The Impact on Support and Access to Social Networks within the Los Angeles House and Ball **Communities of Support and Access**

Sh. Sachin Gupta SOMC, Sanskriti University, Mathura, Uttar Pradesh, India Email id- chancellor@sanskriti.edu.in

ABSTRACT: A significant risk of HIV infection exists among African American young men who sex with men (AAYMSM). Because these groups pose both risk and support for AAYMSM, researchers must evaluate their resources. This knowledge may help develop more effective preventive and intervention methods. Using Minority Stress Theory, this study examines how these variables affect the connection between minority stress and psychological well-being among MSM from the Los Angeles House and Ball communities. Participants were polled for a year. A model of minority stresses, assistance, social network interaction, and psychological well-being/distress (N=233) was estimated using structural equation modelling. The results revealed significant relationships between distal minority stress (e.g., racism, homophobia), homosexual identification, and internalized homophobia. Minority stressors, on the other hand, were linked to greater suffering. However, greater instrumental support decreased the effects of distal minority stress on distress. Greater social network connectivity has also reduced stress related to homosexual distress detection. The findings reflect the various causes of minority stress and how these stresses affect mental health. The results also show how social networks may help minimize the harmful effects of minority stress encounters.

KEYWORDS: Ball Communities, Gay, HIV Infection, Homophobia, Minority Stress.

1. INTRODUCTION

Members of many stigmatized minority groups may bring a variety of stresses that may affect their mental health, well-being and social performance (e.g., sexual and racial/ethnic minority groups), such young African American males who have sex with men (AAYMSM). These stresses, including crime, bullying, homophobia and prejudice, which are together called minority stress, may have high antecedents for the poor mental health and risk-taking of AAYMSM. While there is substantial evidence for the poor mental health effects of minority stress among lesbians, gay and bisexual (LGBs) young people in general, less is known about the direct impact of the stressors on AAYMSM.

Compared with all other racial and ethnic groupings, African American males have a highest prevalence of human immunodeficiency virus (HIV) and an incidence nearly eight times that of their white counterparts. Many studies have shown the greater incidence of HIV among African-American young men who have sex with men (YMSM) than any other racial or ethnic group within the YMSM community[1].

Studies have, however, also shown that African American YMSM (AAYMSM) does not surpass Latino and White YMSM's behavioral risk taking. For example, AAYMSM had less unprotected sex and fewer insertive and receptive anal partners than Latino and White YMSM. These results have prompted researchers, in spite of current preventive measures, to propose alternate reasons for rising HIV infection among AAYMSM.

Some of the African Americans have ascribed high prevalence of HIV to the restricted structure of these men's sexual networks, which may arise from prejudice or exclusion. In comparison with partners of other races, African American MSM will be more likely to choose partners of the same race which may make them more at risk for HIV transmission owing to higher rates of HIV prevalence among African American males, compared with men from all other race and ethnic groups. Researchers discovered that uncommon use of condoms in AAYMSM was affected by many variables such as serosortion behaviour, the reluctance of older partners to use a condom or sex work history, the search for partners with the same HIV status. Although the use of alcohol and illicit drug among white and Latin YMSM is more common, these variables may also encourage the participation of AAYMSM in sexual risk conduct.

Social and sexual networks of AAYMSM may be essential for the understanding in this group of disproportionate HIV infection. Social networks relate to a number of people who have social ties (e.g. family membership, friendship) or social processes (e.g. advice seeking, social support). Members of the social network

may affect the behaviour of another member based on social comparison, social penalties and incentives, socialization and sharing of information[2].

The principal social network of homophiles believes that people are grouped together in networks based on similar behavioral characteristics and previous studies with other vulnerable young people, including YMSM, have shown that individuals with greater risk are more likely to be involved in risk behaviour on their own. In addition, research with different groups at high risk of HIV infection show that the use of substances by members of sexual networks is more probable (relative to social support networks), which have major implications for the delivery of HIV intervention.

