PERSPECTIVE ARTICLE

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"Blocking" and "Filtering": a Commentary on Mobile Technology, Racism, and the Sexual Networks of Young Black MSM (YBMSM)

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Abstract

While research investigates the role and influence of geo-social networking (GSN) applications on HIV, less is known about the impact of GSN functions on disease transmission. In our formative research on young Black men who have sex with men's (YBMSM) technology use patterns and preferences for a smartphone-based HIV prevention intervention, we found that study participants used GSN "block" and "filter" functions as protective mechanisms against racism and racial sexual discrimination. Yet, we suggest that these functions may unintentionally create restrictive sexual networks that likely increase their risk for disease transmission. As such, we contend that attention to the unintended effects of these protective mechanisms against racism on GSN applications is fundamentally a public health issue that requires more research and explicit intervention. Ultimately, we use this work to hypothesize the role of blocking and filtering as a strategy to avoid racism on GSN applications that may partly explain HIV disparities among YBMSM.

Keywords Mobile technology · Racism · HIV · Sexual networks

Introduction

I would be approached or I would be messaged by Caucasian men that were in the area and they would make reference to my big Black cock, of which I don't have a picture of anywhere, anywhere on my profile. They just approached me very classless. I also felt—how do I say this—I felt like they were putting me in the stereotype of big Black men that have these knee-dangling penises and they're just letting everybody suck it. Or I would also get—I also had specifically gotten messaged by one Caucasian who was a little bit older and he wanted me to be his 'slave', his

'bedroom slave'. So I did react through anger and I just basically, 'I am no one's slave.' And then I blocked him.
-Marcus, 23-year-old bisexual man [1]

Public health and sociological research on the experiences of LGBTQ+[1] people of color has outlined the frequent discrimination they face as they navigate predominantly queer and non-queer white social spaces [2–6]. Scholars have also examined the stigmatizing experiences LGBTQ+ people of color face within their own racial communities [5]. We therefore open this commentary with a quote from Marcus, a 23-year-old-bisexual man, who was a participant in a Los Angeles-based study we conducted that examined young Black men who have sex with men's (YBMSM) technology use patterns and preferences for using mobile applications for health and wellness maintenance. Evident in this narrative is the persistence of stigmatizing harassment YBMSM experience while using geo-social networking (GSN) applications [1]. Specifically, Marcus's response underscores the usefulness of features like "blocking," not just as a strategy to avoid

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1 We use the term LGBTQ+ to connote the many sexual identities that are often included under the umbrella of sexual minority populations (e.g., pansexual, asexual, agender, etc.)

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unwanted partners but also as a response to negative racial experiences on these applications.

It is well documented that MSM are disproportionately affected by HIV [7]. Among MSM, Black men continue to bear the heaviest burden of HIV [8]. Young Black MSM between the ages of 13 and 24 bear an even greater burden, as they accounted for more than half (55%) of all new HIV infections among young MSM in 2010 [7]. The Centers for Disease Control and Prevention (CDC) asserts that YBMSM account for more new HIV infections than any other subgroup by race/ethnicity, age, and sex [7]. There has therefore been a growing effort among scholars, interventionists, and governmental and philanthropic funders to identify and develop mechanisms that can reduce YBMSM's risk of HIV infection [9–12].

Given the rise of the digital age, technology-based interventions that include the internet and smartphones have become a new frontier for disease prevention, detection, and management [9–12]. Young Black MSM are a key target population for these interventions, not only due to their high risk for HIV infection, but because young adults aged 18 to 29 represent the "digital generation." Specifically, 93% of young adults in the United States (U.S.) owned a smartphone in 2009, and 55% used their mobile device to access the internet [13]. Research also finds that young MSM are increasingly using mobile technology to access HIV-related information and resources, and often use GSN applications such as Grindr and Jack'd as social venues for community-building, and to network with potential romantic and sex partners [14–18]. While some studies have found technology-based interventions to increase condom use among YBMSM [19], as well as improve their awareness of sexual health risks [11, 12], less attention has been given to the ways in which the functions of GSN applications, such as "blocking" and "filtering," might also influence disease transmission.

GSN applications have grown in popularity in recent years [9]. These applications now serve as key facilitators of community and relationship building among LGBTQ+ populations who often use them to find similarly identified individuals within close proximity [20–22]. This is particularly important for LGBTQ+ individuals living in rural areas or large metropolitan areas like Los Angeles County where community-gathering spaces are not equally distributed across the region. Yet, despite the positive elements of GSN applications, young LGBTQ+ people of color are often subjected to explicit and subtle forms of racism as they use them to build a community of belonging [23, 24]. Existing literature also documents the ways in which racism perpetuates health inequities in the U.S. [25–29].

