBwana participants are profoundly affected by experiences of social oppression (i.e., homophobia, heterosexism and racism), but do not appear to be burdened by those experiences. Second, MaBwana participants care about their health, and the health and wellbeing of other Black gay men and their ethnoracial communities. Third, some participants struggle with specific issues that challenge their ability to maintain safer sex practices.

The key informants shared their perspectives about the lives and wellbeing of Black gay and bisexual men that were germane to the study. First, they noted the provisional and ad hoc support for LGBT people in Black communities and organizations. Second, they drew attention to the sense of marginalization that Black people experience in mainstream LGBT communities. Still, they noted that Black LGBT people have constituted their own networks of support, solidarity and empowerment. Finally, they

recommended specific issues to guide the content and implementation of MaBwana: understanding how Black men make sense of their sexual orientation and sexual behaviours; issues of community affiliation and involvement; and the importance of discretion and community networks for promoting the study to ensure that Black gay and bisexual men felt comfortable identifying with the study and participating.

In the indepth interviews, MaBwana participants described their ethnoracial and sexual identities in complex ways, which reflects the complexity of identity and their own experiences of marginalization within their national or ethnoracial communities and mainstream white communities. They all affirmed to varying degrees their orientation and identity as gay, bisexual, queer or trans while acknowledging discrimination and social exclusion. They articulated a need to engage other Black gay men about issues of health and wellbeing, and demonstrated an ongoing interest in HIV as an issue for themselves and their communities.

Results from the survey and indepth interviews show that, on the whole, Black gay and bisexual men care about their health and are invested in their communities. This is demonstrated through their commitment to HIV testing and safer sex, their familiarity with HIV campaigns, their interest in HIV prevention efforts, and their involvement in or recognition of the necessity of organized responses to HIV. Across various types of sexual partners, between half and two-thirds of sexually active MaBwana participants always use condoms for anal sex. This suggests that sexual behaviour is not always consistent with their understandings of safer sex and HIV. Participants explained their episodes of unprotected sex with reference to circumstances that challenge their commitment (e.g., intoxication, heat-of-the-moment encounters), or the impulse, desire or need to trust their sexual partners.

Program and policy implications

It is evident that Black gay and bisexual men are committed to safer sex, HIV testing and HIV prevention, though their behaviours are not entirely consistent with the strength of their stated commitment. This suggests the need for greater focus on education and interventions to reinforce this commitment and equip men with the skills to routinely negotiate and practice safer sex. MaBwana participants also interpreted their interest in HIV prevention as a demonstration of community involvement and responsibility for the wellbeing of themselves, Black gay men and their ethnoracial communities. This idea of community responsibility may be a viable platform for designing and launching HIV prevention efforts.

MaBwana did have limitations. The fairly small size of the survey sample limits our ability for detailed interpretation of some findings. For example, our results suggest differences in sexual behaviours among Black gay men according to the ethnoracial background of their sexual partners. Further research is needed to understand the nuances of this form of sexual positioning, and the implications for HIV prevention. Similarly, the research has drawn attention to sociodemographic and perhaps behavioural differences among Black gay and bisexual men that may have implications for HIV prevention efforts. Clearly, there is a need to engage Black gay and bisexual men in further research to enhance their health and wellbeing.

1. RATIONALE AND METHODS

RATIONALE AND OBJECTIVES

The MaBwana Black Men's Study was designed as community-based research (CBR) to examine vulnerability to HIV/AIDS among African, Caribbean and Black gay and bisexual men in Toronto. The study, which was implemented from 2006 to 2008, emerged from discussions among members of the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) regarding the paucity of research to inform HIV prevention efforts among African and Caribbean gay and bisexual men in Ontario. The research was developed as an ACCHO initiative implemented by the AIDS Committee of Toronto (ACT), which was at that time a member of ACCHO. The study was conceived and implemented as part of ACCHO's workplan to build the knowledge base for HIV prevention efforts among African and Caribbean communities in Ontario, and addresses two of the primary objectives of the *Strategy to Address Issues Related to HIV Faced by People in Ontario from Countries Where HIV is Endemic*, namely to (1) facilitate community development in response to HIV/AIDS challenges, and (2) identify research needs, priorities and opportunities, and promote research that is ethical and respectful.

The main study objectives were to:

- characterize Black gay and bisexual men and other Black MSM (men who have sex with men) with respect to their socio-demographic characteristics;
- determine correlates of sexual behaviour and differences among Black MSM related to their sexual behaviors;
- examine the experiences, influences and decision-making that may be associated with unprotected sex among Black MSM;
- understand how Black MSM interpret and assess current HIV prevention campaigns and the extent to which the campaign messages influence their sexual behaviours.

People in Ontario from Africa and the Caribbean are disproportionately affected by HIV. Based on the 2006 Canadian census, Ontario's Black population accounted for 4% of the province's total population. However, in the same year, modeled HIV prevalence estimates for Ontario showed that African and Caribbean people accounted for 16% of the 26,000 people in Ontario infected with HIV (Remis et al., 2008). African and Caribbean men appear to be especially vulnerable to HIV/AIDS in Ontario. In 2006, they accounted for 60% of the estimated number of African and Caribbean HIV-positive people, and 12.4% of the all men diagnosed with HIV. These data suggest that African, Caribbean and Black MSM account for a substantial share of the HIV infections among African and Caribbean people and all MSM in Ontario. Indeed, Black men represented 8% of the reported AIDS cases among all MSM in 2000-2004, second only to white men (70%) among the eight major ethnoracial groups (Remis and Liu, 2007).

In Toronto, Ontario's and Canada's largest city, African and Caribbean people are similarly affected by HIV/AIDS. In 2006, the city's Black population accounted for 8.4% of the total population. However, based on modeled estimates, African and Caribbean people represented 14% of the estimated 16,550 infected with HIV in the Toronto health region, and men accounted for 59% of all African and Caribbean people infected (Remis et al., 2008). Furthermore, among the 507 men diagnosed with HIV in the Toronto health region in 2006, 10.8% were African and Caribbean. Once again, as for Ontario as a whole, Black MSM proved especially vulnerable. They represented 5.3% all new HIV infections 1983-2004, though the rate decreased from 12% in 1983-1984 to approximately 7% in 2000-2004 (Remis and Liu, 2007)

TERMINOLOGY

Throughout this report, we use the term 'gay men' or 'gay and bisexual men' when discussing the study. This terminology, which was also used in discussions among the CAC, includes the minority of MaBwana participants who identified themselves as straight, queer, or transmen. We use the term MSM (men who have sex with men) primarily when referring to other research where the topic or sample was identified as MSM.

STUDY ORGANIZATION AND METHODS

The study involved three phases of data collection among African, Caribbean and Black gay and bisexual men: key informant interviews, the MaBwana survey, and indepth interviews. In addition, a community advisory committee (CAC) was established after the key informant interviews were concluded, with its structure and role based in part on insights shared by the key informants.

Key informant interviews

In 2006, the MaBwana research team initiated the study by interviewing key informants who were knowledgeable about Black, African, and Caribbean gay communities in Toronto. The purpose of the key informant interviews was threefold: (1) to gather perspectives on effective implementation of the study, (2) to enhance the research team's understanding of community interest in the study, and (3) to help identify individuals who might constitute the study's community advisory committee (CAC). Three key informants were recruited to the CAC, but were not identified as key informants in their CAC role.

The research team solicited the views, perspectives and input of nine key informants on the main issues and challenges affecting Black gay and bisexual men in Toronto, the support mechanisms available for Black gay and bisexual men, and key concerns to be included in the MaBwana survey. Two of the key informants were born in Canada (but were of Caribbean background), three were born in the Caribbean and four in Africa. Two were under 30 years of age. Most (6) had a professional affiliation with Black communities in Toronto (three worked in HIV/AIDS but not all with an AIDS service

organization), and the other three volunteered with gay community organizations. Four of the key informants worked in organizations that delivered services to Black gay and bisexual men and other Black MSM.

The key informants were selected because of their history of involvement in Toronto's Black gay communities, either in a professional capacity (e.g., people who worked on HIV or other health issues) or because they were active in a volunteer/activist capacity in various African, Caribbean or Black gay networks. Their participation was voluntary and consent was obtained. One member of the research team led the interview and another took notes of the discussion. The interviewer and recorder then validated the interview notes.

Community Advisory Committee (CAC)

The CAC was established to ensure that community interests were appropriately captured and reflected throughout the study, and to advise the research team on all aspects of study implementation. The CAC comprised eight men who were knowledgeable about African, Caribbean and Black gay communities in Toronto through voluntary and professional affiliation. The CAC's terms of reference outlined its responsibility, accountability and schedule of meetings.

The CAC met six times over the course of the study. Its specific contributions included:

- renaming the research study to ensure that it attracted sufficient community profile and to promote discretion in recruitment (the original study title was "Getting to know the community: Who are the Black Men in Toronto who have sex with other men?");
- advising on the design and text of the promotional materials;
- advising on the data collection strategy and recruitment of participants;
- advising on the content of the data collection instruments;
- advising on study promotion;
- identifying strategies for community-focussed dissemination of the study results;
- assisting with the interpretation of the study findings.

The MaBwana survey

The MaBwana survey was open to African, Caribbean and Black gay and bisexual men, transmen and other Black men who have sex with men (MSM), aged 18 or older, who reside or frequently socialize in the Greater Toronto Area. Based on experience with previous HIV-related studies of gay and bisexual men in Toronto, the research team aimed to recruit a convenience sample of 140 sexually active African, Caribbean and Black men into the survey. The final sample comprised 168 men, of whom 134 were sexually active (i.e., had sex with another man in the preceding 12 months).

The MaBwana survey was designed to examine issues associated with vulnerability to HIV. The survey questionnaire included items on socio-demographic background

(age, income, housing, etc.), ethnoracial background, health status, drug use, sexual behaviours, HIV testing, community involvement and affiliation, and responses to HIV prevention campaigns. The final version of the questionnaire (i.e., the version that the team piloted) was guided by the recommendations made by the key informants, and the input of the CAC regarding content, relevance and design.

Materials to promote the survey (posters and postcards) were disseminated prior to and during the survey. The materials were available at community spaces where Black gay men congregate, distributed at various community events, posted on the websites of ACCHO, ACT and Gays Lesbians of African Descent (GLAD), and distributed via listserve.

In February 2007 the MaBwana survey questionnaire was pilot tested among 18 Black, African, Caribbean gay and bisexual men and MSM. The questionnaire was revised based on the pilot, and the survey was launched at Toronto Pride in June 2007. Recruitment ended in January 2008. In addition to Pride, participants were recruited at community and social events organized by or for Black gay men in Toronto, at bathhouses, and by word of mouth. The study coordinator administered a consent form to all participants, who received a $20 honorarium.

At Pride, the research team set up a tent with several voting booths where the consent form could be administered and participants could complete the questionnaire. The MaBwana tent was located next to Blockorama, which is a Pride event organized by and for Black lesbian, gay, bisexual, trans and queer (LGBTQ) communities. At other events and at bathhouses, the study coordinator or another member of the research team set up a space where the survey could be administered in private. Many participants also called or emailed the study coordinator to enroll into the study, and completed the questionnaire at a scheduled time in a private space at ACT.

Most participants completed the survey questionnaire within 30 minutes. Participants were also asked if they were interested in a follow up one-on-one interview and, if they agreed, the study coordinator recorded their contact information separately from the survey questionnaire. At a later date, the study coordinator contacted all survey participants who expressed interest in an indepth interview in order to determine their eligibility and schedule the interviews. Contact information was kept in a secure place and destroyed once the indepth interviews were completed.

Indepth interviews

Twenty-four men participated in the indepth interviews, which was the total that the researchers aimed to recruit. Seventeen of the 24 had also participated in the survey (see above). The interviews with gay and bisexual men were designed to explore in detail many of the issues that had been included in the survey. The semi-structured interviews included questions on ethnic, religious and gay identity; ethnic and gay community affiliation and involvement; sexual activities; relationships and dating; HIV testing; and HIV prevention campaigns. The interviews took about 60-90 minutes. Participants were offered an option to be interviewed by a female (the study coordinator)

or male interviewer, but only two were interviewed by a male member of the research team. The interviews were conducted in a private room at ACT. All interviews were tape recorded and transcribed verbatim.

The one-on-one interviews were administered from October 2007 to February 2008. Participants had either seen the study postcards or posters, participated in the survey, or heard about the study through a friend. Prospective participants were screened to ensure equal representation of men from African and Caribbean background, and to ensure that they were sexually active (i.e., had sex with at least one other man in the past 12 months). Their participation was voluntary, written consent was obtained and they received an honorarium of $40 upon completion of the interview.

ETHICAL ISSUES

The MaBwana Black Men's Study received ethics approval from the institutions with which the investigators were affiliated – University of Toronto, St. Michael's Hospital, the Hospital for Sick Children, University of Ontario Institute of Technology and the University of Windsor. However, the approval process at one institution was particularly challenging, which resulted in a six month delay in our preparations to implement the study. The challenge pertained to conducting research with institutions where sexual behaviour and health promotion related to condoms are subject to specific religious interpretation. After much discussion, the institution involved did grant approval to proceed without requiring the research team to abandon the underlying health promotion orientation of the study.

COMPARISONS WITH RECENT STUDIES OF GAY MEN AND MSM IN TORONTO

Where appropriate or feasible, results from the MaBwana survey are compared to results from the Toronto component of the Ontario Men's Survey (OMS) (Myers et al., 2004) and the Toronto Pride Survey (Adam et al., 2007).

The OMS was implemented in 2002 among MSM in Toronto, Ottawa and other communities in southern and northern Ontario. The main aim of the survey was to understand sexual behaviours and HIV prevalence among MSM in Ontario. The OMS was venue-based, and included a self-administered questionnaire and collection of saliva samples. The questionnaire survey resulted in a sample of 5,080 men throughout Ontario. Almost half of all participants (2,428 men or 47.8%) were recruited in Toronto. Black men accounted for 4.4% (102 men) of the Toronto sample.

The Toronto Pride Survey was implemented in 2005 during the Pride weekend in Toronto. The survey was one component of a study on rejuvenating HIV prevention for gay and bisexual men. The main objective of the study was to understand the different responses to HIV prevention appeals among Toronto's diverse gay population, identify "hot spots" in HIV transmission and understand "the processes through which

unprotected sex unfolds" (Adam et al., 2004, p. 1). The survey recruited a sample of 947 men, 59 (6.3%) of whom identified as Caribbean (44 men) or African (15 men).

ABOUT THIS REPORT

Limitations of MaBwana

MaBwana is the first Canadian study of African, Caribbean and Black gay and bisexual men. Three limitations in particular are worth noting. First, the fairly small survey sample size limited the extent to which we could stratify the survey data and explore some potentially interesting nuances in sufficient detail. Second, it was not possible to recruit a probabilistic sample, given the lack of information about the target population that would normally guide sample design. Third, the study was implemented in English only, and we excluded men who were less than 18 years old. These last two factors constrain our ability to generalize the findings to the target population as a whole. An additional issue, which is perhaps common to research with gay men in Toronto, is whether the study was sufficiently accessible to a broad spectrum of Black, African and Caribbean MSM in Toronto. MaBwana was promoted and publicized among local networks from the target population, which increased its accessibility to the target population. However, we believe that MaBwana has provided a platform for further efforts to engage African, Caribbean and Black gay men in research on issues of concern to them.

The MaBwana report

This community report presents detailed results from the MaBwana Black Men's Study for service providers, researchers, and policy makers. The report will also be of interest to community members (i.e., African, Caribbean and Black gay men and community-based organizations), especially those who are involved or interested in organized efforts to build community capacity and address issues related to health and HIV.

The report is divided into six sections. In Section 1 (the current section), we discuss the study rationale and background. Section 2 is a brief review of research on issues related to HIV and the wellbeing of Black gay men. Section 3 presents the main insights from our interviews with key informants. The main study results are presented in Section 4 (the MaBwana survey) and Section 5 (indepth interviews with African, Caribbean and Black gay men). Section 6 includes the conclusion and implications of the research.

To achieve comprehensibility and appeal to a broad cross section of interests, we have reported on some of the more salient aspects of the research rather than presenting all the data. The report will be supported by other activities (forums, fact sheets and other publications) to enhance dialogue and understanding among the different stakeholders. In addition, there will be further analysis of the data to examine specific issues. We expect that this report will generate ideas and inform action about programs and services to address HIV, health and wellbeing among African, Caribbean and Black gay and bisexual men.

2. BLACK GAY MEN AND HIV

The MaBwana Black Men's Study was designed to improve the knowledge base for HIV prevention efforts among Black gay men. The study focused in particular on issues of identity, community affiliation and involvement, HIV testing, sexual relationships and sexual behaviours, the reasoning process associated with relationships and behaviours, and attachment to or involvement in HIV prevention efforts. Below, we outline various considerations from previous research that influenced how we approached MaBwana.

Contextualizing the lives of Black Gay Men

In Canada, there is a general scarcity of primary research with Black gay men to understand the circumstances of their lives, particularly in relation to HIV. Some HIV research with gay men and MSM in Toronto and other large Canadian cities has included varying numbers of African, Caribbean or Black men (e.g., Adam at al., 2008a; 2008b; 2005a; 2005b; Calzavara et al. 2002; George et al., 2006; 2007; Husbands et al., 2004; Myers et al., 2004), but the implications of the research findings for Black gay men are often not clear. In previous samples of MSM, the number of Black men (and men from other racialized communities) has been rather small, thereby limiting the viability of the findings for Black men. For purposes of data analysis, researchers often aggregate men from various racialized communities, which may obscure the situation of Black men and those from other ethnoracial backgrounds (see George et al., 2007). In addition, many of the studies are designed for a general population of gay men, and do not focus on issues that may be particularly applicable to racialized or immigrant communities of Black men. Even in the USA where there is a much stronger tradition of research with Black gay men, many of the HIV-related studies are designed to examine differences and similarities among ethnoracial groups along a fairly narrow range of issues which, though important, result in an incomplete understanding of the vulnerability to HIV among African American gay men (Mays et al., 2004).

As Joseph Mensah (2004) has extensively documented and discussed, Canada's Black population experiences low levels of income and other aspects of economic and social marginalization. Recent data illustrate the persistence of income disparities between Black and other Canadians, especially white Canadians. For example, among people in Toronto with a bachelor's degree, in 2005 Black people had median and average incomes of $36,750 and $41,829 respectively, compared to the substantially higher median and average income of the city's non-visible minority population ($49,948 and $74,392 respectively) (Statistics Canada, 2006). This type of disparity may apply as well among gay men. For example, George and colleagues (2007) have shown that "non-white" MSM born outside Canada are more likely to be unemployed than white MSM born in Canada or elsewhere.

