

Targeting HIV prevention by ethnicity: priorities for MSM programmes in the UK

This briefing is for people with the power to change the way HIV prevention interventions are delivered in the UK: this includes health promoters, managers with planning responsibilities and service commissioners. The briefing uses data from the *Gay Men's Sex Survey* collected over the last ten years to examine HIV infection, risk behaviours and prevention needs across ethnic groups.

Where square brackets include a date, followed by a colon and another number this signifies the GMSS report and page number where further details of the finding can be found. For example [2004:52] means GMSS 2004 main report, page 52.

ETHNIC DIFFERENCES BETWEEN THE MALE POPULATION AND MSM IN GMSS

Using the Census and the National Survey of Sexual Attitudes and Lifestyles we estimate that today in the UK, there are 500,000 men who will have sex with another man in the next five years. Of these men 35,000 already have HIV. Among the 465,000 MSM who do not have HIV, some will acquire it in the next week, a larger proportion will acquire it in the next month, the next year, and so on. Although the risk of acquiring HIV when having sex is not zero for any man, the probability of acquiring HIV in the future is not the same for all men. It is not possible to say which men will acquire HIV in the future, but members of some groups of men are more likely to acquire and pass on HIV, compared to members of other groups.

Over the last ten years, GMSS samples have got more ethnically diverse, mainly through changes in the methods of data collection. The ethnic group question was derived from the 1991 Census, and

subsequently updated to the 2001 Census. Men were asked *What is your ethnic group?* and allowed to indicate one of 16 categories below.

The table shows the number of men in each category in each GMSS from 2003 to 2007. We also include the ethnic breakdown of adult males from the 2001 Census.

The proportion of GMSS respondents who are white British has always been smaller than the proportion of all adult males in this group across the UK, and has declined in each of the last five years. Asian men are also under-represented in GMSS, as we would expect given that Asian MSM are more likely than all other ethnic groups to conceal their sexuality [2002:22].

Black men appear in GMSS in about the same proportion as they do in the adult male population of the UK. All other ethnic groups are over-represented, especially Irish men and other white men, the majority of whom are European. Compared to many other countries in Europe, the UK, and London in particular, is an easier place to live as a gay man.

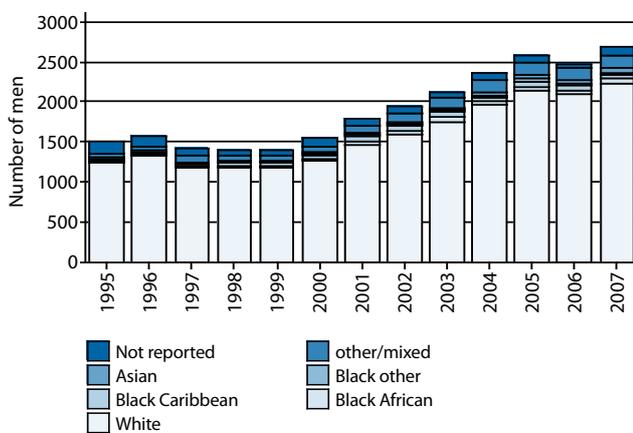
Ethnic groups in GMSS		% 2001 UK males aged 16-64	% GMSS 2003 (n=14498)	% GMSS 2004 (n=15975)	% GMSS 2005 (n=16371)	% GMSS 2006 (n=12038)	% GMSS 2007 (n=6196)
White	<i>British</i>	88.0	84.0	82.2	81.3	79.4	78.9
	<i>Irish</i>	1.3	3.5	2.9	3.1	3.2	3.2
	<i>other white</i>	2.8	6.9	7.9	8.3	9.8	9.5
Black / Black British	<i>Caribbean</i>	1.0	0.6	0.7	0.8	0.7	0.9
	<i>African</i>	0.9	0.3	0.5	0.6	0.5	0.7
	<i>other black</i>	0.1	0.1	0.2	0.1	0.1	0.2
Asian / Asian British	<i>Indian</i>	2.0	1.1	1.1	1.2	0.9	1.2
	<i>Pakistani</i>	1.3	<0.1	0.5	0.5	0.4	0.4
	<i>Bangladeshi</i>	0.5	<0.1	0.1	0.1	<0.1	0.1
	<i>other Asian</i>	0.6	0.2	0.3	0.5	0.3	0.2
Dual Ethnicity	<i>white & black Caribbean</i>	0.8	0.5	0.6	0.6	0.7	0.7
	<i>white & black African</i>		0.1	0.2	0.2	0.3	0.2
	<i>white & Asian</i>		0.7	0.6	0.6	0.7	0.6
	<i>other mixed</i>		0.6	0.6	0.6	0.7	0.7
Chinese		0.5	0.6	0.8	0.8	1.0	0.9
All other ethnicities		0.4	0.7	0.8	0.8	1.2	1.5

ETHNIC PROFILE OF MSM ACQUIRING HIV IN THE UK

Thanks to the Health Protection Agency we have a reasonable picture of the ethnicity of people with HIV in the UK. However, white British and other white men cannot be distinguished in the data set. Also, in standard MSM reporting, black ethnicities are not sub-divided, and Asian men are not represented independently.