Relatively little is known regarding the communication of sexual health within AAYMSM networks. Hart and Peterson discovered that in a large sample of AAYMSM ages 18–25, which is consistent with previous AAYMSM and African American teens research, non-supportive peer norms on the use of condoms were linked with unprotected anal intercourse. An additional research using a network method to data collecting found that perceived social norms supporting the personal use of condoms by participants were linked with reduced HIV risk behaviour, even if believed regulations do not promote the condom use by participant peers.

In a more recent qualitative study on racially and ethnically different YMSM, including AAYMSM, high levels of sexual communication were shown between participants, gay male friends and heterosexual female friends; however, the content of this communication may have increased YMSM's risk of HIV, although it is intended to support more safe sexual behaviors. The aim of this research is to better clarify the patterns of contact between AAYMSM and others in the House of Los Angeles (HBCs)[3].

1.1 Minority Stress and Its AAYMSM Impression:

Persons may experience a wide range of stresses irrespective of minority status. Minority stress refers to stresses that are connected to the status of a minority, such as race/ethnic minority and sex minority persons. AAYMSM is likely to be exposed to minority stresses from many sources due to their dual minority status.

Although there is limited empirical evidence that exposure to several minority stressors has an additive or an exponentially higher mental health impact than experiences of any single minority stress, the often difficult and stressful interpersonal and social climate in which AAYMSM can occur can boost their poor mental health and risk denial, w African American LGBs may have sexualized prejudices, for example, due of their racial/ethnic backgrounds being sexually unbiased and comparable stresses, even in the LGB group, that connect to their ethnic identity.

Research from an ethnically varied YMSM research suggests that AAYMSM had significantly higher rates of minority stressors compared with Latino and Caucasian YMSM, including homophobia and sexual discrimination. Results of the same research also show that AAYMSM is more likely to encounter higher internal YMSM levels. Further experiences of internalized homophobia have been associated with undiagnosed HIV infection and reduced sero-status disclosure, with their harmful consequences on mental health. Unprotected anal intercourse (UAI) partners are a major risk factor for HIV, particularly among Latin and African American MSM who are not aware of their own status[4].

Minority stresses may also originate from the AAYMSM family of origin. There is an increasing literature demonstrating homophobia and bigotry among families and communities of racial/ethnic minorities that reflect the practice of discrimination against LGB persons by the prevailing culture. These actions may suppress the LGB's speech and identity, including the demonstration of dislike to family members and the silencing of the voice of sexual identity. Some LGB adolescents in Africa may distance themselves from their family or even flee from their homes because of this unsupportive environment.

As a result, individuals not only lose the limited emotional connections they have, but also their families typically offer financial assistance and stability. This may lead to major mental health problems and susceptibility to additional dangers. Homeless YMSM, for instance, may be forced to participate in hazardous employment and conduct that can expose them to various kinds of abuse and violence which raise their risk of HIV infection (e.g. sex work and drug use).

1.2 House and Ball Communities:

Although African American MSM and YMSM are different communities (e.g. their sexual preferences, identities and behaviors), the first step towards understanding the risks faced by AAYMSM involves defining individual subgroups and understanding the unique experiences of each group. A subset of AAYMSM, which belongs to the House and Ball groups, is particularly vulnerable to HIV transmission. Tuberculosis epidemic investigations in Baltimore, MD, and New York City revealed that 16 out of 26 household and ball members lived with HIV in the House during 1998-2000. Recent research conducted by the New York City Ball group shows that 20% of the respondents were HIV positive and 73% were not aware of their illnesses.

The House and Ball groups are composed mostly of lesbian, gay, bisexual and transgender (LGBT) people from Africa and Latin America. Despite variety, membership in the House and Ball societies is generally directed towards AAYMSM. The House and Ball communities were initially established in reaction to the economic and social isolation of its members in order to provide unity as well as assistance for both current members and new members. The culture of the House and Ball was mainly hidden until the documentary movie Paris placed this group at the center in 1990.

House and Ball societies are closer to social networks and not necessarily limited by geographical locations. New York City, Detroit, Chicago, Oakland, San Francisco and Los Angeles, House and Ball have all been neighborhoods in major cities throughout the United States including Atlanta, Baltimore, Boston. While house and ball groups have their own events and activities in each Community, members may go to other cities to participate and socialize in events that support contact and connection development via these communities[5].