Within Black communities, the lives and circumstances of gay men, and their vulnerability to HIV, are shaped by a social environment in which they are constructed

as outsiders. Wesley Crichlow (2004) has drawn attention to a "heterosexist alliance" of opinion leaders (intellectuals, activists, religious leaders, etc) in Canadian Black communities. This heterosexist perspective constructs same-sex relationships as "abnormal" and alien to "the normative framework of Black life and Black identities" (Crichlow, 2004, p. 28), and interprets gay men as purveyors of AIDS who are responsible for bringing the disease into Black communities (Crichlow, 2004; Gardezi et al., 2008). Many Black gay men have immigrated from Africa and the Caribbean, where there is little sympathy for gay men infected with HIV (Norman et al., 2006), homosexuality is often viewed as a source of AIDS (Petros et al., 2006), and gay men are ostracized in the culture and social institutions (Allman et al., 2007). In the UK as well, Black gay men, mainly of African or Caribbean background, experience similar marginalization in Black communities (Anderson et al. 2008; Fenton et al., 2002).

Black gay men are also affected by racism in Canadian life. As stated by one of Crichlow's (2004, p. 118) informants, "Being stopped by the police is not restricted to Black heterosexual males, [it] is an act that I'm also familiar with." Racism is also inscribed in white gay communities, notwithstanding the support they give to Black LGBTQ people (Husbands et al., 2004; Li et al., 2008).

The various forms of social oppression and marginalization related to sexuality and race do influence gay men's health outcomes and vulnerability to HIV (Cáceres et al., 2008; Diaz et al., 2004; Li et al., 2008). However, much of the HIV-related discourse on sexual orientation and same-sex practices has inadvertently but almost exclusively treated Black gay men and their behaviours as a problem (just as much current thinking on Black/African diasporic populations focuses inordinately on Blackness as a problem). What is seldom acknowledged is that, in the face of social oppression, Black gay men and other Black LGBTQ people have resisted their marginalized status by creating networks of support, solidarity, advocacy and community development. These forms of institutional development represent the positive consequence of marginalization (Cohen, 1999).

One of the latest examples of this Black gay institutional development in Toronto is Gays Lesbians of African Descent (GLAD), some of whose members or affiliates made supportive and valuable contributions to developing and implementing the MaBwana research study. Along the same lines, David Murray (2000) has drawn attention to Martinican gay men's resistance to the racial exclusivity that seems to characterize the discourse on and construction of gayness in advanced capitalist countries, which applies as well to the situation of African, Caribbean and Black gay men in Toronto.

MaBwana must necessarily address the problem that HIV/AIDS poses for Black gay men's sexual relationships and sexual behaviours. However, particularly in the qualitative component, we will also examine Black gay men as resourceful agents – in other words, how Black gay men, in the face of HIV/AIDS and social oppression, negotiate their identities, construct themselves and interpret their behaviours and social relationships. This approach follows a recommendation made by Mays and colleagues (2004) and reinforced by later research (e.g., Millett et al., 2007a) that HIV prevention for Black gay men requires research that attends to their social, interpersonal and community interactions.

Ethno-racial and sexual identity

Identities are multi-dimensional and overlapping, and their significance is strategic. When and how people choose to identify themselves depends on what's at stake. For example, in everyday and even scientific discourse, a person's sexuality is conceived as fixed and categorical (Ford at al., 2007) though, as a concept that is socially constructed and mediated, it is also fluid, elastic and dynamic (Lewis, 2007, pp. 18-21). MaBwana participants may be simultaneously Black (or African or Jamaican Canadian, etc.) and gay even when, based on their lived experience, there is tension between the two. However, it is important to understand how gay men negotiate these identities.

Crichlow's research among Black men in Canada demonstrates that self-expressed sexual identity and orientation do not necessarily match sexual behaviour in a straightforward way. For example, some of his informants refused to claim a specific identity or orientation, or appeared to be both "gay" and "straight" (see also Gerver et al., 2006; Millett et al., 2005; Ross et al., 2002). For reasons that are still not clear, homosexually active men who identify as heterosexual appear more likely than gay-identified men to have unprotected sex with men (Chng et al., 2000; Wohl at al., 2002). Sometimes, however, the alleged discordance between behaviour (i.e., sex with men) and self-identified sexual orientation (i.e., identifying as heterosexual or demonstrating a heterosexual identity) among Black men is discussed almost pathologically. For example, terms like "down low" often suggest a character flaw that is peculiar to Black men, implying that they are cowardly or dishonest about their sexual preferences, desires and relations. In the USA, Keith Boykin (2005, p. 7) has responded to this flawed understanding of sexuality among Black communities by arguing against the partisan reasoning that has seized the "down low" as the "missing link to explain the AIDS epidemic in the Black community". Along the same lines, Carlos Decena (2008) has questioned the orthodoxy of "compulsory disclosure" (i.e., insisting that Black MSM should disclose their same-sex behaviours) on epidemiological or programmatic grounds.

Black gay men are heavily invested in their Black communities and cultures, but realize that their participation and even their claim to membership may be provisional. They respond to the dilemma of identity and affiliation strategically. Some men will assert their Black community membership and participation as gay men. Others may refuse to participate substantively in their ethnoracial communities, maintain silence about their relationships with other men and affiliations with gay communities, or perform a notably heterosexist masculinity (Husbands, 2007; Lewis, 2007). In addition to those strategies, or perhaps irrespective of them, Black men also establish their own networks of support and solidarity.

Sexual relations, sexual behaviour and HIV testing

Given the lack of relevant research with Black gay men in Canada, we have drawn on US research (and UK research to a lesser extent) to inform our thinking. Among MSM in the USA, Black men have high rates of HIV infection. The Black AIDS Institute has reported, based on a CDC report, that 46% of Black men in a recent 5-city survey were

infected, which was more than double the proportion of infected white men (Wilson et al., 2008). In 2006, the number of new infections among young Black MSM was 1.6 times higher than new infections among young white men, and 2.3 times higher than new infections among Hispanic MSM (CDC, 2008).

In the USA, there has been a considerable effort to explain ethnoracial differences in HIV infection. This research has shown that, despite their high infection rates, Black men are no more likely than white men to engage in unprotected anal intercourse, less likely to have sex with a known HIV-positive partner, less likely to engage in substance use, and appear to have fewer sexual partners in a given period of time (Berry et al., 2007; Harawa et al. 2004; Millett et al., 2007b). In other words, though unprotected sex is driving the epidemic among Black MSM in the USA, the epidemiology of HIV among Black MSM is perhaps more complex. What has been demonstrated is that, compared to white men in particular, Black MSM are more likely to have had a sexually transmitted infection (which increases susceptibility to HIV infection), and are less likely to be tested for HIV (Millett et al. 2006).[1]

In US studies, unprotected sex among Black MSM and other gay men has been linked to experiences of social oppression (e.g., racism, homophobia, etc.) and psychological distress (Diaz et al., 2004; Millett et al., 2007c). In one study that recruited only Black men, unprotected sex was linked to the apparently low normative value of condoms among some Black men, and not carrying condoms (Hart et al., 2004). In another, the main barriers to using condoms were alcohol use, unplanned or spur-of-the-moment sex, and the idea that condoms reduce sexual pleasure (Peterson et al., 2003). These studies suggest that many Black MSM still use condoms inconsistently. Among Black men who have sex with men and women, some men also harbour a perception that using condoms with their female partners may signal or inadvertently disclose their homosexual behaviours to the female partners (Hawara et al., 2006).

Most Canadian Black gay men are probably foreign-born, and there is some evidence for differences in sexual behaviour between Canadian and foreign-born MSM. For example, one study found that “non-white” MSM who were born outside Canada were less likely than other Canadian MSM to have transactional sex (George et al., 2007). Community attachment and involvement also seems to influence sexual behaviours. O’Donnell and associates (2002) observed that Latino men who are strongly attached to their ethnic community are less likely to have unprotected anal intercourse (O’Donnell et al., 2002). This finding suggests the importance of engaging communities to develop understandings, perspectives and practices that enhance the health of their constituents.

[1]Lower rates of testing is related to an elevated prevalence of undiagnosed HIV infection among African American MSM, which increases the chances that unprotected sex may result in HIV infection. Another benefit of HIV testing is that Black MSM who test positive are more likely to practice safer sex (Millett et al., 2007).

3. INSIGHTS FROM THE KEY INFORMANTS

The key informant interviews yielded insights that influenced our approach to the MaBwana study. These insights may influence as well efforts to address issues of gay men's health among community-based organizations that serve African, Caribbean and Black communities in particular.

Key informants reported that some of the challenges and issues affecting the Black gay men arise from the sporadic and ad hoc support for LGBT people coming from Black, African and Caribbean communities, and the sense of marginalization in the broader LGBTQ communities. The key informants identified three sets of issues that demonstrate the lack of reliable support.

First, African and Caribbean community-based organizations in Toronto generally adhere to and reproduce heterosexist norms that are pervasive in their communities. Even though these organizations may include LGBT individuals among their staff, volunteers and service users, gay men and other LGBT people are rarely acknowledged as a group or class of people deserving targeted programming. Community-based organizations that specialize in offering services and programs for African and Caribbean communities in Ontario have not yet sufficiently acknowledged the spectrum of sexual orientation that characterizes their communities and, as a consequence, their programs do not accommodate the needs or challenges of gay men.

Second, because Black community-based organizations (other than African or Black AIDS service organizations) have not developed programs and services that address the sexual health needs of Black gay men, there tends to be much misinformation about the sexual health needs of Black gay men. Moreover, the programs and services for gay men in mainstream community-based AIDS organizations do not address the challenges or incorporate the experiences of Black gay men. Mainstream AIDS organizations have not substantively engaged Black gay communities and networks, which means that their HIV prevention programs are unlikely to resonate with Black gay men or address the challenges that they face.

Third, Black gay men experience marginalization and oppression in established mainstream gay communities on the basis of race and other aspects of social status. In response, but more generally through self-interest, they have developed their own networks and organizations. They derive support and a sense of empowerment from building and participating in their networks and groups. However, the financial and human resources needed to build and sustain the networks and organizations is often lacking.

The key informants identified fundamental considerations for the MaBwana study that may lead to a better understanding of the needs of the Black gay communities. First, they recommended that MaBwana should examine how Black men understand their sexual orientation and how they make sense of their sexual behaviours. Second, they suggested that MaBwana examine Black gay men's sexual risk behaviours, particularly in relation to their understanding of HIV. Third, the key informants recommended that

MaBwana explore issues of community affiliation and involvement, and how Black gay men make sense of their relationship with their communities and institutions.

The key informants also recommended that the recruitment materials and strategies should be designed to ensure discretion, rather than in ways that may generate public scrutiny in Black, African and Caribbean communities. Neither the study nor the interests of Black gay men would be served by a situation in which Black gay men were reluctant to participate. In particular, the key informants suggested that the research team make promotional material widely available through trusted networks; recruit participants through Black AIDS service organizations, Black queer networks and gay venues; collaborate with promoters who organize events patronized by Black MSM; and promote the study on websites frequently visited by Black gay men.

4. RESULTS FROM THE MABWANA SURVEY

WHO MABWANA RECRUITED

MaBwana was designed as a study of African, Caribbean and Black gay and bisexual men, transmen and MSM in Toronto. Therefore, we wanted to recruit men who self-identified accordingly. The 168 men who participated in the MaBwana survey were recruited through a variety of events and spaces. More than half were recruited at Toronto Pride in June 2007 (Table 1), and over one-fifth contacted the study coordinator based on the recruitment and promotional materials or after hearing about the study from others.

Table 1. Where MaBwana participants were recruited

	Number	%[1]
Toronto Pride	88	52.4
Calls to the study coordinator[2]	35	20.8
Dance club[3]	20	11.9
Bathhouses	12	7.1
Community agency	12	7.1
Other	1	0.6
TOTAL	**168**	**100.0**

[1]Percentage total may not add to 100 because of rounding
[2]Men who called the study coordinator completed the survey by appointment, mostly at ACT
[3]An event organized for Black gay men

In terms of sexual orientation, more than half of MaBwana participants identified as gay or homosexual, and slightly more than one-quarter identified as bisexual (Table 2). The "other" category included a variety of other sexual identity responses (e.g., "pan-sexual"). Compared to the Ontario Men's Survey (OMS) Toronto sample (Myers et al., 2004), MaBwana participants included proportionately fewer self-identified gay men, and more bisexual and straight men. In the OMS Toronto sample, 83% identified themselves as gay, compared to slightly more than half of the MaBwana participants. Also, 13% and 2.3% of OMS Toronto participants identified themselves as bisexual or straight respectively, compared to 27.9% and 8.4% of MaBwana participants. Additional evidence for the greater prevalence of bisexual men among African, Caribbean and Black gay communities is provided by the Toronto Pride Survey (TPS), where Caribbean men were twice as likely as other TPS participants to report being bisexual (Adam at al., 2007).

Table 2. Reported sexual orientation of MaBwana participants

	Number	%
Gay or homosexual	90	58.4
Bisexual	43	27.9
Queer	3	2.0
Straight or heterosexual	13	8.4
Other	5	3.3
TOTAL	**154**	**100.0**

With respect to gender identity, three participants identified as transmen. In terms of their sexual orientation, the three transmen self-identified as gay, bisexual and queer respectively.

More than half of the survey participants had been living in Toronto for five years or longer though, on the whole, 88% reported that they were living in Toronto for varying lengths of time (Table 3). The remainder comprised men who socialized in Toronto on a regular basis.

Table 3. Length of residence in the Greater Toronto Area (GTA)

	Number	%
Less than 1 year	16	10.0
1 year but less than 2 years	14	8.8
2 – 4 years	21	13.1
5 – 9 years	17	10.6
10 years or longer	73	45.6
Don't live in the GTA	19	11.9
TOTAL	**160**	**100.0**

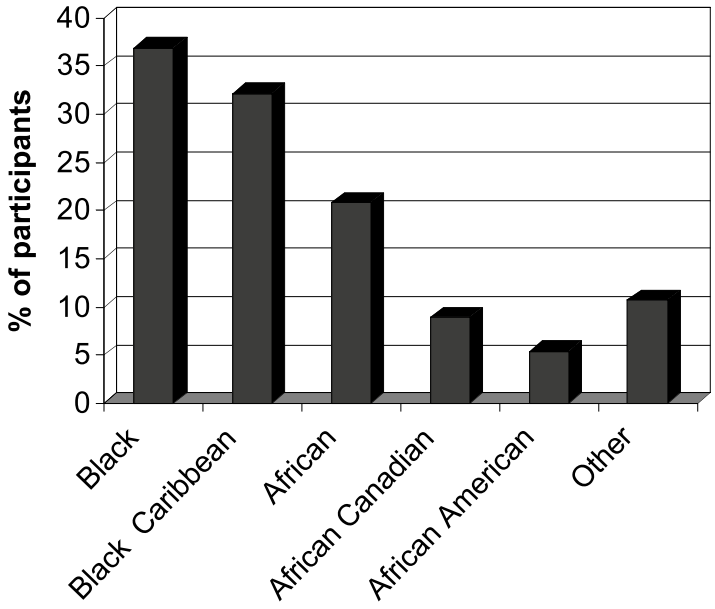
One-third of participants were Caribbean-born, with the remainder divided mainly between those born in Canada and Africa (Table 4). Other countries or regions of birth were mainly in Europe (including the UK).

Table 4. Region or country of birth

	Number	%
Canada	49	30.1
Africa	40	24.5
Caribbean	55	33.7
Other	19	11.7
TOTAL	**163**	**100.0**

Regarding their ethnoracial affiliation or background, participants were able to choose one or more descriptors that best indicated their background. More than one-third of MaBwana survey participants identified themselves as "Black", a further one-third chose "Black Caribbean", one-fifth indicated "African", and slightly less than 10% indicated African Canadian (Fig. 1). Participants also indicated a number of other descriptors of ethnocultural background, almost all of which suggested being Black or of African descent (e.g., African Brazilian, biracial, etc.). The issue of identity (ethnoracial and sexual) will be further explored in Section 5 of this report where the indepth interviews are discussed.

Figure 1. Reported ethnoracial background of MaBwana participants[1]



[1]Participants were allowed multiple responses.

SOCIODEMOGRAPHIC PROFILE AND GENERAL HEALTH

Below, we characterize MaBwana participants in terms of their sociodemographic status, proximal indicators of vulnerability to HIV (e.g., sexual behaviours, HIV testing, etc), and issues related to relationships, identity and community attachment. We also compared Canadian-born, African-born, Caribbean-born and other participants on the three sets of factors noted above. However, the number of participants limited the feasibility of some comparisons. Consequently, in some instances we compared Canadian-born, Caribbean-born and African-born participants (i.e., excluding the "other regions" category), and in other instances we compared Canadian and foreign-born participants. In the absence of statistically significant differences between participants according to their country or region of birth, or where such comparisons were not feasible, we present the frequency distribution of the various measures and indicators.

Socio-demographic profile

MaBwana participants ranged in age from 18 (the minimum age to participate) to 61 years, though the average age was in the early 30s (Table 5). Caribbean-born participants were somewhat older than other participants, and those born in Canada were younger. Those born elsewhere (i.e., not Canada, Africa or the Caribbean) were small in number and had the same age range as for the sample as a whole, which resulted in a wide range for the confidence interval. MaBwana participants were younger than the Toronto sample in the Ontario Men's Survey (Myers, et al. 2004) - almost half (49%) of MaBwana participants were 30 years or younger, compared to 36% of the Toronto OMS participants.

Table 5. Age of MaBwana participants

	Number[1]	Average age	95% confidence interval	Median age
All participants	157	32.7	31.1-34.3	31
Canadian-born	44	28.6	26.1-31.1	26
African-born	39	31.2	28.8-33.6	30
Caribbean-born	52	37.2	34.2-40.3	36
Born elsewhere	18	33.4	27.2-39.7	28

[1]"All participants" refers to the number who reported their age. For place of birth, the total includes all participants who reported their age and country/region of birth.

Though Canadian-born participants were relatively young, they had resided in the GTA for a longer period of time than other participants (Table 6, $p < 0.001$). Caribbean-born participants, who were generally older than other participants, also reported residing in the GTA for a relatively long period of time. African-born participants were relative newcomers to the GTA, compared to Canadian and Caribbean-born participants. This pattern may reflect Africans' relatively recent history of immigration to Canada compared to men from the Caribbean, as well as the younger age of African-born participants. Caribbean-born men's longer immigration history is illustrated by their high proportion of Canadian citizens and permanent residents, compared especially to African-born participants (Table 7; $p = 0.03$).

Table 6. Residential status in the Greater Toronto Area

	Country or region of birth (%)				
	Canada	**Africa**	**Caribbean**	**Other**	**All participants**
Newcomers or visitors[1]	13.0	27.5	13.2	55.6	21.7
1 – 9 years	19.6	50.0	35.8	16.7	32.5
10 years or longer	67.4	22.5	50.9	27.8	45.9
TOTAL	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
N (participants)	46	40	53	18	157

[1]"Lived in the GTA for less than 1 year or didn't live in the GTA

Table 7. Residency status in Canada

	Country or region of birth (%)			
	Africa	**Caribbean**	**Other**	**All participants**
Citizen or permanent resident	60.0	83.3	63.2	71.7
Other	40.0	16.7	36.8	28.3
TOTAL	**100.0**	**100.0**	**100.0**	**100.0**
N	40	54	19	113

MaBwana was implemented in English, which meant that participants had to be able to read and speak English to participate. Not surprisingly, in response to the survey item requesting participants to identify the language they spoke at home, 91% of participants indicated that they spoke English at home. The three most common languages after English were French (7.1% of participants), followed by Spanish and Arabic (2.4% each). However, the diversity of languages spoken at home was much larger than those percentages suggest. Among the other languages, for example, were seven African languages spoken by 11.9% of participants.

