

The Low Down on the Down Low

A new study debunks the myth that men on the DL are responsible for the rising HIV rates among black women. Lead researcher Lisa Bond, PhD, talks with POZ about these important findings.Â

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Don't blame the "down low" (DL) for the growing incidence of HIV among African-American women. A new study shows that bisexually active black men who identified as DL were no more likely to spread HIV to their female partners than those who didn't identify as DL. Specifically, 59 percent of both DL and non-DL men had unprotected sex with women, and both groups had similar HIV rates (44 percent of DL were positive compared with 56 percent of non-DL).

To scientifically explore what it means to be on the DL and whether it is in any way related to the spread of HIV, researchers with the Public Health Management Corporation, in collaboration with researchers at Hunter College School of Social Work, the NYC Department of Health and Mental Hygiene, and the Centers for Disease Control and Prevention (CDC), interviewed more than 1,100 black men who have sex with men in the Philadelphia and New York City.

The results were published this spring in the *American Journal of Public Health*. We spoke with the study's lead author Lisa Bond, PhD, about these important findings and what they mean.

One of the topics you studied was the very definition of down low. Of the men who identified as DL, 56 percent of them also identified as bisexual, 28 percent as homosexual and 11 percent as heterosexual. Why is the definition of DL important?



Lisa Bond, PhD

It's not the subjective identity down low that spreads HIV but sexual behavior irrespective of the down low label. One of the things we learned in this study includes that being on the down low does not always mean you are a heterosexual man who has a wife or girlfriend who is sneaking around with men on the side.

And that's the myth you're examining?

Absolutely. Most of what we know about men on the down low has come from highly publicized accounts of just a handful of individuals who have been prominently featured in the media. And I think men on the down low—in particular black men on the down low—have been portrayed as dishonest and duplicitous heterosexuals and vectors of HIV transmission.

We should touch on the whole notion that the down low myth is unique to black men. Which it is not. Men of other racial and ethnic backgrounds use the term down low to denote preference for privacy about their sexual behaviors, which may include bisexuality.

How does this compare with white male bisexuality?

Certainly one thing that is different, I believe, is the media portrayal of black versus white bisexuality. The media have often portrayed black bisexual men as dishonest. And white bisexuals have tended to be portrayed as victimized homosexuals—*Brokeback Mountain* is a good illustration. Stories of white bisexuals tend to focus criticisms at homophobic cultures that force these men into closeted lifestyles. So there appears to be some racist stereotypes.

One of the findings was that about 59 percent of bisexually active DL men reported having unprotected sex with a woman. The number was also 59 percent of those who didn't identify with DL. What do these numbers mean to you?

It suggests there is a lot of unprotected sex occurring between bisexual black men and their sexual partners. It's important to point out that this rate of condom use is not unique to bisexual black men. This is a problem we see across populations and different racial and ethnic backgrounds, among women and men. This is an ongoing struggle in the fight to stop the spread of HIV, and that is: How do we increase the use of condoms in populations where there is significant risk for infection or transmission?

One of the alarming statistics showed that 44 percent of the DL-identified interviewees were HIV positive and that 56 percent of non-DL men were positive. Some of them were unaware of their status until participating in the research. Do you have a gage on how often these men get HIV tests?

We do. It was very similar whether men identified as down low or not. Roughly 90 percent of the men reported that they had ever tested for HIV, so that's encouraging.

That means having a test within their lifetime, not within a particular time frame?

That's ever testing. It's very common to find that around 90 percent of MSM populations report ever testing for HIV. More problematic is when you look at recent testing. You start to find that significant numbers of folks have not had a test within the past year—we'll use that as a marker because current recommendations from [the CDC] are that all sexually active MSM should receive at least one HIV test a year. Excluding HIV-positive men, we found in our study that one third of men had not taken an HIV test in the past year, and this was true of DL and non-DL identified men.

Finally, of all the findings in this study, what are the most important takeaways?

There are several key finding that are really important. We learned that it would be misguided to think that if we just targeted black men on the down low that we would end the spread of HIV—particularly between bisexually active black men and their female partners.

[Second,] not all black men on the so-called down low are having sex with women, and some men who don't identify with the term down low do have sex with women—and these two findings really underscore the limited utility of using a label like down low for targeting HIV prevention efforts.

And third, the rate of condom use between bisexual men and women is relatively low—and that is low irrespective of whether or not men identify with this term down low.

So we need to shift our focus away from the down low. It's been used quite extensively to demonize black gay and bisexual men, and we need to shift our focus on to more meaningful issues that do drive the HIV epidemic among HIV communities of color and particularly among black gay and bisexual men. And those are much bigger issues like poverty and racism and homelessness and crime incarceration rates.

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