As research studies and news coverage of mobile application interventions increase in the coming years, we contend that in order to curb the HIV epidemic among YBMSM, it is imperative to address existing racism they experience on popular GSN applications. We also insist that it is not enough to target YBMSM outside of the mobile applications they are already using for community building, nor is it enough to simply create new applications for disease management and prevention. Rather, we must address the existing racism, discrimination, and proliferation of stigma that exists around race and sexuality that is only exacerbated through sexual racism experienced on GSN applications. For the purposes of this work, sexual racism refers to the explicit and implicit racial slights that occur between potential sexual partners via GSN applications. This commentary therefore (1) offers an understanding of structural and sexual racism in the use of mobile technology, (2) provides a hypothesis about the role of blocking and filtering functions in the role of HIV prevalence for further exploration, and (3) gives suggestions for further research, policies, and technological advances to address the future of HIV prevention.

Understanding Structural and Sexual Racism on Mobile Technology

Research has explored numerous risk factors to help explain racial/ethnic and gender disparities in HIV [30, 31]. Although individual-level risk factors have been identified as important to understanding racial disparities in HIV, studies find that individual risk factors are not the driving force behind the disproportionate impact of HIV on Black MSM [16, 32–35]. A growing body of literature pinpoints racism as a critical factor influencing health behaviors and racial health disparities, including HIV [25, 32–38]. Yet, while an understanding of the impact individual experiences with racism has on YBMSM's risk of HIV infection is important, a focus on the ways in which structural racism influences disproportionate rates of HIV infection among this population is equally important.

According to Viruell-Fuentes and colleagues (2012), structural racism includes "the ideologies, practices, processes and institutions that operate at the macro level to produce and reproduce differential access to power and to life opportunities along racial and ethnic lines" [39, p. 2102]. Social structural stressors, such as racism, thus have a direct impact on the health status of racial/ethnic minorities because the human body's physiological response to the stress experienced can influence negative emotional states (e.g., anxiety and depression), biological processes (e.g., weakened immune system), and behaviors (e.g., substance abuse and unprotected sex) that increase an individual's risk of disease and mortality [25, 37, 40]. As such, because GSN applications have become an important social context where young adults interact for community building and to locate potential partners, it is important to consider how structural racism operates within this social

context and its impact on the transmission of HIV among YBMSM.

It is often argued that online dating increases an individual's ability to form relationships with others whom they had no previous social ties [41]. While we agree that the digital age has helped to increase one's access to individuals across many social identities, including race/ethnicity, the social nature of GSN applications also allows for negative racialized experiences. Specifically, the block and filter functions on partner-seeking GSN applications, such as Grindr and Jack'd, allow users to set "personal preferences" for which user profiles are shown in their profile grid. Studies have found that white men often use these functions to block and filter out Black men given their association with high rates of HIV infection [24]. Recent media articles also draw attention to how attitudes towards race and racism on these applications are similarly problematic when looking at dating patterns [42, 43]. We therefore agree with recent literature and media coverage that "sexual preferences" that are decided along racial lines are cases of sexual racism [24]. However, because the social norm within GSN applications is that these decisions are personal preferences rather than racism, racial discriminatory experiences on these applications are often covert and go unaddressed.

Siloed Sexual Networks through Blocking and Filtering: Unintended Consequences

Given Black men's experiences with racism, many often block and filter racist individuals as a protective mechanism for their own mental health status [29]. Thus, in the context of GSN applications, our exploratory work revealed blocking and filtering to emerge as strategies YBMSM use to avoid racism and differential treatment based on race [1]. However, as YBMSM seek to use blocking and filtering functions to avoid racist encounters on GSN applications, we believe they are unintentionally creating sexual networks that are overlapping and tightly connected within their cities, local communities, and neighborhoods. That is, the use of blocking and filtering functions on these applications could lead to more interwoven sexual networks that can increase community viral loads among some communities and not others.

Additionally, while there has been an increase in HIV prevention and treatment marketing to populations who are disproportionately affected by HIV, HIV incidence among YBMSM remains higher than MSM of other races. That is, while many young Black MSM are aware that they are at increased risk for HIV infection, marketing has not shifted individual behaviors or made it less likely for YBMSM to contract HIV. We do know, however, that individual sexual behaviors do not explain increased risk of HIV infection for YBMSM, as they are no more likely than their white counterparts to engage in "high-risk sexual behaviors" [30]. This disparity awareness has given many YBMSM a sense of inevitability for contraction and sends a message that the problem is one of individual disease burden rather than a structural issue to be addressed by public health and policy experts.

In turn, this influenced some YBMSM in our exploratory study to deploy strategies that run counterintuitively to their desire to avoid overt racism on GSN applications. For example, one young man said that his suggested solution to this disproportionate burden of HIV among YBMSM was to avoid other Black men: "I hate to say it, but we need to stop having sex with other Black men" [1]. This espoused strategy of avoiding other Black men is steeped in an internalization of the stigmatizing messages about YBMSM as individual carriers of disease rather than a larger indictment that more must be done on the side of public health professionals. It also presents a dating conundrum for the population as some young men may seek to avoid other Black men for fear of higher HIV risk. Yet, they may still experience racism at the hands of other racial groups on these applications, reinforcing their likelihood for interracial dating. Specifically, the use of blocking and filtering to avoid sexual racism may create racially segregated sexual networks that isolate community viral loads among particular populations.