The majority (58.6%) of MaBwana participants owned, rented or shared an apartment, condominium or house (Fig. 2), though this includes the 13 participants who lived with their parents. However, 11% were unstably housed (live in a rooming house, hotel/motel, shelter or indicated that they didn't have an address). Almost one-fifth (18.4%) of the Canadian-born participants were unstably housed, compared to 8% of those who were born outside Canada.

The overwhelming majority of participants described themselves as single (Table 8). However, 11% were married or in common-law relationships at the time of the survey, and another 4.5% described their current relationship status in ways that suggested previous marriage (i.e., divorced or separated). The MaBwana questionnaire did not ask participants specifically whether they were in a relationship with a man or woman. Among the 18 participants who stated that they were married or had a common law relationship, 14 responded to the question about sexual orientation. Nine of the 14 indicated that they were gay, two indicated that they were bisexual, and two indicated "queer" or "other"; only one of the 14 identified as straight.

Figure 2. How MaBwana participants were housed

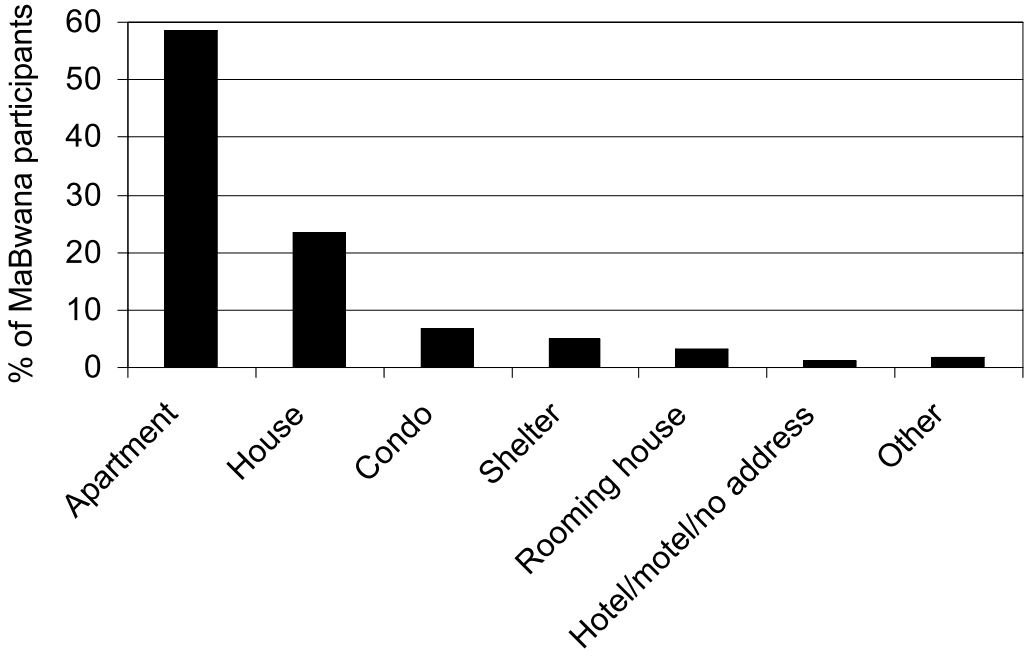


Table 8. Relationship status of MaBwana participants

	Number	%
Single	125	77.6
Married or common law	18	11.2
Divorced or separated	7	4.4
Other	11	6.8
TOTAL	**161**	**100.0**

As a group, survey participants were fairly well educated – 45% had at least a college diploma or university degree, and another 30% had commenced tertiary education (Table 9). However, 40% had annual incomes of less than $20,000 which probably reflects the large minority (27.1%) of potentially low income earners (students, the unemployed, people on disability, and retired persons) (Table 10) and, perhaps more generally, also reflects the low income levels of Black people in Canada.

Table 9. Highest level of education completed

	Number	%
None	1	0.6
Elementary/primary	5	3.0
Some secondary/high school	22	13.1
Secondary/high school	14	8.3
Some college or university	50	29.8
College or university	50	29.8
Some graduate or professional	9	5.4
Graduate or professional	17	10.1
TOTAL	**168**	**100.0**

Table 10. Personal income in the previous year

	Number	%
None	7	4.4
$1 – 9,999	31	19.4
$10,000 – 19,999	26	16.3
$20,000 – 29,999	19	11.9
$30,000 – 39,999	23	14.4
$40,000 – 49,999	17	10.6
$50,000 – 59,999	14	8.8
$60,000 or more	23	14.4
TOTAL	**168**	**100.0**

There are notable differences in education and income between the MaBwana participants and the Toronto component of the Ontario Men's Survey (Myers et al., 2004). For example, over half (53.6%) of the OMS Toronto sample had completed university/college or had a graduate education, and 8.1% had not achieved high school completion. In MaBwana, less than half (45.3%) had completed university/

college or had some graduate education, and 16.1% had not achieved high school completion. In terms of income, one-quarter of OMS Toronto participants and a one-fifth (21.1%) of the Toronto Pride Survey reported an annual income of less than $20,000; slightly more than one-fifth (22.1%) of Toronto OMS and one-quarter of Toronto Pride Survey participants reported an income of $60,000 or higher. In MaBwana, 40% of participants reported earning less than $20,000 and only 14.4% reported earning $60,000 or more. On the whole, though MaBwana participants appeared to have lower levels of formal education than OMS Toronto participants and earned lower incomes, the differences in education are modest compared to the apparently large differences in income. Differences in education and income between the two samples may also be due in part to the fact that MaBwana participants were younger than OMS Toronto participants (see discussion of age above) and were less likely to be employed (see below).

Regarding their current work status, MaBwana participants were asked to indicate (from a list) the single item that "best described" their current status. Fewer than half of participants indicated that they were employed full time (Table 11). Compared to the OMS Toronto sample (62.1% employed full time) and Toronto Pride Survey (64.2%), MaBwana participants appeared less likely to be engaged in full time work, and perhaps less likely to be working whether full time or part time (66.9% full time or part time in MaBwana versus 77.4% in the OMS Toronto sample and 75.3% of Toronto Pride Survey participants).

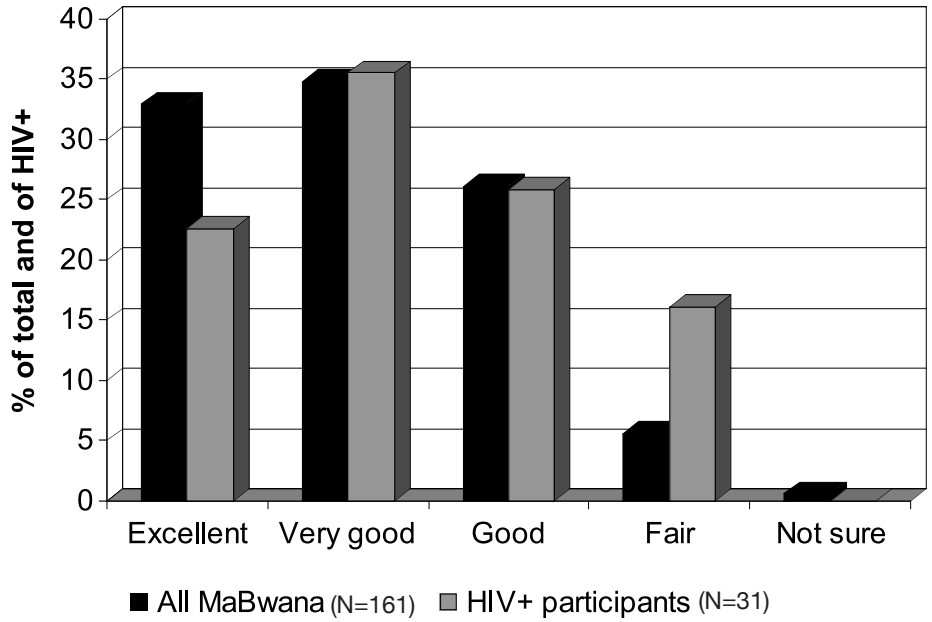
Table 11. Current work status of MaBwana participants at the time of the survey

	Number	%
Working full time	78	47.9
Working part time	31	19.0
Self employed	9	5.5
Student	12	7.4
On disability	13	8.0
Unemployed	19	11.7
Retired	1	0.6
TOTAL	**163**	**100.0**

General health

The MaBwana questionnaire included an item asking participants to rate their general health compared to others of their age. Two-thirds of MaBwana participants rated their general health as excellent or very good, and none rated their health as poor (Fig. 3). In comparison, participants who reported they were HIV-positive seemed less likely to rate their health as excellent and more likely to rate their health as fair. As was the case with the entire MaBwana sample, none of the HIV-positive participants rated their health as poor.

Figure 3. How MaBwana participants rated their general physical health



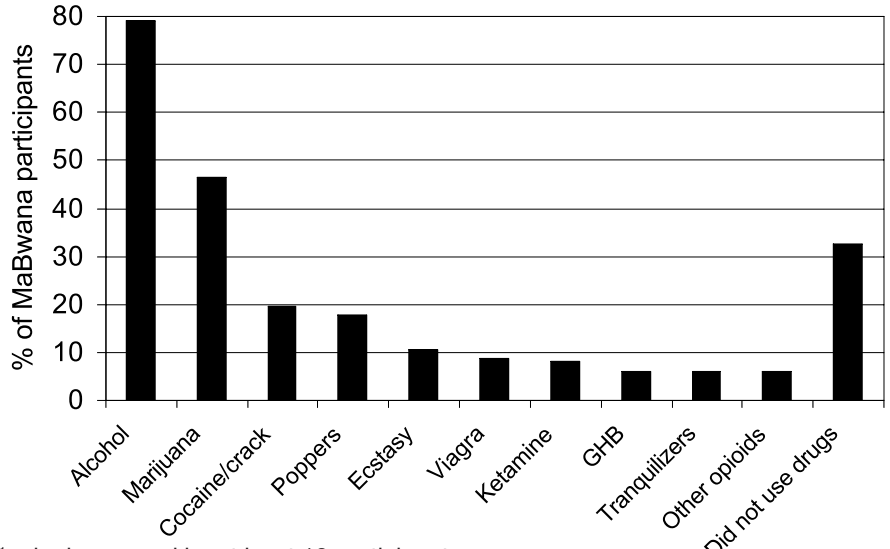
MaBwana participants used a number of different drugs recreationally in the previous year, though one-third of participants did not use drugs (Fig. 4). The most common drugs were alcohol, marijuana, cocaine/crack, and poppers. Compared to the OMS Toronto sample, MaBwana participants recorded lower frequencies for poppers (17.9% in MaBwana versus 23.1% in OMS Toronto), cocaine/crack (19.6% versus 25%), Ecstasy (10.7% versus 22.9%), and Ketamine (8.3% versus 15.7%). Based on the drugs displayed in Figure 4, drug use was less widespread among MaBwana participants than among OMS Toronto participants.

HIV TESTING

Though the vast majority (88.2%) of MaBwana participants have tested for HIV at some time (i.e., ever tested), participants who were born outside Canada were more likely to have been tested (Table 12, $p = 0.007$). Among the participants who have ever tested, half had tested in the previous six months and, cumulatively, two-thirds had tested within the previous 11 month (Table 13). Thirty-four participants reported that they were HIV-positive, which represents 23.6% of those who had ever tested and 20.2% of the entire sample. Compared to OMS Toronto participants, MaBwana participants reported a higher uptake of HIV testing – 88% of MaBwana participants had ever tested, compared to 79.4% of Toronto OMS participants.

Among participants who had ever tested for HIV, 16 (11.4% of 140 valid responses) reported that their last HIV test was outside Canada. Among the remaining 124 participants who responded to the question about where/how they were last tested for HIV, over half reported that they took the test through their doctor, and about a quarter reported that they were tested at or through a clinic or community health centre (Table 14).

Figure 4. Recreational drug use among MaBwana participants[1]



[1]only drugs used by at least 10 participants
Alcohol and tobacco not include in the calculation of "did not use drugs"

Table 12. Ever tested for HIV

	Canadian born	All foreign born	All participants
Never tested or don't know	22.9	7.1	11.8
Tested	77.1	92.9	88.2
TOTAL	**100.0**	**100.0**	**100.0**
N	48	113	161

Table 13. Time of last HIV test (participants who have ever tested)

	Number	%
In the last 6 months	71	49.7
7 – 11 months ago	23	16.1
1 – 2 years ago	29	20.3
3 or more years ago	20	14.0
TOTAL	**143**	**100.0**

Interestingly, of the 49 participants who reported that their last HIV test was one year or more ago, 12 reported that they were HIV-positive. In other words, men who reported that they were HIV-negative or did not know their sero-status comprise a substantial proportion of the participants whose last test was one year ago or longer. It is quite possible that some of these participants may have decided not to test more frequently if they were in long-term monogamous relationships or were not sexually active. Nonetheless, programs to promote HIV testing should target infrequent testers as well as men who have never tested, while continuing to support and encourage those who test frequently.

Table 14. Where/how participants received their last HIV test (participants who had ever tested).

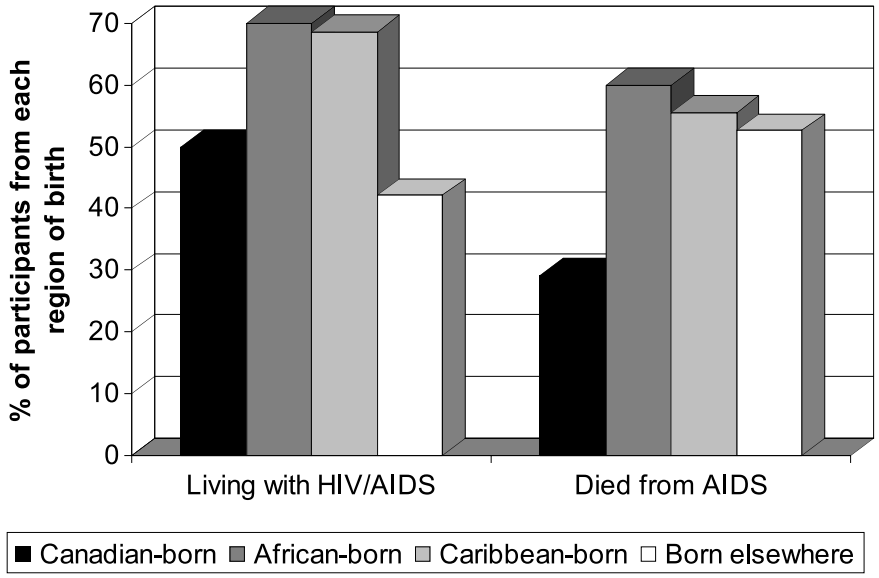
	Number	%
Last test was outside Canada	16	11.4
Last test was in Canada	124	88.6
TOTAL	**140**	**100.0**
Last test was in Canada – where/ how tested		
My doctor	68	54.8
Clinic/CHC/Public heath unit	32	25.8
Anonymous testing site	24	19.4
TOTAL	**124**	**100.0**

PERSONAL ATTACHMENT TO HIV

Slightly less than half (47.9%) of participants had family, friends or sexual partners who died of AIDS, and 60% had family, friends or sexual partners who were living with HIV at the time of the survey. However, participants who were born in Africa and the Caribbean were more likely to have (or have had) significant others living with HIV/AIDS (Fig. 5, $p = 0.015$), and foreign-born participants were also more likely than the Canadian-born to have known significant others who died from AIDS (Fig. 5, $p = 0.049$). Not surprisingly, though only one-quarter of participants reported being a member of or volunteering with an AIDS-related organization, participants from Africa and the Caribbean appeared more likely to be associated with AIDS-related organizations (Fig. 6).

The MaBwana questionnaire included the image from ACCHO's "Keep it alive" campaign that was used on postcards, posters and in the gay press to promote HIV testing among Black gay men in Toronto and other communities in Ontario. Most MaBwana participants indicated that they saw the "Keep it alive" campaign, but men from Africa and the Caribbean were more likely to have seen it than Canadian-born men (Table 15, $p = 0.029$). Furthermore, among the men who saw the campaign, close to three-quarters (73.8%) indicated that it was effective.

Figure 5. Participants who ever had friends, sexual partners or family living with or died from HIV/AIDS



Canadian-born: N=48; African-born: N=40; Caribbean-born: N=54; born elsewhere: N=19

Figure 6. Volunteering with an HIV/AIDS organization

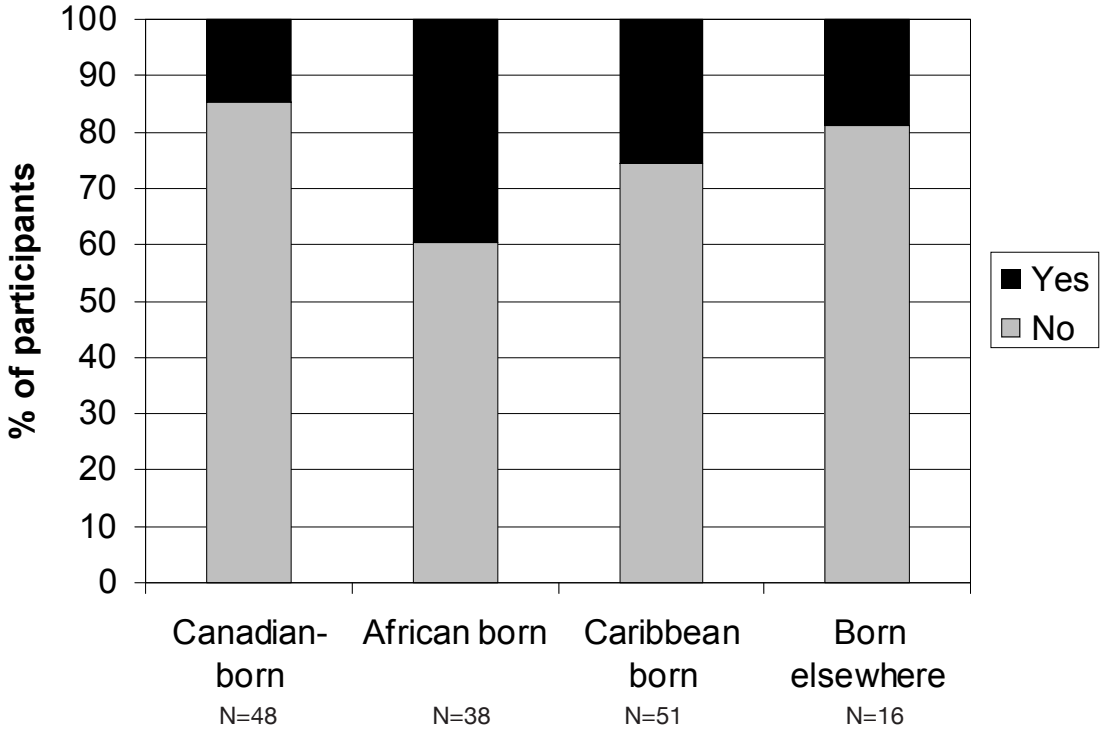


Table 15. Visibility of the "Keep it alive" campaign (gay theme) among MaBwana participants

	Country or region of birth (%)				
	Canada	**Africa**	**Caribbean**	**Other**	**All participants**
Didn't see the campaign	52.1	30.8	39.6	68.4	44.7
Saw the campaign	47.9	69.2	60.4	31.6	55.3
TOTAL	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
N	48	39	53	19	159

SEXUAL RELATIONSHIPS AND BEHAVIOURS

One hundred and thirty four MaBwana participants (79.8%) reported having anal or oral sex with another man in the year leading up to the survey, which is substantially lower than the 91.4% of OMS Toronto participants who had sex with a man in the year leading up to the OMS. The following analysis of sexual relationships with other men includes only those 134 sexually active men, and their reported sexual behaviours in the 12 months leading up to the survey. More than three-quarters (78%) of the sexually active participants reported recent anal or oral sex (i.e., within the previous month) and less than 4% reported their most recent sexual encounter more than six months before the survey (Table 16). The reported number of sexual partners in the year preceding the survey ranged from one to more than 20, though over half of the survey participants reported five or fewer partners (Table 17). Participants indicated that they met sexual partners in variety of venues and situations, but mainly on the Internet, at gay bars and clubs, and at bathhouses (Fig. 7).

