



Men on the Down Low

by Adrian Guzman, MPH

Men who have sex with both men and women but who do not identify as gay or bisexual have been the subject of much media attention. But the media have not always presented the most accurate information about these men and their experiences and, as a result, there remain many misconceptions.

While the term “on the down low” (also known as “the DL”) may be a relatively new way to describe these men, the concept is not. A 2008 *Archives of Sexual Behavior* special issue on African-American and Latino bisexuality traces the term to its origins in African-American slang where it originally described “secretive behavior,” usually by African-American men. By the late 1990s, the term was mainstreamed through usage in R&B and rap songs indicating infidelity.

A high-profile 2003 *New York Times Magazine* article described the phenomenon as “an organized, underground subculture largely made up of black men who otherwise live straight lives.” One year later, *The Oprah Winfrey Show* dedicated an entire episode to “blow[ing] the lid off this sexual underground,” with Winfrey interviewing J.L. King, author of the autobiographical *On the Down Low: A Journey into the Lives of “Straight” Black Men Who Sleep with Men*. Numerous self-help books followed, including a “survival guide” for women written

by King’s former wife. Despite this widespread media coverage, no consistent definition of these men exists.

However, many of the reports by these media outlets – including the *New York Times Magazine* article and the *Oprah* episode – have one thing in common: they explicitly link what they term “men on the down low” to the spread of HIV, without providing any evidence to support this claim. Furthermore, they specifically identify African-American and Latino men within this group as high-risk vectors of HIV transmission.

During a June 2010 segment of ABC’s *The View*, D. L. Hughley stated, “HIV in the African-American community [is primarily affecting] young women who are getting it from men who are on the down low.” Co-host Sherri Shepherd described men on the down low as “black men who’ve been going out. They are having sex with men and they’re not telling their girlfriends or their wives that they’re gay... It’s so big in the black community with women because they’re having unprotected sex with men who have been having sex with men.”

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Several gay rights advocates and organizations immediately issued statements criticizing the comments as inaccurate and misrepresentative. The Gay & Lesbian Alliance Against Defamation (GLAAD) issued a statement condemning the comments as “inaccurate and dangerous” and “fuel[ing] a climate of homophobia and racism.” GLAAD cited a 2009 CDC statement indicating that the proportion of HIV infections in African-American women that come from bisexual male partners is “relatively few” and that more are from “male partners who are ... injecting drugs or ... have other risks that may put those female partners at risk of acquiring HIV.”

Where’s The Data?

The public health field has had difficulty obtaining data regarding men who have sex with both men and women but who do not identify as gay or bisexual, and only a few notable studies exist. A 2005 report published in the *Journal of the National Medical Association* reviews relevant data on this behavior among African-American men, how it does not always align with sexual identity, and how it relates to HIV risk. These studies refer to this behavior in a variety of ways, including “men on the down low,” “men on the low low,” “non-gay-identified men who have sex with men and women (MSMW) who do not disclose their same-sex behavior to their female partners,” “secretive bisexual-

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minority men than it is among white men. The 2005 *Journal of the National Medical Association* review found that, across 18 studies of African-American MSM, up to 71% report bisexual behavior and up to 40% identify as bisexual.

Race/Ethnicity

The few studies that include more diverse racial and ethnic communities suggest that bisexual behavior without disclosure is more common among African-American and Latino men than among white men. A 2000 Virginia-based study published in *AIDS Education & Prevention* found that, among its participants, white MSMW are significantly more likely than African-American MSMW (62% versus 46%) to disclose their bisexual or gay behavior to their families, heterosexual friends, health care providers, fellow churchgoers, and others.

ity,” and others. For the purpose of presenting available data most efficiently, this article will use MSMW to describe non-gay-identified men who have sex with men and do not disclose their same-sex behavior to others, including their primary female partners.

Research on this group is limited in several ways. Most studies do not separate analyses of MSMW from those of men who have sex only with men. Studies that focus on MSMW tend to examine either their relationships with male partners or their relationships with female partners, with few discussing how the two may overlap and affect each other. Further, most studies focus on men who openly identify as bisexual, thus leaving out those who do not. Most research on MSMW focuses on African-American and Latino men, with little attention paid to the experiences of white Anglo MSMW.

While these limitations are often due to the researchers’ methods, the most significant barrier to studying MSMW is the very nature of their behaviors. Men who do not reveal their same-sex behavior to friends, family, or primary partners are less likely to make themselves available to researchers. They are also less likely to be exposed to public health information addressing this behavior, and are even less likely to seek it out themselves.

What Is Known About MSMW?

As mentioned, the majority of research on MSMW focuses on African-Americans and, to a lesser extent, Latinos. Very little work has been done regarding the behaviors, attitudes, and sexual identities of white MSMW, and even less on that of Asian-Americans and Native Americans. There is little reliable information on the prevalence of bisexual behavior among white men who do not disclose their same-sex behavior. Research shows only that the prevalence of bisexual behavior is much higher among ethnic

Sexual Identity

The 2005 *Journal of the National Medical Association* review indicated that, like African-American and Latino men who have sex only with men, ethnic minority MSMW are less likely than white men to identify as “gay.” They are similarly less likely to join gay-related organizations and read gay-related media. Numerous studies show that men who disclose their same-sex behavior are more likely to consider themselves part of the “gay community” than men who do not.