Taken together, these two unintended consequences (i.e., more close-knit sexual networks and prevention strategies routed in internalized stigma) may serve to proliferate disease within the population. The repeated refrain of "higher incidence of HIV infection among YBMSM" serves to exacerbate existing racial stigma and discrimination faced by the population. For many of these young men, being a Black man who has sex with men has become ubiquitous with disease and has had significant meaning for the ways that they feel about themselves and their potential sexual relationship partners.

Curbing the Community Epidemic: Recommendations

Given the role and prevalence of GSN application use among YBMSM and our belief that GSN functions may be contributing factors to the HIV burden among this population, we have outlined suggested recommendations for the direction of research, GSN applications, and interventions. Through these recommendations, we hope to guide future work that will help to curb the disproportionate effect of HIV within the YBMSM population.

Research

From our assessment of published works and our own pilot study, there is still much to be learned about the influential role the functions of GSN applications has on the structure of

YBMSM's sexual networks and their risk for HIV infection [1]. Future research should therefore seek to better understand the impact GSN applications have on disease transmission among YBMSM. This research should not only include an analysis of the mechanisms that structure sexual networks, but also on the ways in which sexual racism influences the risk of HIV transmission. Additional research should also seek to develop knowledge that enhances our understanding of the various strategies employed by YBMSM use on GSN applications to cope with racism and the risk of HIV infection. Moreover, other comments in the course of our work elucidated the fact that many YBMSM feel inundated with messaging about HIV. In turn, this made them voice explicit distaste for any program that was HIV focused exclusively. Therefore, we argue that future research should investigate the saturation point of HIV information among YBMSM. That is, how much information is too much information about HIV? When will information oversaturation have adverse effects on individual sexual health practices? This is important to consider, as YBMSM are consistently identified as a hard-to-reach population for HIV-related research and prevention efforts, although they bear the heaviest burden.

App Development and Evolution

While most GSN applications have not been conceptualized by researchers working in public health or social science fields, and as mobile technology becomes increasingly important for the detection, maintenance, and prevention of disease transmission, scholars should consider the unintended consequences of GSN application functions. Scholars can benefit tremendously from partnering with mobile application developers, as this collaborative process will help them to glean more information about current prevalence of sexual racism and blocking/filtering patterns of users. Additionally, these partnerships should explicitly outline policies and procedures for the removal of racist GSN application users and content. As of yet, most GSN applications leave the burden of community control around racism, stigma, and discrimination up to other users to report and sanction. Application developers and creators should therefore actively ensure the safety of the communities they curate by ensuring policies regarding racial discrimination and harassment are followed proactively.

Interventions

As mentioned above, it is clear that some of the messaging around high levels of HIV prevalence within the YBMSM population has encouraged a strategy of aiming for interracial partnerships. Yet, this desire for interracial pairing often conflicts with the desire to shield one's self from racially motivated harassment or discrimination while using GSN applications. We argue that future interventions should address the

internalized stigma that often arises as a result of these competing interests. Interventionists and health practitioners should also develop research-informed programing that will allow YBMSM to date whomever they are interested in without the fear of perpetuating the spread of HIV, or that they must avoid other Black gay men as potential romantic and sexual partners. Additionally, in many cities, funding streams have moved away from a focus on behavioral health interventions for the HIV-negative population towards redefining prevention efforts to include biomedical interventions (PrEP) and through treatment as prevention (TasP) for HIV-positive populations [44]. This strategy shift has led to an increased focus on decreasing "community viral load" rather than continuing to provide funding for organizational and social support spaces for highly impacted HIV-negative populations. With this knowledge, we argue that it is important to consider how GSN features like blocking and filtering serve to create and contain sexual communities. We advocate for a renewed focus on the ways that funding distributions can be used to more thoroughly address the structural forces (i.e., racism) that exacerbate existing disproportionate health outcomes for YBMSM both HIV negative and positive.

Conclusion

In this commentary, we have endeavored to illustrate that given the high usage of GSN applications among YBMSM, more attention should be paid to structural racism and sexual racism, which pose important public health concerns in the proliferation of HIV. In particular, exploratory research suggests that GSN features like blocking and filtering may be strategies against racism while simultaneously increasing the likelihood of HIV exposure among already HIV-inundated sexual networks. We believe these forms of racism are critical factors that place YBMSM at increased risk for HIV infection. We argue that existing conversations concerning the degree to which racism has an impact on racial/ethnic disparities in public health outcomes should be investigated and prioritized, particularly among YBMSM. We urge scholars, interventionists, technology creatives, and policymakers to attend to existing recommendations as mobile technology becomes the newest foreground for public health campaigns in the U.S. [25, 45–47]. We therefore argue that it is imperative for public health scholars, social workers, and social scientists to critically interrogate (1) the use of mobile applications for the prevention of HIV and STD transmission, (2) the ways that popular functions of mobile dating applications may contribute to disease transmission, and 3) how racism experienced on these mobile applications contribute to community disease burden. In echoing the role of racism in the unequal health outcomes of people of color, we hope to inspire those working towards curbing the HIV epidemic among YBMSM to go

beyond simply reproducing systems that can serve racism, and rather strive for the eradication of racism. Only in addressing racism and discrimination will we truly see a change in persistent health inequality.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

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