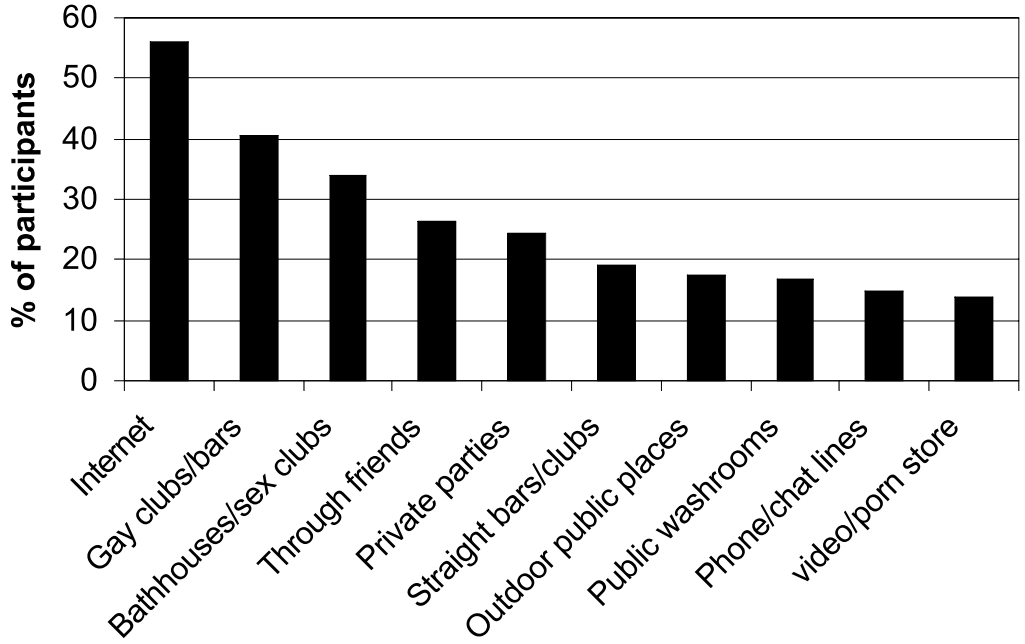
Table 16. Last anal or oral sex with a man – sexually active participants

	Number	**%**
Less then 1 week ago	65	49.2
1 week to 1 month ago	38	28.8
2 months to 6 months ago	24	18.2
7 months to 1 year ago	5	3.8
TOTAL	**132**	**100.0**

Table 17. Number of male sexual partners in the past year – sexually active participants

	Number	%
1	22	17.1
2 - 5	51	39.5
6 - 10	26	20.2
11 - 19	11	8.5
20 or more	19	14.7
TOTAL	**129**	**100.0**

Figure 7. Where MaBwana participants met other men for sex[1]



[1]Only those participants who had sex with another man in the last year; participants could chose more than one response

Sex with partners of different sero-status

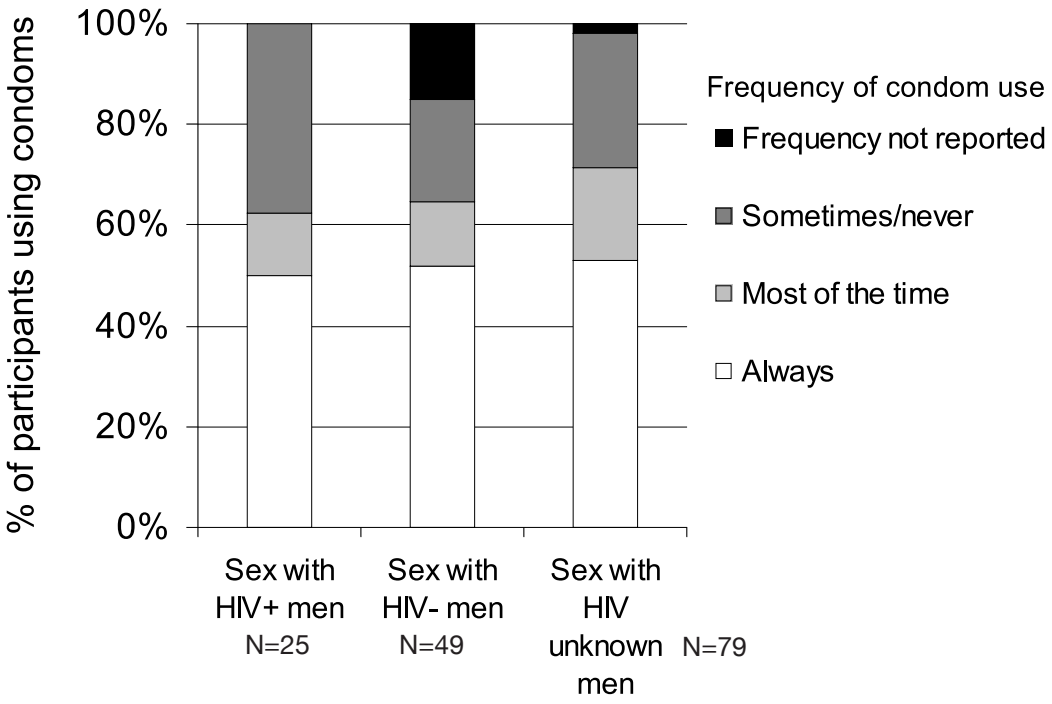
When asked about the HIV status of their sexual partners in the past year, sexually active MaBwana participants indicated that they had anal sex with men whom they knew to be HIV positive, HIV negative, or whose status they did not know. Twenty-four participants (17.9%) had sex with HIV-positive men, 79 participants (59.0%) had sex with HIV-negative men, and 49 participants (36.6%) had sex with a man whose HIV status they did not know. Based on the HIV status of their sexual partners, at least half of the participants reported that they used condoms all the time for anal sex, and between 60% and 70% reported using condoms all or most of the time (Fig. 8).

For the three groups of sexual partners (HIV positive, HIV negative and men whose HIV status they did not know), the proportion of MaBwana participants who never or sometimes used condoms was 37.5%, 20.3% and 26.5% respectively.

Among the 83 HIV-negative participants (i.e., participants reporting that their last HIV test was negative) who had anal sex with a man in the previous year, only four indicated that they had sex with an HIV-positive man, and all four reported that they used condoms all the time. However, 29 had sex with men whose serostatus they did not know and 18 of them (62.1%) reported using condoms all the time.

Thirty-three of the 34 HIV positive men had sex with another man in the past year. Thirteen of the 33 (39.4%) had sex with HIV negative men, and eight of those (61.5%) reported using condoms all the time. Twelve of the 33 reported that they had sex with men whose HIV status they did not know, but only five (41.7%) reported using condoms all the time.

Figure 8. Condom use according to the HIV status of sexual partners

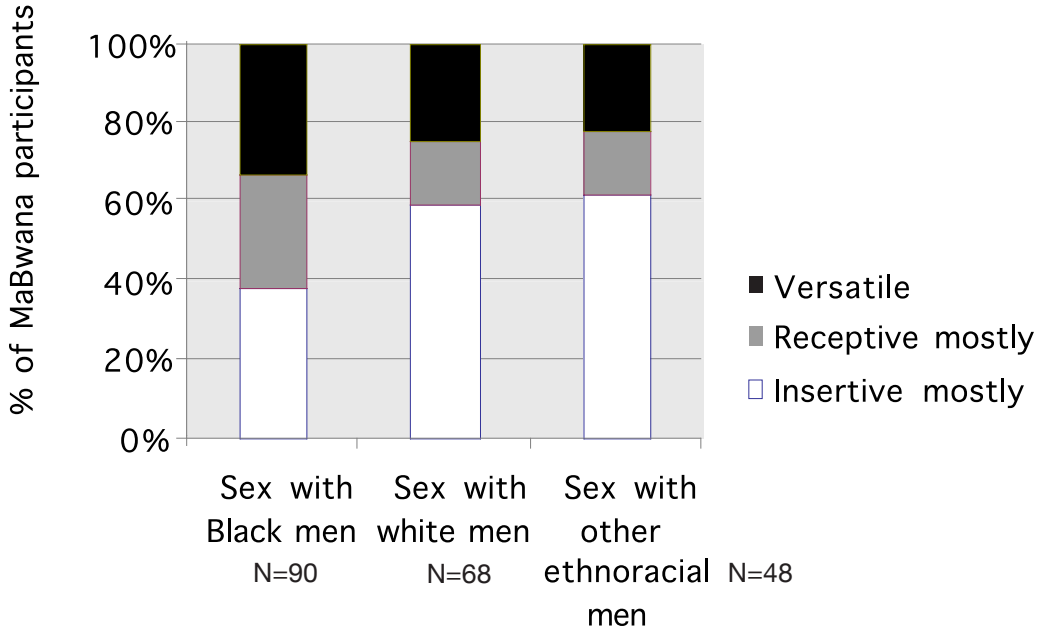


Sex with partners of other ethnoracial backgrounds

Sexually active participants also reported anal sex with men of different ethnoracial backgrounds in the previous 12 months, although there was a clear preference for Black men as sexual partners. Three quarters of the sexually active participants (98 men or 73.1%) reported anal sex with other Black men in the past year, while slightly more than half (71 men or 53.0%) reported anal sex with white men, and slightly more than one-third (48 men or 35.8%) reported anal sex with men of other ethnoracial backgrounds (e.g., Latino, Asian, Aboriginal, etc).

Participants were asked to indicate whether they were the insertive or receptive partner most of the time when they had sex with Black men, white men, and men from other ethnoracial backgrounds respectively, or whether they were versatile. Interestingly, participants appeared more likely to adopt the insertive role (and less likely to adopt the receptive role) when their sex partner was not Black (Fig. 9). This suggests a relationship between sexual practices and sexual roles that may codify social expectations or interpretations of Black bodies (or perhaps all bodies).

Figure 9. Position of MaBwana participants in anal sex



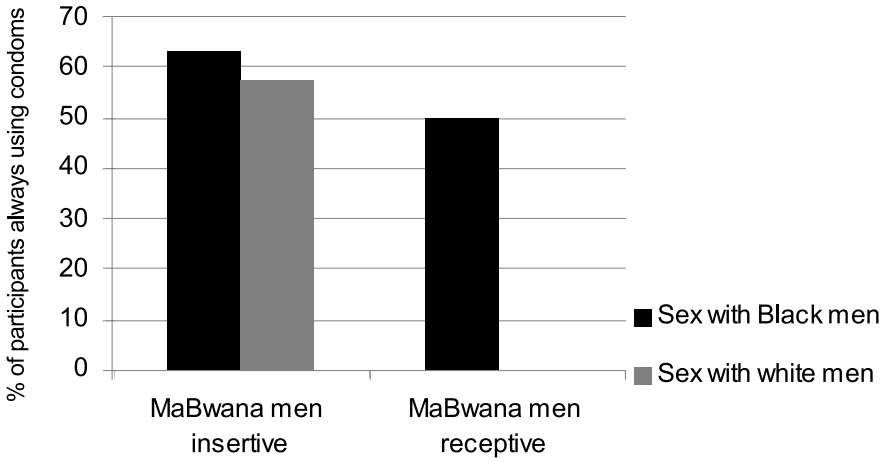
Figures 10 and 11 illustrate variations in condom use among MaBwana participants according to their role when having anal sex with other Black men and white men. Sex with men from other ethnoracial backgrounds is excluded because of the small number of cases in the various series (i.e., one series had less than 10 cases and another had just 11 cases). Three main observations arise from the survey data. First, MaBwana participants appear more likely to always use condoms when they are the insertive partner. Second, with Black men, they appear less likely to always use condoms when they are the receptive partner. Third, Black men may be more likely to use condoms all the time when their sexual partners are Black, compared to their sexual encounters with white men.

Our analysis of anal sex with partners of different sero-status and of different ethnoracial backgrounds shows that the majority of MaBwana participants use condoms, although not necessarily all the time. This suggests that one of the challenges for HIV prevention is not just to encourage men to use condoms, but to convince them to use condoms all the time.

Sex with regular and casual male partners

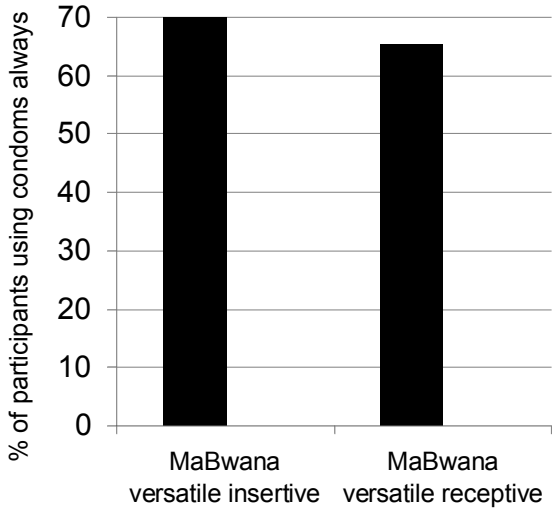
In the MaBwana survey, a regular male sex partner was defined as "a man with whom you had sex at least twice in the last year" including "a spouse, a partner, a 'fuckbuddy', a lover, etc." A casual partner was defined as "a man with whom you had sex only once in the last year". Among the 134 sexually active men, two-thirds (88 men) reported having sex with a regular male partner during the past year, and over half (76 men or 56.7%) reported having sex with a casual partner.

Figure 10. Condom use in anal sex with Black and white sex partners: MaBwana participants who report as insertive most of the time or receptive most of the time



Insertive with Black men: N=33; Insertive with white men: N=23 ; receptive with Black men: N=26
Receptive sex with white men not shown because N<20

Figure 11. Condom use in anal sex with Black men: MaBwana participants who report being versatile



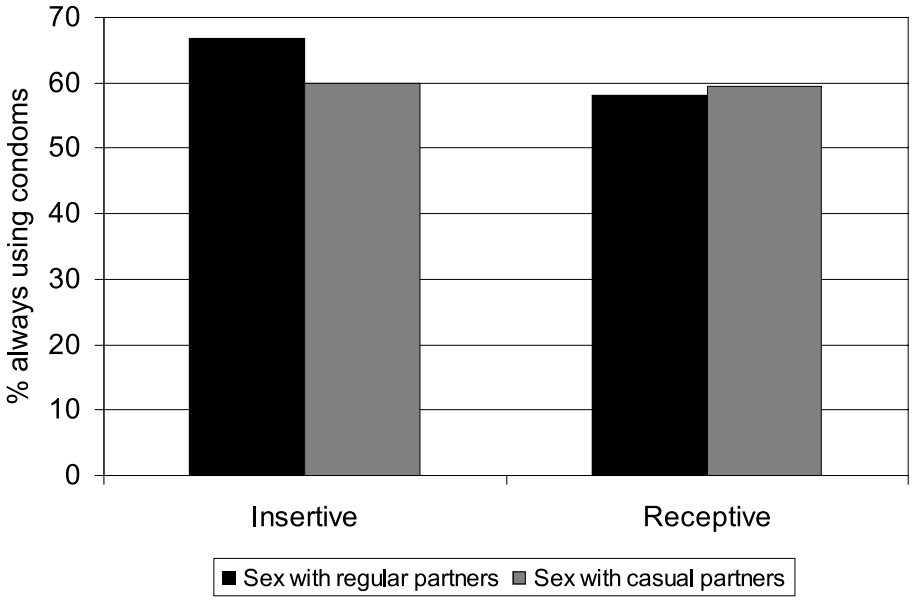
Versatile insertive with Black men: N=21; versatile receptive with Black men: N=29
Sex with white men not shown because N<20

In this section, we examine condom use with regular and casual partners among participants who used condoms at least occasionally. Figure 12 indicates that in the last 12 months, among men who use condoms for insertive or receptive sex:

- most participants always used condoms;
- for insertive sex, participants appear more likely to always use condoms with regular sex partners, though the difference does not appear to be large;
- for receptive sex, participants appear no more likely to always use condoms with regular or casual partners

On the whole, the data in Figure 12 suggest that African, Caribbean and Black men in Toronto may be more likely to always use condoms when they are the insertive partner.

