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Social geographies of African American men who have sex with men (MSM): A qualitative exploration of the social, spatial and temporal context of HIV risk in Baltimore, Maryland

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ABSTRACT

This qualitative study utilized a time-geography framework to explore the daily routines and daily paths of African American men who have sex with men (AA MSM) and how these shape HIV risk. Twenty AA MSM aged 18 years and older completed an in-depth interview. Findings revealed (1) paths and routines were differentiated by indicators of socio-economic status, namely employment and addiction, and (2) risk was situated within social and spatial processes that included dimensions of MSM disclosure and substance use. This study highlights the critical need for future research and interventions that incorporate the social and spatial dimensions of behavior to advance our ability to explain racial disparities in HIV and develop effective public health responses.

1. Introduction

Men who have sex with men (MSM) continue to represent a major proportion of new HIV infections in the United States (Finlayson et al., 2011). Strong empirical evidence indicates the main risk factors associated with HIV infection among MSM are unprotected anal intercourse, multiple sexual partners, and drug and alcohol use (Koblin et al., 2006). Drug and alcohol use, in particular, are associated with exchanging sex for money or drugs and lower condom use (Gorbach et al., 2009; Rhodes et al., 1999; Colfax et al., 2005; Semple et al., 2010; Stall et al., 2003; Crosby et al., 1996; Reisner et al., 2010). Research on risk environments (Rhodes, 2009), such as bars/clubs, bathhouses, and community events (e.g., Gay pride) has highlighted the importance of considering the social, spatial and temporal context of sexual mixing patterns, sex under the influence, and exchanging sex for money/drugs (Rhodes et al., 1999; Colfax et al., 2005; Mimiaga et al., 2010).

African–American MSM (AA MSM) are disproportionately affected compared to their White counterparts despite findings that AA MSM are behaviorally less risky (Sifakis et al., 2007; Millett et al., 2007; Sifakis et al., 2010; Magnus et al., 2010, German et al., 2011). The causal factors for this disparity are likely related to the social, spatial and temporal contexts that may foster HIV risk for AA MSM (Frye et al., 2006; Egan et al., 2011; Mills et al., 2001). We suggest that what has been lacking in current approaches to research on HIV prevention and disparities is attention to where individuals spend their time and their movements between various social and/or risk environments. We are especially interested in daily routines (the activities that individuals engage in regularly) and paths (the temporal and spatial context within which their activities occur) as they constitute socio-behavioral patterns that are predictable and regular (Zisberg et al., 2007; Pred, 1977b) and that are shaped by social networks and access to resources (Gilbert, 1998). Routines may also reflect and reinforce the frequenting of certain risk environments, such as bars, that have specific social norms that elevate risk, such as acceptability of substance use and multiple sexual partners.

We argue, in this paper, that using a daily routines and path approach, informed by Hagerstränd's classic time-geography framework (Pred, 1977a), we are able to study how place and social networks operate together to shape HIV risk. There is a

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distinct need for investigations of AA MSM behavior within socio-spatial contexts to enable researchers to clarify the causal factors for disparities and to design more effective intervention programs. This study sought to address this gap by exploring the routines and paths of a sample of AA MSM in Baltimore, Maryland and how these facilitate or constrain HIV risk.

2. Methods

2.1. Study context

Baltimore is one of the most sexually transmitted disease burdened cities in the US with high rates of Syphilis, Gonorrhea, and Chlamydia (Centers for Disease Control and Prevention, 2011, 2000). The majority of the population (64% of 621,000 people (U.S. Census Bureau, 2012)) is African American, the unemployment rate is 12%, and 21% live below the poverty level. There is significant racial residential segregation, such that the Northern section of the city is majority White and the Western and Eastern sections are predominantly African American (Jacobson, 2007). Higher rates of poverty, crime and drug use correspond with the Western and Eastern sections of the city. In the center of the city is a mixed residential and commercial neighborhood where the majority of gay bars, clubs and restaurants are located. The racial composition of this neighborhood is predominantly White, however, the one African American owned gay club is also located in this neighborhood. Within this neighborhood is also a public area known for male sex exchange activities. To the West of this neighborhood is a public park that is well-known for sexual hook-ups among MSM.