There is little data on the prevalence of bisexual behavior among white men who do not disclose their same-sex behavior, compared to data on African-American and Latino men. Research only shows that bisexual behavior is much higher among ethnic minority men than among white men.

A 2006 12-city study published in *AIDS & Behavior* found that, among its participants, not revealing same-sex behavior was associated with higher levels of internalized homophobia, suggesting that these men may conceal this behavior due to shame, guilt, and other negative associations with a gay or bisexual identity.

Sexual Behaviors

A 2008 review in *Archives of Sexual Behavior* found that MSMW report significant numbers of both male and female partners, with almost twice as many male partners as female partners. In addition to reviewing other data, the study collected separate

data from MSMW in New York City. There, MSMW reported 6.7 male partners in the past year compared with 3.2 female partners. At the same time, these men reported more frequent sex with female partners than with male partners in the past year. More reported having anal sex with their male partners than with their female partners, and significantly more reported vaginal sex with their female partners than anal sex with either their male or female partners. This may be partly due to the fact that many of these men are more likely to be in relationships with or married to their female partners, thus increasing the opportunities to have sex with them. Their desire to keep their sexual activity with male partners hidden may contribute to its lower frequency.

The MSMW in this study were much more likely to report having insertive sex (topping) than receptive sex (bottoming) with their male partners, unlike openly gay men who report both topping and bottoming equally. This may be because these men view bottoming as a higher risk activity or too threatening to their heterosexual identity.

In terms of high-risk behaviors, 18% to 31% of MSMW reported unprotected anal sex with male partners in the past year, and 42% to 67% reported unprotected vaginal sex with female partners. This may be because these men perceive sex with their female partners to be inherently less risky, and because insisting on condoms may cause their female partners to doubt their fidelity.

This study also found that, contrary to widely held beliefs, MSMW report having both male and female partners in addition to their primary female partners. They did not report only one-time, anonymous sexual encounters; many were involved in regular, ongoing relationships with multiple steady partners. It is possible that many MSMW opt for ongoing relationships because of the difficulty in finding reliable, discreet partners, as well as a desire to limit the risk of unintended pregnancies and HIV.

HIV Risk and Transmission

Given the higher rates of unprotected sex, HIV among MSMW is of particular concern, and most studies on this community are done within the context of HIV. The introduction to the 2008 *Archives of Sexual Behavior* special issue states that numerous studies have found that African-American and Latino MSMW are at significantly greater risk for HIV than their exclusively homosexual or exclusively heterosexual counterparts. This mirrors the fact that HIV continues to affect ethnic minority communities, especially African-Americans, disproportionately.

Social and Cultural Factors

It is obvious that the public health field continues to struggle to learn more about MSMW who do not disclose their same-sex behavior. These men are difficult to reach and do not respond to conventional outreach methods. The glaring lack of research is of particular concern given the high rates of unprotected sex and elevated risk of HIV and STIs.

Many researchers have sought to understand MSMW better in terms of sexual identity, sexual decision-making and risk-taking,

and acceptance within heterosexual and racial/ethnic communities, to reach out more successfully to this community and dispel the myths put forth by the media. In particular, researchers have focused on the social and cultural barriers in African-American and Latino communities that may inhibit disclosure of same-sex behavior.

A 2008 study in *Archives of Sexual Behavior* reviewed several other studies indicating that, among African-American men, the heterosexual and hypermasculine gender norms exhibited by religious and family networks may encourage MSMW to hide their same-sex behavior. These men may fear social rejection, humiliation, and possibly physical assault as consequences of coming out. Worse, they may also experience a lack of social support networks to aid them in exploring their sexuality and disclosing their same-sex behavior to others. While white MSMW face these difficulties too, studies indicate that African-Americans and Latinos are disproportionately affected by these barriers.



Moving Forward

The public health field has a responsibility to continue to reach out to and learn more about MSMW. Its work must incorporate the complex social and cultural issues affecting MSMW from all walks of life, and examine the barriers they face in exploring their sexuality. Further, misrepresentations about the HIV epidemic and MSMW – particularly African-American and Latino MSMW – persist among the general public. The media have a responsibility to report accurately and sensitively on the information collected thus far by public health researchers. Finally, the LGBT community and its allies must work together to create safe, open spaces that allow for further discussion of these issues. ■

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I'm Not Gay

by Joseph

Never was, never will be. I can't claim to be something I was raised to hate. I'm just me, and I do what makes me feel good. Besides, my folks raised me as a Christian and they would be really disappointed in me if I didn't live my life in the same steps that they were raised. So I'm not gay, even though I have sex with guys. And no, I'm not in denial. There are just some things about the lifestyle that I don't do. I don't club, I don't go to the Village, I don't do that Ball stuff, I don't geek over Beyoncé, I just live my life – I do what I want to do.