Figure 12. Men who use condoms during insertive and receptive sex with regular and casual sex partners



insertive sex with regular partners: N=66
Insertive sex with casual partners: N=55
receptive sex with regular partners: N=55
receptive sex with casual partners: N=37

Sex with women

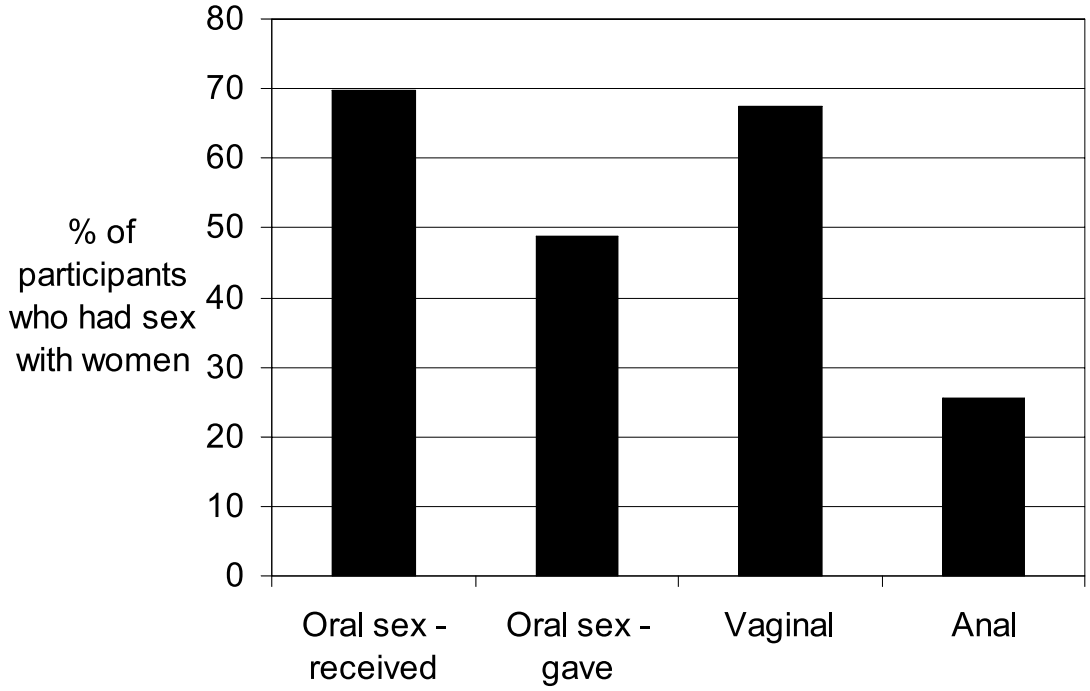
Of the 168 MaBwana participants, 43 (25.5%) reported that they had vaginal, oral or anal sex with women in the previous year. They included six self-identified gay men (13.9%), in addition to 22 bisexual men (51.2%) and 12 straight men (27.9%) (one participant identified as queer, another checked “other”, and a third participant had missing data). The proportion of MaBwana participants who had sex with women is double the rate among OMS Toronto participants (12.6%), and probably reflects the higher proportions of MaBwana participants who identified as bisexual or straight. Among MaBwana participants who had sex with a women in the previous year, almost three-quarters of them (31 men or 72.1%) reported a sexual encounter as recently

as the past month. Most men had from one to five female sexual partners, but one-quarter of the men had sex with six or more women (Table 18). Close to 70% of the men received oral sex from their female sex partners, which was marginally higher than the proportion that had vaginal sex (Fig.13).

Table 18. Number of female sex partners (vaginal or anal sex only) among participants who had sex with women

	Number	%
None	7	17.1
1	11	26.8
2 - 5	12	29.3
6 - 10	5	12.2
More than 10	6	14.6
Total	**41**	**100.0**

Figure 13. Sexual behaviours with women (N=43)



Thirty men reported having sex with a regular female sex partner, and 27 reported having sex with a casual female sex partner. Participants seem more likely to always use condoms with casual female partners, though one-fifth reported never using condoms with either type of female partner (Table 19).

Table 19. Condom use with regular and casual female sex partners among participants who had sex with each type of female partner

	With regular female sex partners (%)	With casual female sex partners (%)
Never	20.0	22.2
Sometimes	16.7	18.5
Most of the time	16.7	7.4
Always	46.7	51.9
TOTAL	**100.0**	**100.0**
N	30	27

Sex with transmen and transwomen

Seventeen MaBwana participants (10.1%) reported that they had frontal/vaginal, anal or oral sex with transmen or transwomen in the 12 months preceding the survey. The 17 participants who had sex with transmen or transwomen included mostly those who identified as bisexual (11 participants) or gay (four participants). One other identified as a queer transman, and none identified themselves as straight. We could not examine patterns of (un)protected sex with transmen and transwomen because of the small number of cases.

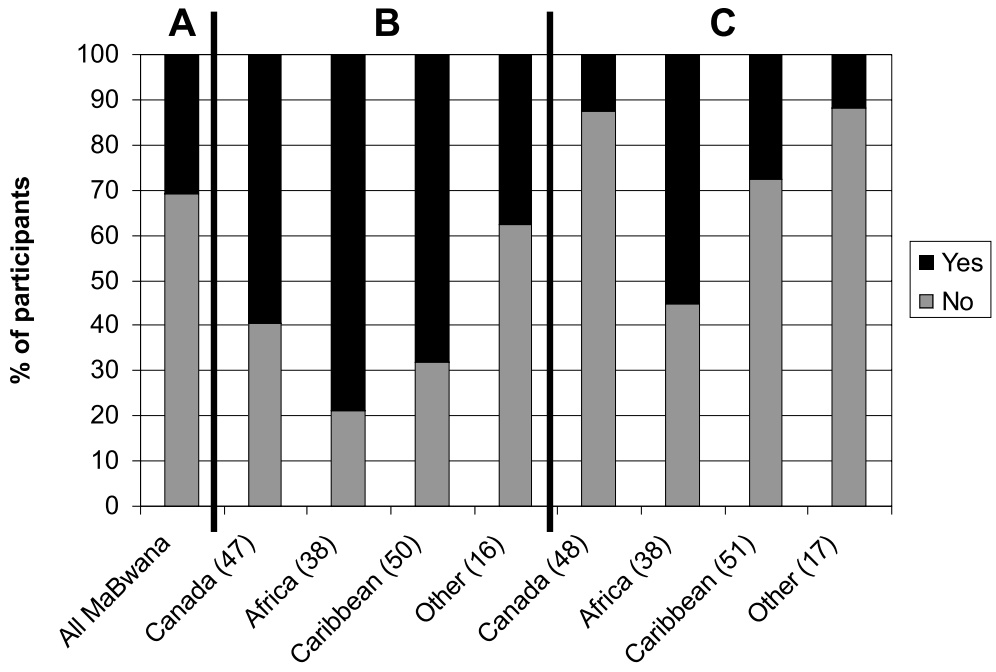
COMMUNITY INVOLVEMENT AND AFFILIATION

A relatively high proportion of MaBwana participants patronized gay bars - over 60% of participants reported that they patronized bars often (at least once or twice per month in the past year), and one-fifth patronized them infrequently (once or twice every six months or year) (Table 20). However, MaBwana participants appeared to be less involved in the gay bar scene than OMS Toronto participants – less than 30% of MaBwana participants patronized bar at least one or twice weekly, compared to over half (51.6%) of OMS Toronto participants. This apparently lower level of involvement with the established gay bar scene is consistent with anecdotal evidence circulating among Black gay networks. However, the discrepancy in frequency of bar patronage between MaBwana and the Toronto component of OMS may also be due to the heavy reliance on bar recruitment in OMS – three-quarters of Toronto OMS participants were recruited in bars, while MaBwana did not recruit from bars (though there was recruitment in other social venues). Regarding involvement in gay groups or organizations, close to one-third of MaBwana participants (31.6%) reported that they were involved in gay social, cultural, religious or recreational groups (Fig. 14A).

Table 20. Patronage of gay bars in the past year

	Number	%
Once or twice weekly	44	28.6
Once or twice monthly	54	35.1
Once or twice every 6 months	19	12.3
Once or twice a year	13	8.4
Never	24	15.6
TOTAL	**154**	**100.0**

Figure 14. Community affiliations among MaBwana participants by region/ country of birth



A = membership in a gay cultural, social, religious or recreational group (N=155)
B = spend most of their free time with other Black people
C = member of, or volunteer with, an organization for Black people

Almost two-thirds of participants indicated that they spent most of their free time with other Black people. However, this pattern applied mostly to the main immigrant groups (i.e., those born in Africa or the Caribbean) (Fig. 14B, $p = 0.025$). Slightly more than one-quarter of participants reported being involved with organizations for Black people, but rates of participation were significantly higher among men from Africa and particularly low among men born in Canada and "other" regions (i.e., not the Caribbean or Africa) (Fig. 14C, $p < 0.001$).

LESSONS FROM THE MABWANA SURVEY

A number of observations can be drawn from the results of the MaBwana survey. First, Black gay men appear to care about their health. Close to two-thirds of MaBwana participants rated their health as excellent or very good. Moreover, only a small minority of participants reported that they had never received an HIV test and, of those who tested, half had tested in the previous six months and two thirds had tested in the previous 11 months. In addition, most had seen the gay themed component of ACCHO's "Keep it alive" campaign to promote condom use, HIV testing and reduce stigma. Three-quarters of those who saw the campaign thought it was effective. MaBwana participants were also involved in the organized response to HIV through membership in or volunteering with an AIDS-related organization. Depending on country or region of birth, between 15% and 40% of participants reported an affiliation with an AIDS-related organization, and a similar range of participants is involved in organizations or groups for African, Caribbean or Black communities in Toronto. These findings about responses to "Keep it alive", affiliation with AIDS organizations, and affiliations with African, Caribbean or Black organizations, suggest that Black gay men are involved with their communities, and perhaps can be mobilized for further involvement in community-based efforts to address HIV and sexual health .

Second, across all the measures of condom use in anal sex, generally between 50% and 65% of participants reported always using condoms, and a further 10% to 15% reported using condoms most of the time. Of course, since we did not ask questions about how condoms are used (e.g., delayed application, etc.), we do not know exactly how the MaBwana participants use condoms. We also note that participants appear more likely to always use condoms when they are the insertive partner and when their sexual partner is another Black man. This pattern requires more analysis of the data for a fuller understanding. Among participants who had sex with women, it appears that condoms were more likely to be used with casual female partners than with regular female partners. More than one-third of MaBwana participants had sex with a man whose HIV status they didn't know. Black men seem to be informed to varying degrees about risk reduction and the need to use condoms. Still, our results suggest a continued need for sexual health and HIV prevention programs for Black gay men, particularly interventions that increase skills to negotiate and practice safer sex.

The data on HIV testing is impressive in the sense that the overwhelming majority of MaBwana participants have tested for HIV. However, among those who have tested, approximately one-third had their last HIV test more than a year preceding the survey. The fact that so many men have tested probably indicates that the benefits of testing

are well understood, and perhaps also that Black gay and bisexual men know how/where to get tested. Still, efforts are needed to target the infrequent testers and the minority who have never tested, in addition to supporting and encouraging the frequent testers to maintain their testing regime.

MaBwana also confirms some of the diversity among Black gay men. For example, the survey revealed differences between Canadian-born, African-born and Caribbean-born participants on several measures of sociodemographic status. We have also drawn attention to differences between MaBwana participants and the results of two other major surveys of gay men (the Ontario Men's Survey and the Toronto Pride Survey). The differences among Black gay men, and between Black men and other gay men, have implications for targeted HIV prevention efforts. MaBwana participants also reported a range of different kinds of connections to the gay scene in Toronto (e.g., where they meet potential sex partners, patronage of gay bars, etc.). HIV prevention efforts should be informed by the range of statuses and experiences that Black men reported.

MABWANA INDEPTH INTERVIEWS

5. MABWANA INDEPTH INTERVIEWS

The research team planned to recruit 24 gay and bisexual men for one-on-one interviews, equally divided between those who self-identified as Caribbean and those who self-identified as African, and between younger (i.e., less than 30 years old) and older men (i.e., 30 years or older) (Table 21). In addition, participants were recruited for interviews only if they reported having sex with another man in the preceding 12 months. Seventeen of the 24 interview participants indicated that they had also participated in the MaBwana survey, of whom eight were of Caribbean background and nine of African background.

Table 21. Place of birth, age and reported HIV status of MaBwana interviewees

	Caribbean	% of Caribbean	African	% of African	Total	% of total
Place of birth						
Caribbean	6	50.0	0	0.0	6	25.0
Africa	0	0.0	10	83.3	10	41.7
Canada	6	50.0	0	0.0	6	25.0
Other	0	0.0	2	16.7	2	8.3
Total	12	100.0	12	100.0	24	100.0
Age						
24 or less	5	41.7	3	25.0	8	33.3
25 - 29	1	8.3	3	25.0	4	16.7
30 - 39	3	25.0	5	41.7	8	33.3
40 and older	3	25.0	1	8.3	4	16.7
Total	12	100.0	12	100.0	24	100.0
HIV-positive	2	16.7	1	8.3	3	12.5

Table 22. Education, employment and income of MaBwana interviewees

	Caribbean	% of Caribbean	African	% of African	Total	% of total
Education						
Some high school	1	8.3	0	0.0	1	4.2
High school	0	0.0	0	0.0	0	0.0
Some college/ univ.	4	33.3	4	33.3	8	33.3
College/university	6	50.0	5	41.7	11	45.8
Post-grad/pro-fess.	1	8.3	3	25.0	4	16.7
Total	12	100.0	12	100.0	24	100.0
Employment						
Disability	2	16.7	1	8.3	3	12.5
Working part time	2	16.7	2	16.7	4	16.7
Working full time	5	41.7	4	33.3	9	37.5
School	0	0.0	5	41.7	5	20.8
Self employed	1	8.3	0	0.0	1	4.2
Unemployed	2	16.7	0	0.0	2	8.3
Total	12	100.0	12	100.0	24	100.0
Annual income						
< $20,000	8	66.7	6	50.0	14	58.3
$20,000 - 29,000	1	8.3	2	16.7	3	12.5
$30,000 – 39,000	1	8.3	1	8.3	2	8.3
$40,000 – 49,000	1	8.3	1	8.3	2	8.3
$50,000 or more	1	8.3	2	16.7	3	12.5
Total	12	100.0	12	100.0	24	100.0

African or Caribbean background refers to having been born in the respective region or having at least one parent who was born there. Table 21 shows that the Caribbean men were evenly split between those born in the Caribbean and those born in Canada (but whose parents were from the Caribbean). On the other hand, almost all the African men were born in Africa, except for two who were born elsewhere of African parents. Three men, two of whom were of Caribbean background, reported that they were HIV-positive.

Table 22 shows that the sample was fairly well educated – almost all had at least some college or university education, including four men with post-graduate or professional qualifications. Most participants were working or at school, but the majority earned low incomes (i.e., less than $20,000 annually).

Participants were interviewed for approximately 60 – 90 minutes about their identity as African, Caribbean or Black gay men, their community affiliations and involvement, sexual relationships and other issues related to HIV prevention (such as HIV testing). The interviews were transcribed verbatim and analyzed using NVivo. What follows is a discussion of the main themes related to ethnoracial and gay identity, protected and unprotected sex, HIV testing, and community affiliation and involvement (including involvement in HIV/AIDS issues).

IDENTITY AND GAY COMMUNITY INVOLVEMENT

In a general sense, the MaBwana interview participants described their sexual orientation and ethnoracial background in expected and familiar ways. Of the 24 men who participated in indepth interviews, 12 referred to themselves in a fairly straightforward way as "gay", and a minority identified as "bisexual" (5) or "queer" (3). In describing their ethnoracial background and identity, participants used familiar concepts associated with the diverse background of Canadians of African descent, such as African, Black, Jamaican-Canadian and so on. However, their narratives suggest nuanced and complex understandings of ethnoracial and sexual identity.

Gay, bi, queer and straight

As mentioned above, most participants self-identified as gay in a very forthright manner. In doing so, they referred to sexual attraction (i.e., being sexually attracted to other men) and how they understood themselves as human beings.

> ***It's [being gay] actually much more than that [sexual attraction] because it's (pause) really I guess it defines me as a human being …. Someone's sexuality means a whole lot when it's fully expressed, right? And in my mind … if you chose to ignore it, to repress it you would um … you feel like being in prison really, yeah because you're not being true to yourself first of all. So that's why it's very important for me to identify as a gay person ….***

The men who identified themselves as "queer" offered various explanations of what being queer meant to them. For these men, who were younger and Canadian born, queer was a rejection of "the binary system that the word or the term homosexual sets up", or an acknowledgement of the "rights for LGBTQ people" . These perspectives imply a political commitment:

> ***… because we live in a society where straight is the preferred orientation um gay individuals are discriminated against and it sort of rejects everybody else? It rejects bisexuality, transgendered individuals, intersex, 2-spirited etc., etc. So queer for me is like an umbrella term where it includes all orientations and for me that, I'm all about promoting equality right, so I identify myself as queer.***

The third queer participant interpreted his preferred sexual identity in a way that suggests bisexuality but may also refer to the fluidity of sexual identities:

> ***I would describe it as queer. Uhm, I like boys, I like boys a lot (chuckles) but I like women and I have had relationships with women but I definitely like boys, I definitely like men, I just like being with men.***

Bisexuality was also embraced by men who had been previously married, even though they currently had sex only with men. In one case, the participant claimed that his family had "forced" him to marry because other people in the community were voicing suspicion about his sexual behaviour. In another case, bisexuality was explained on the basis of a previous marriage, and the fact that the participant still found women "attractive" even though he is "more happy with a man than a woman".

Two other participants (i.e., not including those who identified as gay, bisexual or queer) appeared to be ambivalent or uncertain about their sexual orientation. One of these men described his sexual orientation as "very complicated", "bisexual, leaning more in gay", and being "down low". The other initially responded that he was "a straight black guy" whose sexual orientation was "all over the place". Once again, however, the idea of moving away from the gay-straight binary seems evident:

> ***I don't want to, I don't wanna completely be one sided. If that makes any sense at all. I just think people are people and if I'm, I don't want to find myself having to, having people tell me that I have be this way or that way. Because who knows who I'm gonna, you know, find attractive or, you know, fall for. It could be male or female. Right now, it's certainly a lot of males but whatever. But, you never know. So, I guess I could be gay for the moment.***
>
> ***I'm more say of an open person. It's a, if there is an attraction there and it leads to that then so be it. But, even if there is an attraction and it doesn't lead to that, then so be it. But, for me it's you know, it's just being sexual and having fun with who you are and the person that you're with. I'd pretty much say bisexual, ya. I will go with that.***)

Ethnoracial identity and being gay

MaBwana participants described their ethnoracial identity in relation to lineage, kinship, and a sense of physical, cultural or emotional attachment to Africa, the Caribbean or Black communities.

> ***I'm African. I'm born in Africa … I belong to a particular, uh I have that ethnicity and race. I belong in Africa, and particularly East Africa, yeah. I mean, like as I said everyone belongs and I have um, I feel proud I'm African because I have a culture which I can even stand up for but because I'm African I'm suppose to be something. It's my identity.***

In addition, participants described aspects of their identity associated with certain traits, qualities or practices that they associate with their place or culture of origin. As expressed by one African participant:

> ***I think there are some aspect of culture that help shape an individual. Let's take something very simple as a greeting, greeting one um is the sense of respect. Greeting brings out a sense of recognition either an elder person, or a peer or ah ah that individual, you understand what I mean, you know and it creates confidence in oneself …. If I'm walking along Church street and I'm not sure where ACT is for example and I'm walking down from Queen coming up here and all I know it is 399, if I'm not mistaken, but I'm only two days in this country, if I find somebody just before ah Jarvis … and I don't say hi to that person … and I find myself at 4 something when I turn back to this person I will have a lot of courage to say 'can you please help me uhm to locate 519?' if I had said hi to that person. But, if I had not then I've lost out on something. I would not have the courage to say. Because this person say 'you only want me to help if you are in a problem?' You know, I don't know if you know what I mean.***

This sense of attachment to Africa is perhaps expected, given that 10 of the 12 African participants were born in Africa (compared to half of the Caribbean men who were born in Canada). Even so, a strong attachment to Africa tends to be more evident among men who immigrated to Canada fairly recently. For example, one participant described his African identity as follows:

> ***I was born there, I grow up there, my parents are there, my whole family is there, and I relate to Africa more. Cause most of my memories, um well I spent most of my there is there, I only came to Canada a few, well not a few, seven years ago, but I grew up there, I went to school there, my friends are there my family, my cousins, you know, so.***

Being Black, African or gay may also signify a certain history of oppression and struggle.