Houses and balls are separate entities, yet each of them plays an important part in helping to create and develop this group together. Houses are family-like structures, most of which are part of a national social network. Those fictional homes or families are typically led by one or two households' parents.

The main functions of homes are to organize balls and encourage youngsters to play in the balls in the houses. Balls are social events/parties that are held several times a year by different households with specific themes. This is a chance for members of the community and for friends and admirers to join forces based on dance/theater, sports and gender identity in the category of runways. Members are extremely serious about these contests, because the victors not only get small money awards, but also group prestige and popularity[6].

1.3 Assistance Within the House and Ball Communities:

The House and the Ball communities may confirm identification among people with similar backgrounds and experiences, even those who remain connected to their origins or are not formal members of the Houses, and discover friendships and a community. Qualitative findings from the present survey showed that parents in the house counsel participants on how to deal with personal problems and complex life issues. In addition to giving emotional help, house parents also provide financial support for their members and provide them with basic needs such as clothing, food, housing and transport.

House parents may act as good examples for household members by refraining from drug use, taking sexual risk, and obtaining and maintaining stable employment. The pleasant and inclusive social environment will substantially enhance the lives of LGB kids, including increased emotional well-being, physical health and educational results. Further support for sexual orientation has revealed that young individuals with LGB have significantly increased their mental health[7].

Researchers also discovered that establishing connections supports the well-being of emerging adults in the sexual minority in combination with developing personal mastery (defined as the degree to which people feel they have power over the forces that influence their lives). AAYMSM can also assist to handle the overwhelming task of adult development by providing hope for the future with the advantages of being part of the House and Ball groups.

2. DISCUSSION

Many interconnected systems, including biological and social networks, spontaneously split into modules or communities, groupings of vertices with relative density within groups but sparsely interconnected. The groupings may be disjointed or overlapping depending on the circumstances. One basic issue in network theory

and one that has drawn much attention from academics in the last decade is how such communities may be detected in empirical network data. A good community detection system should have a number of desired characteristics.

First, it should be effective such that it can identify the Community structure correctly when it is present. For instance, there is a large number of instances of both natural and synthetic networks for which the structure of the community is generally recognized and a successful technique of detection in such situations should be able to identify the approved structure. Secondly, techniques based on solid theoretical concepts are better than those not. A way of doing anything based on the simple hunch is intrinsically less trustworthy than one based on a proven result or basic mathematical understanding[8].

Third, an ideal technique should be quick and well-scale as a computer algorithm with the size of the studied network. Many of the networks examined by modern sciences are huge, with millions and even trillions of vertices, so a method for Community identification whose runtime scales are, say, immensely preferable in line with the size of the network over those which are squared or clotted.

AAYMSM is deemed a demographic 'hard to approach.' HBCs, racial/ethnical minority MSM family networks and transgender people gathering for modelling and dancing contests may serve as a means of achieving these groups with a high risk of HIV transmission. HBCs emerged from the 1920s Black Harlem customs, which provided Black homosexual men community social support. The word 'house' refers to the connection between people or networks, whether or not a natural entity exists[9].

Houses are managed by a 'House Mother' or 'House Father' who takes care of the members of the House. Houses participate in 'Balls'—competitions based on runways or dance performances in which houses vie for community recognition. HBCs exist across the United States in major metropolitan areas like Oakland, Atlanta, Chicago, Philadelphia, Baltimore, Washington, DC and Los Angeles[10].

High rates of HIV infection among HBCs have led scientists to concentrate on this racial/ethnic minority group. The bulk of these studies were, however, performed on the East Coast and did not include information about the personal networks of the participants. This study was designed to:

- 1. Provide a better understanding of the composition of Los Angeles HBCs' social support and sexual networks and
- 2. Document the links that exist between characteristics of social support and sexual networks and sexual health advice, alcohol and illegal drug use in this population.

The main aim of the study was to determine if behaviors of health protection (i.e. seeking sexual health advice) and of risk (i.e. drugs and alcohol) in social networks or sex networks were more likely to occur in order to develop customized behavioral interventions for the Los Angeles HBC.