There's such a negative stigma that comes along with identifying yourself as gay. I don't like feeling like I have to participate in a certain set of actions because of who I sleep with. It's the same thing as identifying yourself as black or white or Baptist. There's a set of standards that people automatically are gonna put in your face – that this is what you do because this is who you are. There are so many things that come with the gay stigma that I just don't want to be a part of. I have a good friend who feels the same way – he avoids labels.

This all began when I was 12 and my best friend was 15. It just started with, "Oh, do this," or, "How does that feel?" and then kind of progressed into full-fledged sex. When I was 15 we got it on, on the floor of my bathroom in the middle of the night. He topped me. But that was it – that was the first and last time I had sex with him. I felt disgusted. I thought that it would be different. There wasn't anything good about that situation for me.

So I stopped having sex and started looking for stuff online. I googled "gay porn" and pretty much went through all the previews and free stuff I could find. I was more curious than anything else. I wanted to know what it was about. I lied about my age in chat rooms, told everybody I was from California – stuff kids do. It was interesting and exhilarating and all this good stuff, but after I began having sex again and started dealing with guys on that level, it changed and I found myself not enjoying it as I thought I would. It was a lot of, "I'm going to do this because I want him to feel this way," or "This is what I think I should be doing." It wasn't stuff that I wanted to do myself. I felt like I had to do it for the other person – like, if I do it he'll like me or be friends with me.

In high school, we only spent a few days on STDs and HIV in Health class. It was as broad as they could make it – you

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learned about everything: the reproductive system, hygiene, brushing your teeth, and then they'd also tell you some stuff like, "You need to use condoms and birth control so you won't get pregnant." They skidded over some stuff, like gonorrhea and chlamydia, but they never said anything about oral sex or about two guys having sex. Anal sex wasn't spoken about at all. The face of HIV was gay men – I guess it's easy to push it off on gay people cuz "that's where it came from," but they need to teach teenagers that this is real. It affects everybody.

I ended up learning a lot of stuff from TV. They had this one thing on MTV a long time ago. They had everybody in the *TRL* studio and they had an open forum for an hour. People could stand up and ask questions. That's where I learned the whole oral sex thing – that there are certain variables going on that can make it riskier. I didn't know that. I also saw a lot of ads out there that said things like, "I'm gay, I'm HIV positive and my partner isn't, and we play safe." But ads that aim directly at gay people are difficult for me because I think it's not about: "You're gay, you have to be safe." It's about: "You're having sex, you have to be safe." Like, if you go to hang out with a guy, and you're taking condoms and lube because you're expecting to have sex – that's gay. But if it's like, "Oh, we're just going to hang out," and then we just happen to have sex, then it's just sex. If me and a guy have had sex before, that's just what we do. It's not: "I'm gonna come over and we're gonna have sex." It's like: "We're gonna chill, watch some movies, play some video games," and then if we have sex, we have sex. So it's hard to plan ahead sometimes.

Now I'm 23 and I couldn't even tell you how many dudes I've had sex with. I think I lost count three years ago when the number reached over 100. And with that has come some scares, but I'm lucky enough to have never caught anything serious. One of the biggest problems is just finding a place where I can get tested for free, anonymously, and not have all these people in my face asking me who I'm sleeping with. I went to this testing spot in Harlem a couple months ago. It wasn't terrible, but I

knew it was a spot specifically for gay people. If that wasn't the case, then everyone who worked there was gay, and that made me a little uncomfortable. I don't have a problem with anyone who is gay or anything like that, but I just don't connect with them on that level. Maybe there could be some kind of "H.I.V. isn't G.A.Y." campaign – haha.

I see leaflets about HIV, but you get one and you put it away and then when you get home you forget about it, find it two months later and throw it in the garbage. I don't see people reading stuff like that. It has to be something you hear, something you see, or somebody telling you something. Online, it's so easy to find whatever you want. If you have the intent of, "I'm not gonna use a condom," then you can find 1,800 people who don't use condoms. At the hookup sites, you see profiles that say, "Anything goes, HIV status unknown and don't care," and these other guys who claim they're negative but have raw sex and bareback, and it's like, "You can't possibly think you're negative and you're doing all that with all these random people." And then they have bareback sex parties – and it feels good, I know it feels good. We all know it feels better, but I can't. Not with strangers. Sometimes I feel guys just don't care.

Make it as serious as it is.

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I say just be real and put it out there. You have ads for straight people, you have ads for gay people, you have ads for everybody – put the message out, no matter who you're having sex with, no matter who you're having a relationship with, no matter who you're in the bed with, you still need to protect yourself. And make it as serious as it is. You can't sugarcoat it. Sometimes you just need that real good smack on the back of your head to make you obey. Like, this is really serious – you see TV shows about it, you see movies that say, "Oh, he made a mistake, he didn't use a condom, now he has HIV, end result." But people don't talk about it, like, "This is how he got HIV. He got so wrapped up, you know – he was at the club, he got high off of this, and went home and made a really bad decision." Make that kind of stuff available – real stories: "This is my life, this is where I'm coming from. This is how I got HIV. It could be you." It's not about: "Oh, I'm gay, I'm straight." It's: "I'm human, I have sex, I could put myself at risk." ■