> ***It's [Black/African identity] important in a way that within that community there's a lot of people that we share the same experiences the same struggles and yeah … Like racism mostly or um sexual identity or issues related to sexual identity.***

The interpretation of Black, African or Caribbean identities in terms of adversity and struggle is particularly notable throughout the interview narratives. Ethnoracial identity is often presented as a source of strength.

> ***One thing I really like about the culture … is the fact that there's still fight in the culture and we're still moving forward and trying to better our lives in that sense. So I do think that it's a strong, strong culture and I sort of proud to identify with it.***

People have multiple and overlapping identities. Participants described themselves as Black in reference to lineage and Black community affiliation, but qualify Blackness with reference to sexual orientation:

> **R:** ***I identify with uh Black, or yeah Black, gay, yeah, as I grew up. That's how I identify myself.***
> **I:** ***And which do you most strongly identify with?***
> **R:** ***Gay. No I mean… I mean…both…(pause) because this is what you are.***

Blackness is salient, but is not the only or dominant aspect of identity. For example, one participant who initially described himself as "a Black, ah, Black gay man, of West Indian or interchangeably Caribbean background, um, as well as of African descent" (IR07), interpreted his Blackness in some detail:

> ***Racially, I identify as a Black man, um, and I, I was born in Caribbean islands … and I acknowledge my African ancestry, um, but for the most part my socialization, my culture, ah, my experiences have been very Caribbean … so I think I'm really a product of that, of that, that culture. That's what's most prevalent for me, that's what influences my daily thoughts, my expressions, my choices in music, entertainment, in culture, so I identify most with that particular group.***

However this participant, like others, qualifies Blackness with reference to sexual orientation. The two – being Black and being gay – are part of the whole:

> ***Yah, I also identify with being a gay man of African descent, um, I guess for me that's, that's where it begins. I see myself first and foremost in the broadest sense as a Black gay man of African descent. I guess the, the Caribbean is sort of like a subset.***

Some men acknowledge one or another variation of Blackness (e.g., African, Black, etc), but identify themselves primarily as gay. In this respect, lived experience as a gay man transcends race:

> ***I am African, I was born in Africa, I was raised in Africa but for some reason I don't feel like that's a strong um a strong aspect of who I am. But gay because I guess that's who I am. I feel like I am a gay man and that's who I feel like I am and that's what I feel connected to as opposed to the other two, the race and ah whatever um nationality or whatever Africanism you know. Yeah so I feel like I am first a gay man who happens to be Black and African second yes.***

> ***You know…like I feel like I'm being Black or African or being African isn't really something that I get to experience everyday because I don't get to… to do anything African on a daily basis.***

A history of substantial emigration from the Caribbean, particularly since the 1940s, has resulted in Caribbean kinship patterns that are notably trans-national. Caribbean family networks are densely spread over the Caribbean, Canada, the USA and the UK, reflecting various waves and patterns of migration since 1945. Increasingly, African family networks are becoming similarly trans-national. "Caribbean" represents a point of origin and family background but, among successive generations located outside the region, the Caribbean connection may be displaced in favour of Canadian, British, American or other influences.

This tendency toward trans-national identity is reflected among the study participants, mainly those who were not born or raised in the Caribbean or Africa, who claimed a Canadian identity and background. Many used familiar terms, such as 'Jamaican Canadian' or 'Caribbean Canadian', though some referred to themselves simply as 'Canadian'. These men acknowledge and understand their origins in the Caribbean or Africa, but claim a Canadian identity nonetheless by virtue of their socialization in Canada.

> ***I would say [Caribbean] Canadian … I've spent most of my life here. Mind you, I grew up in a like huge [Caribbean] household so. I don't know it could be equal. It is equal. Nah, Canadian.***

> ***I identify as Canadian, however I also consider myself also [African] Canadian but first and foremost Canadian. Well I was born in [outside Africa] … and I grew up with western ideals, western norms, western social values. And um my parents, though I personally believe in integration, we sort of assimilated into the gaining culture so it was pretty westernized. I consider myself Canadian.***

For them, the culture of origin may be "a bit of an empty space" (IR02). Moreover, they may not demonstrate nor identify with the characteristics that they or others often ascribe to the culture of origin.

> ***So, a lot of people, like, even regular folks or even friends don't even, they'll have to ask what am I, where I'm from? Because I speak pretty much Canadian. I don't wear the clothes that they [Caribbean/Black] tend to wear.***

> ***I don't speak the [national] language. I understand it but I don't speak the language, I don't dress [African], I don't hold any parts of [African] culture. But I think, through the language and the norms that I identify with and just the way I live my life, I feel is Canadian.***

Claiming a Canadian identity may also signify a rejection of those aspects of Caribbean or African life that may be out of place in Canadian society. One participant approvingly referred to "a certain level of melting pot that happens with Black communities here in Toronto." He continues:

> ***As soon as you come here no matter what the division there were in the islands, because the islands are very very divided in terms of uhm national pride, uhm here it just Black, you are a Black Canadian.***

Two of the African participants spoke of their identity in relation to their respective ethnic groups in east and southern Africa respectively. One participant originally from southern Africa, despite initially referring to himself as a "Black African", understood his personality and his place in the world through the prism of the specific ethnoculture.

> ***I was brought up being a [ethnic group] and it's always gonna be. If I lose that I will lose my identity. I mean, I feel its part of me, no matter what I do I will still be [ethnic group]. I would say it makes me want to accomplish more because we are always a proud people … it makes one aggressive in life and aspire for more of, for higher ranks in life.***

On the whole, the identity narratives suggest a layered and textured interpretation of identity. Identities are fluid, contextual, overlapping and strategic. They are in some sense also provisional, and are subject to negotiation depending on what is at stake. In the words of one participant who described himself as "Black", "Caribbean Canadian", and "queer":

> ***I guess they're kind of fluid, and they kind of fit together in some spaces and maybe they are more separated in other spaces um and I guess that's the part that I'm trying to figure out.***

However, a small number of men appeared to have rejected the affiliations that commonly describe identity.

> ***I am an individual. I decide. I do what I want to do and not what society determines for me.***

Similarly, 'Black' may be interpreted as the opposite to white, devoid of any deeper significance:

> ***My colour is not white, it's black but nothing else. Same person as anybody else who have two foot and two hands, even people without foot. It is same thing … To me, I dont refer to it as the black communities, I just refer to it as people, so whether a Jewish community or white community, it's just people community to me, honestly ….***

A particularly enduring theme of the identity narratives is the way that Black gay men struggle with the silencing, denial and suppression of gay identities in the ethnoracial and national communities of origin. Most of the MaBwana participants identified with ethnoracial communities that do not acknowledge or embrace their wholeness as Black, African or Caribbean gay men.

> ***Basically I like everything about being African and um, but I'm, I'm gay … it's not something we, they really understand back home. The people uh they don't talk about it and actually it's better not to talk it, it's something, it's something taboo, it is a subject, which is kind of taboo back home. We don't talk about it at school. They have stereotypes of being gay … they talk bad about you without knowing you or without even knowing you personally and I guess it's more about ignorance on the subject.***

Some of these men appear to distance themselves from their ethnoracial background and identity, though they retain at least a nominal attachment:

> ***I'm a black African and ethnically like my tribe I am [ethnic background] originally from [country] … Being a [ethnicity] not necessarily because … like my ethnic background is against that [i.e., homosexuality] so I can't stick with that.***

Others celebrate their gay identity through a process associated with their physical separation from "back home":

> **I:** ***When you say that you identify as a Black person, what does that mean for you?***
> **R:** ***It brings, it brings across to me a sense of pride, a strong sense of hope you know, a sense of freedom, a sense to be mancipated at last. I don't, mi no know if you really understand the terms … I use mancipated instead of emancipated because mancipated in terms of being a free gay man. You know, I'm finally mancipated from all the aspects of back home.***

Some men appear to claim a Canadian identity in part to distance themselves from the heterosexism and homophobia that they associate with their countries or cultures of origin. For example, the two men quoted below, of Caribbean and African background respectively, explained in part why they identified as Canadian:

The freedom to do like basically the what, how I act. The whole gay thing. Me being cut off at the limb if I was in [Caribbean country], sort of. So, um, yeah, there's not a lot of fear to be or do what you want within reason in Canada.

One thing I enjoy though is um our proposal and our ideas on gay marriage. I think that's awesome that gay marriage … that queers are seen as equal members of society, cause in many parts of the world it is not accepted or even acknowledged. So I like that.

Involvement in gay communities

Some of the MaBwana participants articulated a very strong connection to and involvement in gay communities and culture in Toronto. In describing the extent and type of their involvement, some participants referred approvingly to a community centre, which is located in the downtown area and offers, hosts or facilitates various programs for LGBTQ communities, including programs by or for Black LGBTQ groups. The various modes or type of involvement included professional, political (in the sense of community building, community development or activism), and social (i.e., patronizing gay bars and clubs).

One Toronto-born participant was "very connected in the gay community" through his numerous activities in and affiliations with gay communities in Toronto. As a result of this extensive involvement over several years, he was well connected in a personal way: "everywhere I go there's only a few faces that I don't know" .

However, in many instances, involvement with gay communities really referred to involvement with other Black or African gay men. One participant (IR10) described his involvement in a Black queer group, faith-based and AIDS service organizations. Another spoke at length of his involvement in a specific group for Black gay men.

These men, whether by choice or circumstance, have either created their own networks of Black men and men from other racialized communities. One man, unconcerned about fitting in because it "would mean to be white", explained his involvement in the mainstream gay community as "just an opportunity for me to actually create my own space" (IR08). Another participant appeared to have rejected engaging with the majority white community, choosing instead to circulate within a network of men from other racialized groups (e.g., South Asian, Latino) who share "that marginalization within the gay community", and who are comfortable with one another.

In addition, some men described a type of involvement that was more vicarious. They "felt" connected by virtue of their friends or lovers who were more directly involved or, in the case of one man, because of his professional reputation.

> ***Um, yes because I know what goes on there. No, because I'm not really in the middle of it. You know that you can know what's going on there without really having to be there. Um, some of the friends that I have still do that whole thing, so you know, when they're talking you hear them saying this and this and this and that so from that perspective, yes I am connected and I know what goes on ….***
>
> ***In some ways. I feel I'm mostly connected because I dated him for a year to be honest ... he knows so many people it's insane and so, you know, the fact that we dated and lived together, I probably met like, no exaggeration, I probably owe 50% of the people that I know now to him.***

Community involvement may be a phase associated with 'coming out' and asserting or being comfortable with a gay identity, and the urge to be demonstrably involved wanes over time. In addition, the gay community in Toronto is often perceived as revolving around the commercial bar and club culture of the Church-Wellesley neighbourhood, which may be more appealing to younger men.

> ***I used to be a lot more involved, in a lot of more gay things uhm gay group, and gay this and gay that. I think everyone goes through that phase when they, well some people go through that phase when they come out uhm they just do everything gay …Then you just become so acclimatized to it that it just become nothing. And then, you don't even need the name, like the name is necessary in the beginning to sort of say this thing to the world that "I am here and I am ok with me" and then when you are "well ok I am ok, I am ok just as (me) not as gay (me) but just as (me)" so then the name just comes off. So, I don't really care.***

The study participants generally described a sense of marginalization or alienation from mainstream gay communities. Participants offered a range of perspectives and experiences that illustrate the various elements of marginalization and alienation, but their narratives usually reflect a concern with race and racism.

In one case, a sense of estrangement from Black communities (because of being gay) was accompanied by a sense of alienation from the gay community as well.

> ***… there was an issue of feeling ostracized or feeling alienated from community, the gay community which I, which I aspired as a gay man, a Black gay man, and then not being able to find a community, in the black community, even in the black gay community, and within the wider gay White community, not being finding acceptance there at all ….*** .

In another case, the mainstream gay community was seen as divided into subcultures or circuits that are not necessarily accommodating to Black men.

> ***When I was in the heterosexual community it was fine for me being black. I didn't have as much difficulty, there was difficulty but it wasn't the same. Coming into the gay world I found that it was a little bit more segregated into little sub-groups like the bear community, leather community or if there was a lesbian community. Everything was kind of divided, so it became more of an issue then because I kind of felt like I had no choice but to kind of face it in a different way.***

In still another example, men who are relatively new immigrants, who have no previous history of circulating in manifestly gay communities, and who are still coming to terms with their sexual identity, may be hesitant to engage mainstream (white) Canadian gay communities. Before immigrating to Canada, many African and Caribbean men may have participated in gay or same-sex networks more discretely, or may have been introduced to local gay communities through personal invitation by trusted lovers or friends. In Toronto, however, the publicly accessible gay scene presents unfamiliar and challenging opportunities for interacting with other gay men. This appears to be the case with the two men (below) who described in varying degrees a sense of reciprocal isolation from mainstream gay communities, which they attribute to their lack of self-confidence and self-efficacy as Black gay men in manifestly gay, white communities and culture:

> ***Like I know people from my country who … we meet and we …you know, hmm how do we get there? How do we do this? How you look at Toronto and socializing trying to support one another. But I've not gone beyond that, and I told you that's what I am in for. But I have to watch my steps. Yeah like I have heard for example of bathhouse but I've not been there, not yet. I may need to, but how do I get there? I am being very calculative, yeah. Because uhm, the people there are white. I am not yet at that level of like we are rubbing shoulders, no we aren't, not yet.***

> ***No, I am not [connected to the gay scene in Toronto]. I would say by choice. I'm not sure if I'm going to fit in properly because I'm still trying to understand myself being gay. Its more about race and also being, I'd say African … Toronto is fast paced when it comes to sexuality. I feel reserved and that's probably one of my problems in even settling down, it took me a while to find someone who I'm comfortable with. Because of their beliefs they were too fast for me and I was like 'no, hold on'.***

On the whole, the narratives of MaBwana participants illustrate the problematic of (Black) identity. As well, they illustrate how participants negotiate and structure their national, ethnic and sexual affiliations and identities. Though participants acknowledged the determinants of their marginalization in mainstream white gay communities (racism) and Black communities (heterosexism and homophobia), they do not construct themselves as marginal men.

PROTECTED AND UNPROTECTED SEX

Participants were asked to describe the last time they (a) had sex with another man, (b) had sex with a man with whom they were in a relationship, and (c) had unprotected sex with a man. Most participants could describe one or two different types of sexual encounters, either because one description covered two different types of encounters (e.g., if the last sexual encounter involved a man with whom they were in a relationship), or because they had never experienced at least one of the different types of sexual encounters (e.g., if all their sexual encounters to date were with casual partners). In any case, we were able to initiate discussion of their sexual behaviours and commitment to safer sex based on what they said (or did not say) about the last sexual encounter. We further examined participants' commitment to safer sex by asking their views on the following hypothetical situation: Whether a guy is HIV-positive or HIV-negative, if he wants to use a condom that's fine, but if he doesn't want to use a condom that's fine too.

Condoms and safer sex

The sexual narratives of 22 of the 24 participants demonstrate a noticeably ideological and practical investment in safer sex. Two strands of justification or explanation for safer sex were evident. First, most of the 22 men used a form of moral reasoning to explain their commitment to safer sex: they interpreted their safer sex practices in terms of right versus wrong or good versus bad. Safer sex was simply the right thing to do, something that was good for the health and wellbeing of themselves and their sexual partners. Commitment to safer sex meant exercising personal responsibility and control in decision-making about sex. Second, a minority used an evidence-based approach to explain their position on safer sex. These men seem to have assimilated and critiqued the biomedical and public health discourse about HIV transmission to inform their own decisions about safer sex.

Moral reasoning

Many safer sex adherents claimed that using a condom for anal sex is "natural" and "automatic", not something for discussion.

> ***We don't even have to talk about it cause that's something I always, I would always do, so. I ask him if he has a condom and if he doesn't we don't have anal sex. And um if he doesn't I always, I don't really have anal sex but its still something I don't really need to have to talk about it cause I know I have to do it, so if you doesn't have a condom or if I don't have one we don't have that, ya.***

> ***And so, often time I don't have a conversation about it ... It is just a given like it is there, you know, and, so there is no need for a conversation. He didn't ask about it, so, I don't think I have ever really have a problem by initiating use of a condom at all actually.***

Sexual partners who failed to meet the strength of commitment noted above are likely to be viewed as having a deficient personality or demonstrating a character flaw.

> ***If he wasn't going to have sex because of the condom we weren't going to do it whether I found him attractive really nice or sweet. It would have told me something about how he feels about himself and how he feels about others. We like to think that ideally trust is a level and trust is there, but the situation where somebody will not know their status or sometime you just can't trust.***
>
> ***So if you, obviously, if you have a difficult time with the use of condom, so this means that this is not the norm for you and therefore then if this is not a norm for you, then it is probably been done other times with other people, so we are not going to then, to do that.***

Some participants explained their interest in safer sex in relation to personal responsibility and personal control. These participants understand safer sex as a strategy of personal responsibility for their health.

> ***No, no, no, no [to unprotected sex]. Because it's not about what they wanna do because I have to be I have to take control, yeah. So, whether or not they're positive or negative doesn't really matter because it's condom all the time that's just my rule of thumb. Simply.***
>
> ***It's my policy. It's always safe with me, it's always safe. I wear a condom, yeah. I wear a condom and I yeah I wear a condom … I never really have sex without a condom, I never do have sex without a condom. If you want have it without a condom, I mean I walk away.***
>
> ***… um you should be in control of your own safety so like you determine whether the guy wears a condom or not. Like if you don't want the guy to wear a condom, if he doesn't want to wear condom then that's your choice your personal choice but if you want to wear condom and he doesn't put it on then it's up to you to say to say "hey put on a condom."***

This moral approach to safer sex perhaps challenges the idea that casual or even regular partners can be trusted to disclose their HIV status or history of risky sex. If prospective partners cannot be trusted, then engaging in unprotected sex is an abdication of personal responsibility and control. As one of the men quoted above also said:

> ***You just can't do anything. Cause, you just don't know who they've been with in the last, god knows however long. Um and the same thing for you. so you just can't do anything unsafe. So you just have to be safe all the time 'cause, yeah.***

> ***I wouldn't even dream of having anal sex with somebody, um that I don't know because obviously men that we have sex with are not men that we've known all our lives, so, you don't know what their background is or what their history is, um, and you cannot just venture. You can't take that risk.***

For the most part, study participants described a strategy of personal responsibility and control in terms of responsibility for initiating or ensuring condom use for anal sex, and refusing to have sex otherwise. However, two HIV-negative participants admitted that they would not have sex with any man whom they knew to be HIV-positive. One participant in particular invoked personal responsibility (rather than discrimination), and biomedical considerations (i.e., condom reliability) to explain his refusal:

> ***… if I know somebody is positive I wouldn't want to have sex with them and I'm not discriminating but prevention is better than cure and you can go have sex with them and the condom break and then you get infected. So fi prevent that now me personally prevent that mi just don't go in there I mean mi no scorn them, mi no scorn people who HIV positive mi no scorn them me deal with them normally just like people, it depends but fi mi dae tighter with somebody if mi have a partner and then mi find out say him positive it different it different inna that case ….***

One participant explained his safer sex behaviours on the basis of his work as an "HIV activist", which meant that "protection using a condom has no question", while another attributed his sensitivity about HIV transmission to the "high sexual spread of HIV" in his country of origin where he worked in an AIDS organization. These examples demonstrate that practical commitment to safer sex may also be associated with involvement in HIV/AIDS work.