2.2. Study population

Participants for this study were recruited using street-based outreach to businesses, cafes/bars known to have AA MSM patronage and word-of-mouth referral. Interested participants were screened by trained research staff or the lead author via the phone or in person at a community-based research clinic. Inclusion criteria were self reported: (1) age 18 years old or older, (2) African American race/ethnicity, (3) identify as male, (4) sex with another male in the prior 6 months, and (5) reside in Baltimore City, Maryland. Data collection occurred between October 2010 and March 2012.

The lead author conducted all in-depth interviews in a private office in a research clinic located in a mixed residential and commercial neighborhood. As the lead author was not of the same race or gender of the participants, she introduced herself as a community-based researcher who has been conducting research in Baltimore focused on HIV prevention for the past 12 years, and was asking for their expertise and opinions about how to develop programs that were relevant to their lives. Participants were told that the purpose of the study was to learn about places in Baltimore that are important to them and their perspectives about HIV prevention. After providing written informed consent, the in-depth interview lasted between 60 and 90 min. All interviews were audio-recorded with participant consent. Participants received $50 at the end of the interview. This research was reviewed and approved by the Johns Hopkins Bloomberg School of Public Health IRB.

2.3. Topics of the in-depth interview

To begin the interview, participants were asked to report their age, employment and relationship status (e.g., single, partnered). They were asked to describe their typical day, including activities, location of activities, and individuals with whom they interact. As the participant described these, the interviewer drew a map, depicting his movement throughout the city. Participants were asked to verify these routes as they were drawn. These maps were used by the lead author to facilitate a dialog with the participant about the degree of movement or constraint in the participants' path. They were also asked to describe people in their social network, specifically, their social support network, sexual partners, people they used drugs with, and AA MSM peers. If men described HIV risk behaviors, they were probed to elaborate on the regularity of these behaviors. Participants were then asked to "describe places that were central or meaningful for African American men who have sex with men in Baltimore". Their responses were further probed to learn about the location, physical characteristics, types of people who frequent the place, and aspects of the place (physical characteristics and/or social characteristics) that made it meaningful. We did not ask the participants to choose a sexual identity category (e.g., homosexual/heterosexual or gay identified) but we did ask them to describe the extent to which people in their social networks knew that they had sex with men.

2.4. Analysis

Immediately after each interview, a detailed narrative synopsis was written by the lead author, summarizing the profile of each study participant in terms of his daily routine, daily path, social network and HIV risk. Pseudonyms and initials of individuals were substituted to protect the identity of places and social network members. Recordings of the interviews were reviewed, transcribed and coded by the lead author. Based on a consensus approach, after discussions and review of codes and emerging themes by co-authors, revision and further comparative analysis of themes by the lead author, both within and between cases, resulted in the findings discussed below.

Table 1
Participant characteristics.

Regular and planned paths/routines	Paths with less routine: unemployment	Paths with less routine: addiction
• P1: aged 22, full-time student • P2: aged 49, part-time employ • P4: aged <30, full time employ • P5: aged 21, full time employ • P6: aged 28, part-time employ • P9: aged 44, part-time employ • P12: aged 30, full time employ • P13: aged 27, full time employ • P16: aged 21, full time employ • P19: aged 29, employed	• P3: aged 39; unemployed • P8: aged 22, unemployed • P18: aged 43, unemployed, P20: aged 31, unemployed	• P7: aged 26, unemployed, alcohol and marijuana • P10: aged 40, not working, crack & heroin use • P11: aged 32, unemployed, crack use • P14: aged 50, unemployed, heroin & alcohol use • P15: aged 50, not working, crack use • P17: aged 47, not working, crack use