Figure 1 shows the ethnic profile of all MSM diagnosed with HIV in the UK from 1995-2007. In every year the majority of new diagnoses occur in white men. Figure 2 shows more detail on the HIV diagnoses among black and minority ethnic MSM.

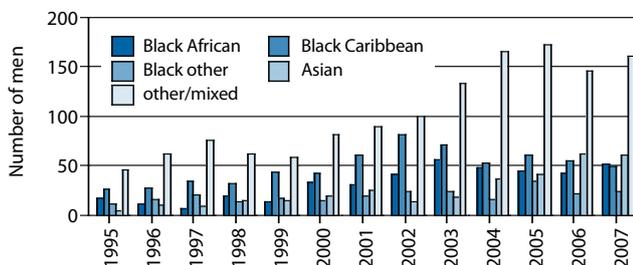
Fig 1: Ethnicity of MSM diagnosed with HIV 1995-2007



Source: Data as provided by the Health Protection Agency Centre for Infections as reported to end June, 2008

Asian men account for 4.4% of all men in the UK aged 16-64 (Census 2001) but only between 1.7% and 2.3% of GMSS respondents 2003-2007. The proportion of all MSM diagnoses in Asian men remained below 1.7% from 1995 to 2005, then rose to 2.6% in 2006 and 2007. This suggests that while Asian MSM have been less likely to acquire HIV than men of other ethnicities, this situation might be changing.

Fig 2: BME MSM diagnosed with HIV 1995-2007



Black men, on the other hand, accounted for 2.0% of UK adult males in 2001, between 1.0% and 1.8% of GMSS respondents 2003-2007 but an average of 5.5% of HIV diagnoses in MSM over the last ten years. A consistently higher proportion of MSM diagnosed with HIV are black than are in either the general population or MSM community samples.

HIV TESTING AND DIAGNOSIS ACROSS ETHNIC GROUPS

The relationship between ethnicity and HIV (and STI) testing interventions has been relatively stable and predictable since GMSS first occurred nationally over a decade ago.

- Asian and white British men are least likely to have visited a genito-urinary medicine (GUM) clinic in the last year, and black men are most likely to have done so [2005:59].
- Asian and white British men are least likely to have tested for STIs in the last year and black men are most likely to have done so [2004:54]. These relationships do not vary if we consider only STI testing at primary care services or only at GUM clinics.
- Ever having HIV tested is significantly more common among black (77%) and white other men (78%) than it is among Asian (55%), white British (59%) and men of other (63%) or mixed ethnicities (66%) [2006:14]. The finding that black men are most likely to have ever HIV tested, and Asian men are least likely to have ever done so, is consistent over time [2002:12; 2001:20; 1999:27; 1998:21].
- Having tested for HIV in the last year is significantly more common among men of mixed (39%), black (40%), and white other ethnicities (41%) than it is among Asian (33%) and white British men (29%) [2006:14]. That Asian and white British men are least likely to have tested for HIV in the last year is consistent over time [2004:54].
- Black men are most likely to have tested for HIV at a GUM services in the last year and Asian men are least likely to have done so. For primary care settings the relationships are slightly different but Asian men remain least likely to test in them. The notion that white British men have privileged access to HIV testing services is not supported [2004:54].
- In GMSS 1998 the prevalence of diagnosed HIV was significantly higher among black men than any other group, and this pattern has not changed in the last decade [2006:14; 2004:25; 2003:21; 2002:12; 2001:20; 2000:21; 1998:21]. However, among men testing in the last year there are no significant differences in the results received across ethnic groups [2006:14; 2005:11].
- Asian men have the least proximity to the HIV epidemic. They are least likely to have diagnosed HIV, to think they have undiagnosed HIV or to have a current regular male partner with diagnosed HIV [2004:25; 2003:21]. They were also least likely to know anyone with diagnosed HIV [2003:21].

HOW DO RISK BEHAVIOURS VARY ACROSS ETHNIC GROUPS?