Biomedical and public health reasons

Researchers have used the term 'sero-sorting' to refer to a risk-reduction strategy whereby gay men will consciously attempt to have (unprotected) sexual relations with other men of the same sero-status. However, MaBwana participants identified a number of scenarios to demonstrate why sero-sorting is not risk reduction. As one HIV positive participant explained, drawing a connection between sero-sorting and re-infection:

> ***And even if they were positive, that is still not fine. You know, what's that sero, what's that called, uh, you can still get re-infected …. Why take the chance?***

Two other participants were similarly skeptical of sero-sorting among men who are HIV-negative (or presumed to be). Here too, both men appear to have appropriated the more formal reasoning that circulates among social and behavioural researchers:

> ***Yes, because for one reason [for using condoms], you may sleep with someone and get infected but before that time when called window period you may contract HIV and pass it on me not knowing that you're already infected. So that's why I insist they should always use a condom.***

> ***… some people are born with AIDS even if a person never had sex he can breed HIV if he was born with HIV so I always don't take a risk whether they are negative or positive you must have protected sex.***

Some men also attempt to assess their risk of infection based on epidemiological understandings that circulate among gay communities. For example, one HIV-negative participant referred to the complex epidemiology of HIV to figure out his risk of becoming infected. Ultimately he questions the feasibility of sero-sorting, but also uses this complex calculus to weigh his chances of becoming infected with HIV:

> ***I don't do the sex with no condom part ... considering that I have sex for the most part within the Black community, African and Caribbean, and we know that they are at high risk of HIV in that community and also I am an MSM and we know that that increases, ok, so now we are saying alright we are slipping about at least one or maybe two that is ok ….***)

Unprotected sex

Despite the apparently strong commitment to protected sex, nearly all MaBwana participants described occasions of unprotected sex with other men. At least four men spoke about instances of unprotected sex that occurred two or more years previously. Others engaged in unprotected sex more recently during bouts of intoxication from alcohol or other drugs, or while they were in a relationship.

The issue of trusting a sexual partner was often implicated in decisions to have unprotected sex. Among HIV-negative MaBwana participants, trust is implicated in how they evaluate whether a potential sexual partner is indeed HIV-negative, or whether the potential sexual partner has engaged in risky sex with other men. Whatever the situation, men who revert to trusting the word of their partners understand that their rationale may be faulty.

> ***But, if you don't have any [condoms] it all falls back to you gotta make, it's a judgement decision. And at the same it's how well do you know that person. And you know if you don't know much about them, then you're puttin your health in somebody else's hands, so. Not, unless it's someone I know and I trust them.***

> ***I live in a fear of becoming HIV positive and although my choices sometimes are not the wisest by negotiating I first, I will only negotiate if the person discloses to me that they are HIV negative and I trust them, and don't ask me what am I basing that trust on, but then I will negotiate that, ok, I'm going to take this risk and have the unsafe sex with him.***

Trust is also associated with the relationship status of sexual partners. For example, a married man who proclaims a monogamous heterosexual relationship (with his wife) may be evaluated as a risk-free sexual partner (i.e., free of HIV and not engaging in risky sex with other men):

> ***It [sex with his partner] was safe and unsafe. Unsafe in a method of using protection. But it was safe because I wasn't having any other relationship and he didn't have any other relationship except his wife so it was safe.***

> ***I trusted because we shared closeness for one another. Like you know somebody who had a wife ... and the only other person they're seeing is me ... so you know I felt safe then, so I had unprotected sex then. ….***

Drugs and alcohol also figure prominently in the narratives about unprotected sex. Participants described instances of unprotected sex while 'under the influence'. In at least one case, there seemed to be a direct connection between intoxication and unprotected sex in a bathhouse environment, although one of the predisposing factors for some men was the absence of condoms.

> ***I was offered the drug and I used that drug and about an hour later, it was a case where, if, if a condom was there and the person insisted then it was used, if it was not, in that particular scene, I didn't ask, I didn't ask questions like, I just threw caution, just threw caution to the wind. We both were under the influence of that drug and just acting out, yah.***

However, when they were mentioned, drugs and alcohol were rarely cited as the only or main factor in unprotected sex. In some instances, intoxication was associated with episodes of personal turmoil.

> ***It was, it was during my party years of doing a lot of drugs, so I was high he was high and my self esteem was so low at that point and time and I think his was to that. Just to be with somebody I would basically do anything you know and put my life at risk and worry about the repercussions later … I was going through more of a type of feeling where, you know I tired of fighting this fight and I don't care anymore you know, it was it was, the line between where I am now and you know I guess you would call it definitely a rock bottom in life.***

Several men engaged in unprotected sex as part of building or sustaining a relationship, or as a demonstration of trust with a partner in a relationship. Unprotected sex in a relationship is governed by various arrangements or understandings between the partners, with different levels of formality. Non-formal arrangements referenced the mere fact of living together, spending time together, or wanting to maintain a relationship, and feelings of trust associated with the closeness of the relationships.

> ***Yes, 'cause we use to live together. Like um we were partners and we had spent so much time together we trusted each other. It was you know, with time you know you end up throwing away these as you spend more time with the person and you get to know the person you kind of do away with the condom thing and yeah.***

In other situations, the partners may agree to unprotected sex in the relationship and protected sex with others "outside of the relationship". Some men also implemented a regime of being tested together, and agreed to have unprotected sex on the basis of their sero-concordant status. For example, one participant, speaking in the third person about himself and his boyfriend, interpreted his sexual relations with his boyfriend as follows:

> ***If you consider unsafe being not using a condom in that context it was unsafe but if you're going to consider it safe as two persons being together consider as being partners um they were tested before the relationship, tested after they have been in the relationship then if you want to consider it to be safe that way then uhm it could be considered to, I considered it at that time to be safe.***

MaBwana participants also described unplanned and unexpected heat-of-the-moment sexual encounters that challenged their ability to institute or negotiate safer sex practices. However, they tended either to deflect responsibility for heat-of-the-moment unprotected sex to the sexual partners, or invoke trust in the partner as an explanation.

> ***I'll try to tell him not to, because he just grabs, and kinda, you know, put it inside of him, and I just kinda went with it. So the whole bareback thing is cause it is so, you know taboo ... Me personally, I don't really want to. Not that I will deny, it is good. It feels good. But, but because of all these circumstances around it, I should have … Yeah, I trusted him.***

Condoms, when used consistently and correctly, constitute the standard line of defence against acquiring or transmitting HIV. However, as the discussion of unprotected sex demonstrates, all of the MaBwana participants have had unprotected sex at some time. Still, HIV prevention narratives developed by ASOs and health promotion practitioners have traditionally assumed that condom use is unproblematic. In reality, this is not the case. As one participant stated:

> ***I just don't like condoms to be honest with you. No, I don't like them. They generally don't fit or they break so it kinda gets on my, it just like a really, gets on my nerves kinda thing so … You can have more feeling, you feel your penis (laugh), you feel it. Like when it's covered in latex, I don't feel anything, I don't feel it going in, I don't know what's going on, I don't.***

These difficulties may be associated with poor design or scarce availability of a sufficient range of condoms. But difficulties may arise from a poor knowledge of condoms, which some gay men may never resolve if trial-and-error is their only recourse. Using condoms may also be a challenge if condoms are not available when needed. Several participants alluded to the fact that "there was no condoms around", or condoms were not readily available, when they engaged in unprotected sex. In general, they attribute the lack of condoms to the unanticipated or unplanned nature of the sexual encounter.

Unprotected sex may also arise from a lack of understanding or confusion about what constitutes safer sex among gay men. Some men may not 'know the facts' as they pertain to gay men, or may be confused by the profusion of safer sex information for gay men that Canadian health promotion practitioners dispense. This problem may be especially significant among African and Caribbean communities in Canada, where pervasive heterosexism in their communities and feelings of being excluded from white gay networks may prevent gay men and MSM from accessing sexual health information. Similarly, some young gay men and MSM who have recently immigrated from Africa and the Caribbean may be unfamiliar with the kind of sexual health information that circulates among gay men in Toronto, due to the various prohibitions on gay men's sexual health and HIV prevention in many African and Caribbean countries. This context may apply to the African-born participant who, referring to a sexual encounter, interpreted safer sex as follows:

> ***it can be sex without a condom, but safe you have all the lubes and everything that friction is not too much … it can be without a condom but it's safe you have all the lubes so yes safe yes, right.***

This situation points to the need for accessible and unambiguous information on HIV transmission and safer sex, especially among men from countries where gay communities are not well organized and HIV prevention efforts for gay men are weak.

HIV TESTING

Only one MaBwana participant claimed to have never been tested for HIV. However, the circumstances he described (i.e., the Canadian immigration process) suggest that he may have been tested but never notified of the test result.

> ***I never got the chance for being tested for HIV. When I came to Canada when I went to get my work permit I was tested for blood I don't know what they checked about they never gave me the results back.***

Though this participant stated a willingness to get tested, his confusion about the meaning of the types of testing available in Ontario inspired a delay in getting tested.

R: ***I would like to but uh I live in a, they told me about the clinics where they go for HIV test that's anonymous, anonymous HIV test but I don't like anonymous I like to go and get the results right away.***
I: ***So are you thinking about it?***
R: ***Yeah I'm thinking about it … but I'm, but I don't want to take the anonymous one, because I don't like the anonymous one, yeah.***

All other participants had been tested for HIV, with most testing repeatedly. Among participants, the onset of testing was precipitated by a few specific factors. Three men tested for the first time because of an illness which could be associated with HIV or AIDS. Another tested because of the death of a former partner although the test took place four years after the partner's death. And another tested because testing appeared to be the norm - "everyone was being tested".

However, three groups of factors were associated with the decision to get tested for the first time. Five men tested in Canada for the first time to fulfill an immigration requirement. Another five men had their first HIV test because of possible exposure to HIV from unprotected sex.

I had unprotect sex and it was silly I got sick the next day but it was the flu and then I thought I was dying of HIV and I was young and silly and so I got tested then.

A third group of four men attributed their decision to get tested the first time to outreach or public education by an AIDS-related organization, or their own professional or activist role in such organizations.

Because I was on an AIDS committee ... so we all on the committee were there working showing people how to use condoms, taking blood pressure test and blood sugar test and all that. So we all came to the consensus for all since we are all on the AIDS committee together and we're telling these people to get tested let them see all of us get tested and that is how I got tested.

I just walking along [street] and they were trying to get street youth to take tests and then, you know, and they were giving away tickets, if you get tested, we'd give you a dinner. I hadn't had lunch yet so I'm like why not?

I still had this guilt that I said I partied for all these years. I did this I did that. I'm black, I'm must going to get something and then I heard about the campaign with the rates of HIV with black men and black women going up, so I said, oh my God, I'm in that category now, you know so I said I had to do all these test, just to reassure myself.

A few participants reported that they were not particularly bothered by taking their first HIV test, but this small group included two men who had not been sexually active prior to their first test, and a third man who was involved quite substantially in HIV/AIDS work. In contrast, most participants experienced a great deal of anxiety and fear at being tested for the first time and waiting for results. As reported by the participant who was encouraged by the offer of a free dinner (above), the experience was:

> ***Scary as hell. I should have skipped the dinner (laugh). No I'm just kidding… I was still negative at that time. But that was scary, really scary.***

In an extreme case, another participant described being nervous to the point of incapacitation:

> ***I was nervous, but it was just my natural nervous, you know whatever. It was different for me: "Oh God, I wonder, I know it is OK but whatever …" like I took sick days off, like I was a fucking mess. I was a mess, [chuckles] a mess.***

Despite the fear and anxiety that participants experienced at the time of their first test, most continued to get tested. Here too, the decision to test at regular intervals was associated with formal or semi-formal involvement in an AIDS-related organization and in HIV prevention work. For example, one participant reported testing frequently in his country of origin, "not for personal benefit" but "as a tool to encourage other people to test" as part of his work in HIV.

The practice of testing repeatedly or at regular intervals because of possible or uncertain exposure to HIV was reported by a number of participants. One participant stated that he tests "once every year, but sometimes it's more frequent" because he is sexually active and protected sex may not completely exclude "the exchange of fluids". Another common reason for continued testing was because testing has become a habit or ritual, part of overall good health practice. This perspective applies to the participant who gets tested because he just wants "to know that yes, I'm OK". Regular or habitual testing may also have a more utilitarian purpose even among men who routinely practice safer sex, such as benefiting from early diagnosis and treatment in the event of becoming infected, and being careful not to infect others:

> ***In case I find out I'm HIV positive or I have other STDs, it's always good to find out on time so you can get medication, especially if it's something that requires, you know, medication right away … and also if you find out you have a disease it's good because next time when you have sex, you know that you have to have protection for whatever sex you have for other people so you don't give it to them.***

HOW MABWANA PARTCIPANTS RESPOND TO HIV/AIDS

In Canada, gay men have been at the forefront of HIV/AIDS activism, community mobilization, program development and service delivery since the disease first became a public health concern in the early 1980s. Indeed, activism among gay communities was to a large extent responsible for bringing HIV/AIDS to public attention, and initiating an organized response to HIV/AIDS among governments, research institutions and the public. Gay men provided motivation and institutional support for many of the community-based organizations that are prominent in HIV/AIDS service delivery. This is true of the Black Coalition for AIDS Prevention (Black CAP) in Toronto, which emerged from a steering committee formed in 1987. Since 1991 when it was incorporated, Black CAP has been instrumental to engaging and mobilizing Black men around sexual health and HIV/AIDS, and offering HIV/AIDS services for Black gay men.

Black CAP has supported or inspired Black gay men's involvement in HIV/AIDS issues and activism. Since the late 1990s, when the first epidemiologic report on HIV/AIDS among Black communities in Toronto was published (Remis and Whittingham, 1999), Black CAP and other Black-focussed AIDS organizations (i.e., Africans in Partnership Against AIDS, the former African Community Health Services, and the African and Caribbean Council on HIV/AIDS in Ontario), have improved their capacity to engage Black communities in Toronto about responding proactively to the HIV epidemic.

Part of the work of Black-focussed AIDS organizations is to engage Black communities in the response to HIV/AIDS. Much of the response to HIV involves efforts to change attitudes and behaviours among target populations (e.g., Black gay men). However, individual motivations alone are often insufficient to inspire changes in behaviours and attitudes. People's ability to implement and sustain change also depends on how their social context inhibits or supports change. Therefore, community-based organizations play an important role in helping communities and individuals create conditions to implement and sustain changes in behaviour and attitudes. This role involves inspiring communities and individuals to (a) recognize and acknowledge their interest in HIV prevention, (b) understand the social conditions that challenge or support HIV prevention, and (c) work collectively to address HIV in practical ways.

To explore the issue of community engagement, MaBwana participants were encouraged to discuss their attachment to HIV/AIDS issues from two perspectives: their involvement in activities for HIV positive people or to prevent the spread of HIV, and their familiarity with and perspectives on three HIV awareness and prevention campaigns for gay men in Toronto.

Involvement in HIV/AIDS issues

Seventeen of the 24 MaBwana participants described various levels of participation in organized efforts to address HIV. Some men participated only in annual events (such as the AIDS Walk/Toronto Walk for Life and volunteering at Toronto Pride). Others have a history of volunteering in various programs with different organizations.

Participants were involved in a variety of activities. These ranged from routine activities such as condom stuffing and distributing flyers, to more high profile activities such as participating on national committees or mobilizing communities for HIV prevention and testing in their countries of origin, and sitting on advisory committees to plan initiatives. Three of the participants also interpreted their participation in MaBwana as a contribution to the response to HIV/AIDS. As one of the three stated:

> ***… anytime there's like a survey not just this one but any sort of outreach survey, then I'm there. And, I'm really frank. Because I feel that that's important to, for you guys so that you can get the word out as effectively as you need to. Oh, it's good. It makes me feel good. It makes me feel like I'm helping somebody else. You know, I'm, I feel like I'm here for someone else other than myself because, you know, I'm taking care of. I feel like I'm participating for the rest of the community.***

The idea of "participating for the rest of the community" was frequently expressed by MaBwana participants to explain their personal involvement in HIV/AIDS issues. Participants interpreted their involvement in HIV/AIDS issues as a demonstration of their responsibility for the wellbeing of others. Through their activities, they were helping to strengthen their communities in response to HIV/AIDS.

> ***It was like I feel I'm responsible for other people's lives. I feel like that people need to be helped out, you know there are people who need to be reached out. This information, whatever you have, you have to leave it out for people to receive, yeah.***
>
> ***I can't be Black, queer and not consider HIV an issue. If not for me, for people that I would share my life with.***

Their involvement in the organized response to HIV/AIDS appears to be purposeful and strategic. Even though they benefit in personal ways, they interpret their involvement in a noticeably altruistic way.

> ***[I decided to participate in HIV/AIDS issues] because I'm interested in um kind of like I guess social services, gay men's health type stuff um and the LGBT community and I thought, and I think it's a way to um connect with people in the queer and trans community um in a positive way doing positive work … I really enjoy it. I do it for a reason, I do it because I care both about what's happening here in Toronto and what's happening globally ….***

… it [the association with an ASO] was ridiculously worthwhile and I learned all the information and it changed my mind immediately on safer sex practices. But um for me it is important because I sort of realized certain things and so I think ever since … I have sort of became an activist for HIV and AIDS education.

HIV prevention campaigns

MaBwana participants were presented with the materials (postcards and booklets) from three HIV prevention campaigns for gay men in Toronto. They were asked whether they had seen the campaigns and, if so, to discuss whether the campaigns were effective or useful. The campaigns promoted safer sex and HIV testing, though one ("Keep it alive") was also designed to reduce stigma associated with HIV/AIDS. The campaigns were:

- "Handy Dandy", developed by the AIDS Committee of Toronto. Handy Dandy included three themes – condom use, cruising, and dating and relationships - which were released sequentially beginning in November 2004. Handy Dandy included posters, postcards, a series of three informational "how to" booklets on each of the campaign themes, advertisements in the gay press, and a website;
- "Be real", developed by the Ontario Gay Men's Strategy and initially released in the summer of 2006. "Be real" included posters, postcards, an informational booklet, outdoor advertising (e.g., billboards and advertisements in Toronto public transit system), advertisements in the gay press, and a website;
- "Keep it alive", developed by ACCHO and initially released in the summer of 2006. Keep it alive included postcards, posters and advertisements in the gay press. "Keep it alive" was part of a larger campaign developed for African, Caribbean and Black communities in Toronto. The campaign was supported by a website.

