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Douglas Bruce, *DePaul University*
Gary W Harper, *DePaul University*
the ATN

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Operating Without a Safety Net: Gay Male Adolescents and Emerging Adults' Experiences of Marginalization and Migration, and Implications for Theory of Syndemic Production of Health Disparities

Douglas Bruce, PhD, MSW[1], Gary W. Harper, PhD, MPH[1], and the Adolescent Medicine Trials Network for HIV/AIDS Interventions

Abstract

Health disparities among gay men (HIV, substance use, depression) have been described as a mutually occurring "syndemic" that is socially produced through two overarching dynamics: marginalization and migration. Although the syndemic theory proposes a developmental trajectory, it has been largely based on epidemiological studies of adult gay men and has not been examined using qualitative data from gay male adolescents and emerging adults describing their developmental experience. We conducted interviews with 54 HIV-positive gay and bisexual male adolescents and emerging adults at four sites in the United States. This study provides examples of developmental trajectories that help explain the early onset of socially produced health disparities among some gay male adolescents and emerging adults, but also the development of risk factors that may follow some gay men into adulthood.

Keywords

adolescent gay men, emerging adulthood, syndemic, health disparities, HIV

Background

In the United States, men who have sex with men (MSM) are affected by marked health disparities, including elevated prevalence rates of drug use (Stall et al., 2001), HIV infection (Centers for Disease Control and Prevention [CDC], 2008), and depression (Mills et al., 2004). A theory of "syndemic production" of health disparities among gay men in the urban United States has been proposed, linking high rates of depression, substance use, and HIV/AIDS as intertwined epidemics among groups of gay men that arise from negative childhood or adolescent experiences associated with their emergent gay identities (Stall, Friedman, & Catania, 2008). It is posited that each of these epidemics mutually reinforce one another through intersections of high-risk behavior and function together to lower the health profile of gay men. There is ample evidence of the interconnection of these issues among samples of adult gay and bisexual men during the HIV/AIDS epidemic (Colfax et al., 2004; Ostrow et al., 1993; Stall et al., 2001; Stall & Purcell, 2000; Valdiserri et al., 1988), and recent research among young MSM has revealed preliminary evidence as well (Mustanski, Garofalo, Herrick, & Donenberg, 2007; Rusch, Lampinen, Schilder, & Hogg, 2004).

Theorizing that cultural marginalization alone may cause epidemics, Singer (1994) first used the term *syndemic* to explain low health profiles of substance-using Puerto Ricans in the urban Northeastern United States. Stall et al. (2008) proposed that syndemic health disparities among gay men are socially produced through two overarching dynamics: marginalization associated with early male adolescent socialization in heterosexist environments and the stressors associated with migration to large cities with sizeable gay communities. This theoretical model is also informed by prior conceptualizations of gay men's health, including minority stress (Meyer, 2003; Meyer & Dean, 1995) and masculinity failure (Diaz, 1998), that explain health behavior as a result of socially produced stigma and stress.

Syndemic theory as applied to gay men is largely developmental in nature, beginning with adolescence and sexual

[1] Master of Public Health Program, Department of Psychology, DePaul University, Chicago, IL, USA

Corresponding Author:
Douglas Bruce, 2219 N. Kenmore, Chicago, IL 60640
Email: dbruce1@depaul.edu

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