3. CONCLUSIONS

This is one of the first research to record and analyze the perceptions of minority stress among members of the House and Ball groups and to evaluate how the support and connection of social networks in this group is influencing their mental health. Minority tension from the House and Ball communities of Los Angeles has a general influence on AAMSM mental well-being and the encouragement and relationship of these groups appears to have some of the negative effects of these stresses.

Results from the present research show that various sources of stress may be controlled differently by support. House and Ball Societies may be a location of tremendous impact for AAYMSM and other LGBT racial/ethnic minorities. Further research must discover methods to incorporate the subtleties of risks and resources that the population has in the development of preventive and intervention measures. For example, it is obvious that these organizations become an extended family for its members. Furthermore, the House and Ball companies offer additional advantages, such as developing resiliency amongst its members, which may have enduring effects.

However, it is not obvious how the advantages provided by these groups penetrate or endure over time in different aspects of life (for example, there are some individuals who give bad counsel or harmful influences). Whilst the results presented offer an important insight into the lives of the MSM participants in these groups,

we only develop intervention strategies that are successful in mitigating mental health issues and negative effects of conduction health during early learning and working with the communities of House and Ball.

REFERENCES:

- K. Telander, S. G. Hosek, D. Lemos, and G. Jeremie-Brink, "Ballroom itself can either make you or break you'-Black GBT Youths' [1] psychosocial development in the House Ball Community," Glob. Public Health, 2017, doi: 10.1080/17441692.2017.1293123.
- M. D. Kipke, K. Kubicek, J. Supan, G. Weiss, and S. Schrager, "Laying the groundwork for an HIV prevention intervention: A descriptive [2] profile of the Los Angeles house and ball communities," AIDS Behav., 2013, doi: 10.1007/s10461-012-0227-9.
- [3] D. E. Traube, I. W. Holloway, S. M. Schrager, L. Smith, and M. D. Kipke, "Illicit Substance Use Among Emerging Adults in the Los Angeles House and Ball Community," J. HIV/AIDS Soc. Serv., 2014, doi: 10.1080/15381501.2013.768950.
- [4] M. Castillo, B. J. Palmer, B. J. Rudy, and M. I. Fernandez, "Creating partnerships for HIV prevention among YMSM: The connect to protect project and house and ball community in Philadelphia," J. Prev. Interv. Community, 2012, doi: 10.1080/10852352.2012.660126.
- [5] I. W. Holloway, D. E. Traube, K. Kubicek, J. Supan, G. Weiss, and M. D. Kipke, "HIV prevention service utilization in the Los Angeles house and ball communities: Past experiences and recommendations for the future," AIDS Educ. Prev., 2012, doi: 10.1521/aeap.2012.24.5.431.
- C. S. Murrill et al., "HIV prevalence and associated risk behaviors in New York City's house ball community," Am. J. Public Health, 2008, [6] doi: 10.2105/AJPH.2006.108936.
- D. Lemos, S. G. Hosek, and M. Bell, "Reconciling Reality With Fantasy: Exploration of the Sociocultural Factors Influencing HIV [7] Transmission Among Black Young Men Who Have Sex With Men (BYMSM) Within the House Ball Community: A Chicago Study," J. Gay Lesbian Soc. Serv., 2015, doi: 10.1080/10538720.2015.988837.
- [8] S. M. Schrager, C. A. Latkin, G. Weiss, K. Kubicek, and M. D. Kipke, "High-risk sexual activity in the house and ball community: Influence of social networks," Am. J. Public Health, 2014, doi: 10.2105/AJPH.2013.301543.
- [9] S. G. Hosek et al., "An HIV intervention tailored for black young men who have sex with men in the House Ball Community," AIDS Care - Psychol. Socio-Medical Asp. AIDS/HIV, 2015, doi: 10.1080/09540121.2014.963016.
- [10] G. R. Galindo, "A loss of moral experience: Understanding HIV-related stigma in the New York city house and ball community," Am. J. Public Health, 2013, doi: 10.2105/AJPH.2012.300916.