The campaign materials were also available at various venues (i.e., bath houses, bars, etc.) in the gay neighbourhood of Church-Wellesley in downtown Toronto, and were still in circulation at the time of the MaBwana interviews.

Why the campaigns were useful or effective

Nineteen of the 24 MaBwana participants reported that they saw at least one of the campaigns and explained why the one(s) they saw were useful or effective. Despite the fact that most men were somewhat familiar with the main campaign messages and information, participants interpreted the campaigns as useful reminders about risk and safer sex.

> ***Um they basically keep reminding me to use safe, to practice safe sex and it's a good, even though I know it, it's a good thing to basically keep seeing it, keep reminding you that it's, that AIDS is still there and it's killing people.***

Though the campaign materials may be familiar to most men who populate the Church-Wellesley area, new men are always entering the scene, including recent immigrants. Therefore, the campaigns play an important role in educating and orienting newcomers about the Toronto's gay scene, HIV among gay men in Toronto, and practices or behaviours to reduce the spread of HIV among men who have sex with men.

> ***It [Handy Dandy] helped me learn some of the vocabulary. Maybe not learn but I have come across vocabulary that is commonly used in the gay community, and yes it's there for the benefit of the people.***

> ***The ACT cruising one I think is very useful just because it has a lot of information for people who are just new to like cruising anywhere in bath houses and parks …. [It says] here's how to protect yourself, here's what you can do, here's what usually happens in these scenes. That pretty good because I'm like familiar with bathhouse sex. I'm really not familiar with park sex and like outdoor sex stuff.***

However, in the process of educating African and Caribbean newcomers about HIV and gay communities in Toronto, the campaigns may generate a potentially harmful presumption about risk. Immigrants from Africa and the Caribbean come from countries where HIV prevention efforts focus on women and heterosexual transmission, and infected women outnumber infected men. In Canada, particularly in urban gay neighbourhoods, HIV prevention campaigns focus on gay men. In the absence of other significant campaigns, this may lead some newcomers (particularly those who are actively bisexual) to believe that only gay men are directly affected by HIV.

> ***Because I told you I had unprotected sex, but not having seen how here especially in Canada, in Toronto, there is a serious campaign about HIV/AIDS that give me the sense that there is too much AIDS in the community, in the country. And back home they were more for straight people. Here all the people who have HIV/AIDS they are gay people, so that forces me like to use the condoms to not suffer from AIDS ….***

Participants were drawn to the ethnoracial diversity and mix of different age groups portrayed in the "Be real" campaign. They interpreted the diversity and the tag line ("Respect. Protect. Each other.") in mainly three ways. First, the diversity meant that there is no type of gay man who is immune from HIV – it "affects everybody, and everybody has to, you know, do their part". Second, the campaign reminded gay men about "always respecting yourself", which means "not having unprotected sex just because you want to be with somebody". Third, participants suggested that the diversity and difference really promoted a sense of solidarity among gay men. As one participant remarked: "other people out there are feeling the same thing you are

in trying to fight the fight". HIV prevention, as portrayed in "Be real", requires gay men to "care about each other" and recognize their responsibility for "preserving the community".

Participants also attributed the effectiveness of "Be real" and "Keep it alive", especially the latter, to the images of Black men in the campaign materials. One participant, who remarked that "Keep it alive" was like "a message to me", explained that:

> ***… visually it reminds me that, it basically draws my attention when it is someone who looks like me more than, it is instinctive, it's just something that draws my attention right away. It is automatically done.***

One of the reported strengths of "Keep it alive" is a portrayal of Black people "in a good light", that is, as confident, self-respecting, conscious agents without the sadness, helplessness and pity usually associated with both HIV/AIDS and Black people in the popular media and even in some communications campaigns.

> ***… actually this one does kinda hit, one they're black, two they're pretty damn healthy (laughs) and, yeah, it's not, even though a lot of people think you should show more sadness and stuff, no I like that. That actually makes me feel that there's still life after this thing, even though you're trying to prevent it from getting to people. But, yeah, I think its ah, and it's not overtly gay, which is good thing and they look good.***

> ***When I see a campaign for um the black and Caribbean group for HIV prevention you know, I feel really good and you see somebody else and they're just smiling, you know and they look, you know. It shows the black community in such a good light. People are very respectful for themselves, because they always think, and I use to always hear, black people don't respect themselves, you know , they are lazy and all this, so when you see ad campaigns that are like that it gives you different feeling about yourself kind of, you feel proud that you know this is going on and that we are that organized and well put together.***

In addition, the 'Love' tag line for "Keep it alive" was interpreted as eschewing the individualism that some HIV prevention campaigns appear to promote, suggesting instead that Black men may prevent the spread of HIV by caring for themselves and the wellbeing of their partners.

> ***Well ok, ok, it shows you right away, tells you, it's you know, it's you know, it's supposedly a gay couple, and you know like, it's you know, with love, if you love you know, you have to love me not only for my body, but for loving you know to make sure that I'm, I'm protected you know, and that's the first word that caught me you know, was love.***

Concerns about the campaigns

A substantial number of MaBwana participants exempted themselves from the campaign audiences by claiming that they were already knowledgeable about HIV prevention, and/or there was nothing new in the campaigns. The specific basis for these exemptions focused on their exposure to the information from various sources over an extended period, that they had a professional stake in HIV prevention, or that the campaigns had already reached saturation in the gay community.

> ***I don't really focus on these things any longer. Because I know what to do. I know how to do it. I don't mean to sound smug but… but, you know, like I said I've worked in [gay community] for like decades. You know, I'm beyond the instructions (chuckles) I…I don't I mean it sounds so smug, but, you know. I know how to be safe. I know so that is it. So, all of this stuff, it's more, uh does it speaks to somebody who is less experienced than me because I'm very experienced in terms of exposure, that is it.***

> ***I guess some of us feel we've been saturated with the message, you know, and they come in the same way, the same format and so what makes this one different, you know, what, why do you need to pay this one attention than you know two minutes glance "Oh this is what its about, Oh I know this already, I know this stuff already".***

Another exemption, perhaps more problematic than the first, is the idea that HIV prevention campaigns are for "promiscuous" men (e.g., men who patronize bathhouses or meet other men for casual sex). Unlike the men who claim to already know the facts about safer sex and HIV prevention, this construction of "promiscuous" men is an exemption on moral grounds.

Another set of concerns focused on the possibility that the campaigns were 'too soft', too subtle, too indirect, or not strong enough. This interpretation came across in different ways. The "cute, healthy faces" portrayed on campaign materials were viewed as unfaithful to the "reality" of HIV/AIDS.

> ***I know about sex, but yet still, the reality, you know, hits me when I have to sit in a room and hear about, you know, the resources that are available and, and the real stuff, not the nice, but the hardcore facts, and when I heard someone talk about, you know, the problems they have to bear and all the medication, and what it is doing to their system "Whoah" you know.***

The 'softness' of HIV prevention may also arise if the people who develop campaigns focus inordinately on process (i.e., trying to reach consensus on purpose and content), which may dilute the message, rather than focusing more deliberately on outcome (i.e., being clear about outcomes, and the content required to achieve them).

> ***So one example would be the Be Real Campaign [trying] to hit every market you could potentially hit ... but at the end, it meant nothing cause barely anyone noticed it.***

If the content is diluted or unfocussed, the campaign messages and intent may be uninterpretable or confusing to the target audience. For example, one participant speculated that some campaigns may be so diluted and unfocussed that they may "open up a doorway for people not to use condoms". The issue of diluted messages was discussed particularly in relation to "Be real" which, based on its presentation of ethnoracial diversity, one man misinterpreted as an advertisement for "an organization that caters for everybody", and another confused with an "an advertisement for [name] college" (whose advertisements commonly include images of ethnoracial diversity). A similar type of concern was expressed about the prominent 'Love' tag line for "Keep it alive", which one man initially interpreted as an advertisement against violence in relationships (e.g., love means not beating up your partner).

In contrast, one participant recommended innovations to make the campaigns more interactive and personal (such as meetings, seminars and conferences where gay men can discuss safer sex and other issues), and another suggested the model of "stronger campaigns" that he associated with his country of origin:

> ***where every five or ten minutes just the way you see an ad about Ford or Chrysler here on TV, it was about HIV, or on the radio and every, when there's a commercial ... do you know HIV is doing this and this. Like from my country it was always so in your face, always so pronounced.***

Campaigns are more comprehensible if they are situated in the relevant or applicable social contexts. In Canadian Black communities, heterosexist values may cause many men who have sex with other men to distance themselves and their behaviours from their sexual orientation and same-sex desires. This suggests that, in Canadian Black communities, campaigns for Black gay men may not attract sufficient attention and consideration among a substantial proportion of MSM. In other words, campaigns for Black men must demonstrate clarity about the intended audience. As one participant observed, a campaign for Black gay men and MSM may achieve the unintended consequence of being ignored by Black men:

> ***The issue with this is … black men who have sex with men. Because [if] we consider issue surrounding language, not all men that have sex with men identify as gay. These men [the image on the postcard] look stereotypical queer or gay and so men who have sex with men who identify as straight or bi who are more masculine will say "oh, we look nothing like these two boys, you know they're not us." So then we simply ignore that community right?***

People who develop campaigns for Black men should also be mindful of how Black men or Blackness in general are presented. Black people have always been suspicious of how AIDS in Black populations has been interpreted in popular and scientific discourses. They have interpreted these discourses as blaming Africans for AIDS (e.g., AIDS originated in Africa), or as explaining AIDS among Black populations to suggest that Black populations are naturally flawed and deficient. This perhaps explains the sense of anger that one MaBwana participant initially experienced regarding "Keep it alive":

> ***I was a little angry. I almost felt like it was propaganda from the white community … They feel like they're being blamed for everything so now they need to dump it onto another group and say its just them … I always just assumed it was the white community trying to push away and say it's like a black thing again, or it's black people, they just don't know any better. So at first I was offended until I learned a little bit more and found out what was going on by talking to [name] or doing some more research.***

Regarding another campaign, another participant interpreted a particular image as stereotyping Black men as inferior to others, especially white men. This kind of response may lead some Black men to disregard a campaign that was designed to promote awareness and HIV prevention in their communities.

> ***I remember one of the first things that came to my mind was that "Why is the black guy the one that is naked, like without clothes?" That's about it, that's what, honestly, that's what, like "Why, why is he the one that, I don't know, why is everyone else dressed?" I am sure it is not, I don't know, I don't know if it's the intent, but that's what I thought to myself and that has the potential to not even want me to read it.)***

MABWANA NARATIVES IN PERSPECTIVE

MaBwana participants interpreted their ethnoracial and sexual identities in complex ways, reflecting the influences of their national origin, family and cultural networks, heterosexism, homophobia and racism. By and large, they affirm Black gay identities in opposition to experiences of exclusion on the basis of race and sexual orientation. Many described a sense of belonging (in relation to national or ethnic background) and affiliation (with Canadian gay communities) while acknowledging a degree of marginalization. At the same time, they have developed substantive ways of engaging other Black gay men, and engaging HIV/AIDS as an issue of concern to their Black gay networks. Social conditions do influence health-related behaviours and health outcome, which means that the organized response to HIV/AIDS must include challenging racism and homophobia. However, it is also important to recognize MaBwana participants demonstrate affiliations and networks separate from the traditional national affiliations, and that these networks are a vehicle for engaging Black gay men in the response to HIV/AIDS. This approach also makes sense in view

of the level of awareness, interest and, in many cases, involvement in HIV/AIDS issues that MaBwana participants described.

Almost all participants reported having tested for HIV at least once, and have instituted regular or repeat testing as a routine practice. The decision to initiate and sustain HIV testing was influenced by possible exposure to HIV, bouts of illness that could be associated with recent sero-conversion, and personal involvement in or exposure to the work of organizations that promote HIV testing. However, participants reported that the HIV testing experience (i.e., decision to get tested, presenting for the test, waiting for the results, etc.) was stressful. To some extent, initial apprehension about testing is understandable, given the nature of HIV. However, it may be worthwhile for policy makers and clinics to reflect on whether the testing environment (pre-test counselling and post-test support) needs to be improved.

MaBwana participants articulated a strong investment in safer sex. Safer sex was either a moral imperative that implied strength of character and personal responsibility, or it was justified using a biomedical frame of reference. Nonetheless, participants described instances of unprotected sex, but described them as encounters or situations that compromised their ability to act differently. For example, they were intoxicated, or they trusted the sexual partner, or the sexual partner forced the encounter, or the encounter unfolded in the heat-of-the-moment, or they were experiencing personal turmoil. Clearly, MaBwana participants have internalized the basic message about condom use. What they appear to lack is the skills to implement safer sex practices in situations that may not be easily amenable to control.

Most participants had encountered materials from at least one of the three HIV prevention campaigns for gay men that were included in the interview protocol. Though some men interpreted the campaigns as being repetitive (i.e., they were already familiar with the message), many spoke approvingly about the campaigns. In particular, they were impressed by the apparent portrayal of community responsibility (i.e., caring about themselves, their sexual partners and friends) in the campaigns, the images of or appeal to Black men as valued agents rather than crude stereotypes, and the degree of ethnoracial diversity in campaigns targeting gay men in general. However, participants also articulated a caution about images of Black men in public campaigns, namely, that Black men should not be framed in ways that stigmatized Black communities as vectors of HIV.

6. CONCLUSION AND IMPLICATIONS

This section presents a generalized summary of the study findings, and outlines some implications for programs and policy related to health and HIV prevention among African, Caribbean and Black gay and bisexual men and MSM. Precise summaries of the study results are presented at the end of Sections 4 and 5 on the survey and indepth interviews respectively.

MaBwana participants experience marginalization in white gay communities on account of race, and in Black communities through homophobia and heterosexism. However, they are not necessarily victims of marginalization. By and large, MaBwana participants care about their health and the health of their communities and networks. They are involved in or cognizant of meaningfully engaging Black gay men and the wider Black communities. They demonstrate concern about HIV/AIDS among Black gay men and their communities, and articulate a commitment to HIV prevention.

Though MaBwana participants articulated a strong commitment to safer sex and HIV prevention, their sexual behaviours are not always consistent with their stated commitment. Between 50% and 65% of participants reported that they always used condoms for anal sex with different types of sexual partners. In the indepth interviews, they attributed episodes of unprotected sex to circumstances that challenged their commitment to safer sex (e.g., intoxication, heat-of-the-moment encounters, the need or desire to trust a sexual partner, etc.).

Based on our findings and experience implementing the study, we note the following implications for programs and policy:

1. Some participants still engage in unprotected sex with various types of partners. Participants appear more likely to always use condoms when they are the insertive partner, during sex with regular partners, and when their sexual partner is a Black man. Some men also have sexual relations with women and transgender persons. However, on the whole they articulated a strong commitment to safer sex and HIV prevention, while recognizing that their commitment is sometimes challenged by circumstances. Therefore, there is a need for education and interventions that reinforce this commitment, help men develop skills to perform or negotiate safer sex when circumstances challenge their commitment, or help them avoid circumstances that may precipitate risky sex. These circumstances include using drugs and alcohol, "heat-of-the-moment" encounters, and the issue of trust in sexual relationships.

2. Getting tested for HIV was very common among MaBwana participants, and participants articulated a practical interest in getting tested. However, while many of the survey participants reported testing frequently, some tested infrequently (i.e., the last test was more than a year ago). This suggests that initiatives to promote testing should stress and reinforce the benefits of regular or frequent HIV testing. In addition, participants described their first test as an extremely stressful experience. Clinic staff, policy makers and healthcare

professionals may consider whether more can be done to reduce the stress and anxiety that may be associated with initiating testing.

3. MaBwana participants reported differences in sexual behaviours depending on the ethnoracial background of the sex partners. Further research is needed to explain this issue and determine the implications for HIV prevention efforts.

4. There are sociodemographic and behavioural differences between Canadian-born, African-born and Caribbean born gay and bisexual men. These differences should inform HIV prevention efforts to ensure that networks and communities are appropriately engaged.

5. MaBwana participants interpreted their interest in HIV prevention (sexual behaviour and HIV testing) as a demonstration of community involvement and responsibility. They were also drawn to HIV prevention campaigns that signaled the value and worthiness of Black lives, and promoted or portrayed a sense of community solidarity and responsibility for preventing the spread of HIV. Traditionally, however, HIV prevention was promoted as a call to individual self-interest. Our findings suggest that HIV prevention efforts should incorporate a framework of caring for one's sexual partners and building healthy communities, rather than through a singular focus on individual responsibility and self interest.

6. MaBwana participants are raised and circulate in Black communities that construct gay men as outsiders or vectors of HIV transmission. African, Caribbean and Black community-based organizations in Toronto have a duty to develop perspectives and programs to address homophobia, develop an environment that is supportive of the health and wellbeing of Black gay men, engage LGBTQ communities as participants in their organizations, and develop programs that address the full spectrum of health needs among their constituents.

7. MaBwana is of special interest to ASOs and other organizations involved in health and HIV work among African, Caribbean and Black gay and bisexual men and MSM. We expect that the research will inform programs and policy among those organizations and stakeholders. However, the research has highlighted some issues that are common to gay men across ethnoracial boundaries. For example, previous research among gay men in Toronto has drawn attention to how heat-of-the-moment encounters, the role of trust in relationship-building, issues related to personal turmoil, and problems with using condoms are implicated in decision-making about unprotected sex. Of course, those issues do not necessarily affect gay men from different ethnoracial backgrounds in precisely the same way, nor are the implications always the same across ethnoracial groups. Nonetheless, those general issues suggest a role for continued partnerships between ethno-specific and other ASOs to guide HIV prevention work among gay and bisexual men and MSM. Similarly, the challenges of accommodating to gay life in Canada that recently immigrated MaBwana participants experience are probably common to gay men from other

racialized immigrant groups. Evidently, there is common ground for ethno-specific ASOs to work together.

8. MaBwana was the first major study to examine vulnerability to HIV among Black gay and bisexual men and MSM. There is a need for further research, in view of MaBwana's limitations and the fact that one study cannot examine or help to address all the issues related to Black gay men's health. Moreover, the MaBwana findings (see above) suggest a need for research that is oriented towards developing, implementing and evaluating interventions to prevent the spread of HIV.

9. Our efforts to implement the study were initially hampered by extensive negotiations with one institution where we sought ethics approval. We suggest a need for greater clarity and oversight of the ethics review infrastructure and process, and support for institutions and ethics boards to ensure responsiveness to community concerns and the public interest.

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