- Compared to white British men (and adjusting for having tested HIV positive or not), Asian men, black men and other white men are all less likely to have had only one male sexual partner in the last year [2006:22-23].
- Compared to white British men, Asian men and men of other white ethnicities are more likely to have had thirty or more male partners in the last year [2006:22-23]. Asian men have the highest number of male partners overall [2000:28].
- Asian men are 1.70 times more likely to have sex with women as well as men (13.1% did so) compared to white men (of which 7.8% did so). Similarly men of mixed ethnicities were 1.86 times more likely to also have sex with women (11.9% did so). Black men were no more or less likely to also have sex with women than were white men [2002:17].
- There are no differences by ethnicity in engagement in oral sex in the last year [2006:28]. Among men not tested positive, both black and Asian men are less likely to have taken ejaculate in their mouths in the last year, compared to men of white or mixed and other ethnicities [2002:38; 2001:34].
- While white other men are slightly more likely to have had anal intercourse (AI) in the last year, no ethnic group was more or less likely to have had unprotected anal intercourse (UAI) than white British men [2006:28].
- There are no differences in terms of likelihood of having had a regular partner in the last year, but black men are significantly more likely to have had anal intercourse (AI) with regulars and Asian men are significantly less likely to have done so. There are no differences in likelihood of UAI with regulars [2000:28].
- Asian men are more likely to have a casual male sexual partner in the last year compared to other ethnic groups, but there is no difference in the probability of AI with casuals. Black men are most likely to have any UAI with casual partners in the last year and white British men are least likely to have done so [2000:28].
- Among men who use condoms during insertive anal intercourse, condom failure is a problem across all ethnic groups, as are most of the behaviours thought to contribute to condom failure [2005:31; 2001:34].
- Among men not tested HIV positive, engagement in receptive and insertive UAI, and the number of male partners this occurs with, does not vary by ethnic group [2003:30].
- Among men not tested positive, UAI with men known to be positive is relatively uncommon across all ethnic groups - less than 3% of men in any given year [2005:27; 2001:34].
- Among men tested negative, white British men are most likely to report any receptive UAI with men whose HIV status is not known [2005:27-28].
- Black men having UAI appear more likely than other ethnic groups, to know whether they are HIV concordant with their partners or not [1998:38].
- Among men not tested positive, black men are most likely to self-report they had been involved in sero-discordant UAI (sdUAI) in the last year. Controlling for recruitment method, area of residence and age, black men are 2.5 times – and men of mixed ethnicity 1.7 times – more likely to say they had sdUAI than are white men. Asian men are no more or less likely than white men to report sdUAI [2002:38].
- Compared to all other ethnic groups, black men are more likely to report they had probably or definitely had insertive sdUAI in the last year [2003:30].
- HIV negative men using poppers during receptive UAI with men not known to be HIV negative was equally common across all ethnic groups [2006:32].

The sexual health needs of black African and black Caribbean men who have sex with men need to be assessed so that services targeted at these groups can be enhanced.

Source: Health Protection Agency (2008) Sexually transmitted infections in black African and black Caribbean communities in the UK: 2008 report. London, Health Protection Agency.

HOW DO UNMET PREVENTION NEEDS VARY ACROSS ETHNIC GROUPS?

HIV knowledge and access to condoms are not sufficient to ensure safer sexual behaviour, but they make it more likely.

No single ethnic group is in greatest need across all indicators but Asian MSM reveal more unmet information need than men of other ethnicities. Asian men are more in need of information about:

- basic facts about HIV transmission [2003:45];
- where to test for HIV [2003:45]; and
- gonorrhoea [2000:55].

Asian men are also most likely to want to know more about HIV and sexual health in general, and to want to know more about the following specific topics: how to fuck safely; how to suck safely; what different kinds of condoms are available; how to stop condoms tearing or slipping; treatments for HIV infection; syphilis; hepatitis A, B and C; confidence in sexual situations; where to find casual partners; how to get a boyfriend; and managing relationships [2001:47].

Compared to all other ethnic groups, Asian men are most likely to report problems accessing condoms

[2003:45; 2000:52] and water-based lubricant [2003:45] and are least likely to access free condoms [2003:59].

Asian men are most likely to hold naive expectations of HIV positive disclosure prior to sex [2006:41; 2002:54; 2001:47] and most likely to want to avoid sex if positive disclosure occurs [2002:54].

Black men are most likely to worry about their drug use - although this is common among all men under 35 - and white British men are most likely to worry about their alcohol use [2004:40].

Asian men are most likely to report sexual assault or rape [2003:45]. However, men from mixed and other ethnicities are most likely to report verbal abuse and physical attack in the last year. Asian men and black men are least likely to report verbal abuse or physical attack [2005:53-54; 2002:54].

Experience of discrimination because of sexuality does not vary consistently by ethnicity [2002:54].

Asian men reveal higher levels of homosexual regret [1999:66] than other ethnic groups.

Black men reveal the highest levels of desire for involvement in interventions that meet the needs of other gay and bisexual men [2006:41].

CONCLUSIONS & RECOMMENDATIONS

Black and minority ethnic men form a relatively small proportion of all MSM in many areas of the UK, and local circumstance will dictate precise programme configurations. However, the impact of interventions on future HIV infections will greatly vary by the ethnicity of MSM clients.

Asian MSM have more unmet HIV prevention need than other ethnic groups but their sexual behaviour does not suggest they have the greatest likelihood of acquiring HIV in the future.

- HIV prevention programmes concerned with equity of HIV prevention needs should over-serve Asian men.

Black MSM are more likely to have tested for HIV, and to have tested positive, than men from other ethnic groups. It is possible that this is due to the incidence of HIV infection being higher among

black MSM than among other ethnic groups.

- HIV prevention programmes concerned with impact on HIV incidence should over-serve black men.

This means that compared to the MSM who do not get an intervention, those who do should have a higher proportion of black and / or Asian MSM among them than among the local population. We recommend that:

- no face-to-face or talking intervention should have less black and / or Asian men among its clients than are present in the adult male population of the area.
- Written interventions and condom distribution should be placed in settings where the maximum proportion of black and / or Asian men will encounter them, regardless of whether this means relatively more men from other ethnicities will also encounter them.