

Factors Predicting High Risk Sex Practices and Incidence of STIs among Female Veterans in Florida

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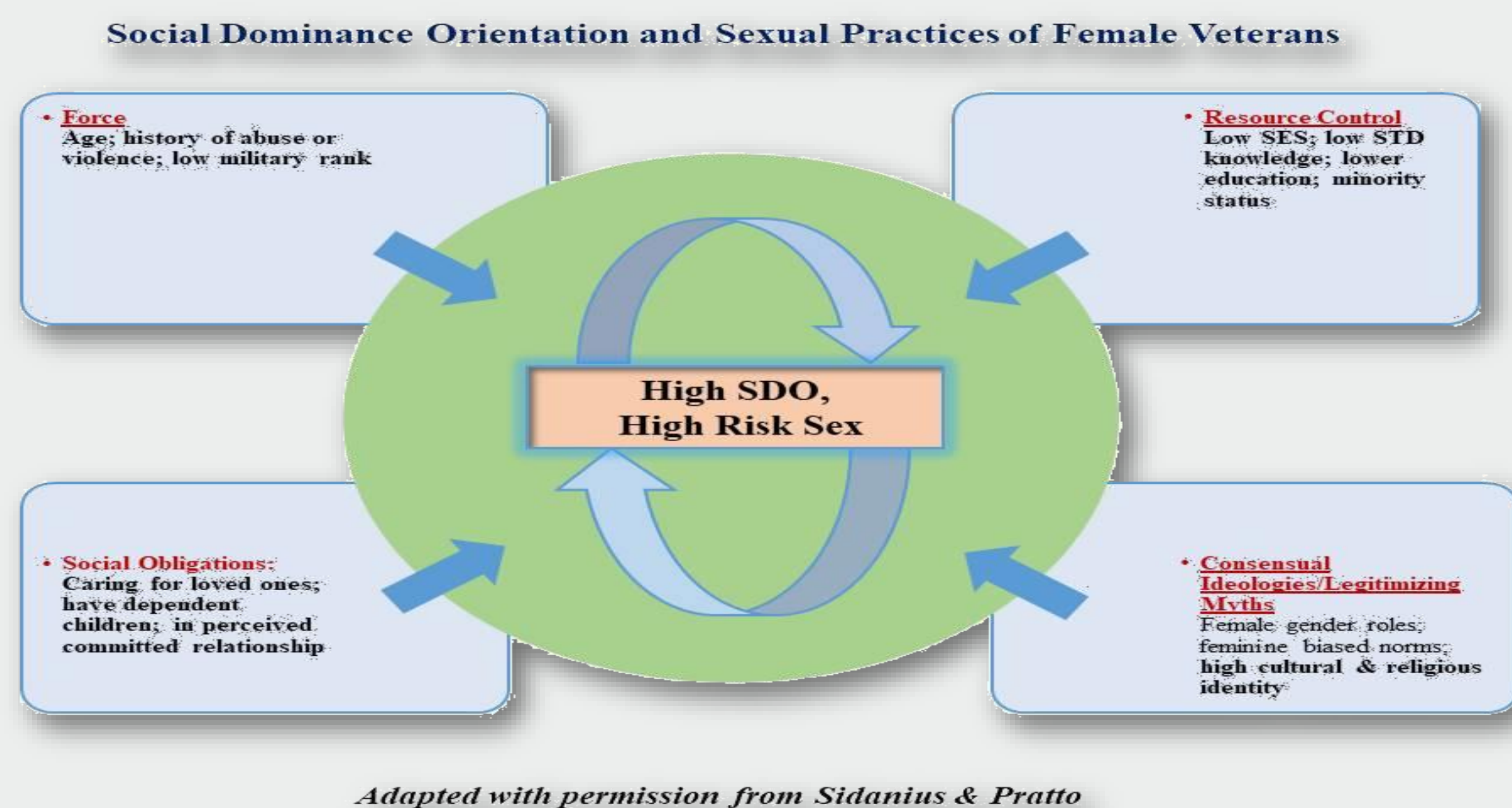
Background

- Risky sexual behaviors lead to increased rates of STIs with life-threatening health consequences (CDC, 2013, 2016).
- High-risk sexual encounters among military personnel have resulted in STI rates of up to seven times higher in the military than in the general population (Bolan, 2013; Goya et al., 2012).
- Among military personnel, there is limited data on gender-specific STI risk factors (Korzeniewski, 2012; LeHavot, et al., 2014; Stahlman, et al., 2014).

Purpose

The purpose of this study is to explore factors that predict high risk sex practices and describe the incidence of STIs among female Veterans in Florida.

Theoretical Framework



METHODS

Research Design: Descriptive, correlational, cross-sectional, non-experimental

Setting: The State of Florida, predominantly southern Florida, Metro Miami area.

Data Collection: The Florida International University (FIU) Institutional Review Board (IRB) approved the study, (IRB Protocol #IRB-18-0346, 9/27/2018). Data collection from the general community began in Nov. 2018 and continues; IRB approval from the VA is pending; 49 participants, to date.

Procedures

- Electronic surveys via Qualtrics or on paper.
- PI worked with Qualtrics to safeguard privacy, confidentiality, and anonymity, e.g. no way to trace responses.
- Unique code to track number of participants and remunerate participants via PayPal

Major Variables

Demographics (age, SES, education, nationality, HIV status, culture, religious engagement); Safer Sex Practices; Social Dominance Orientation; STD Knowledge; Abuse in relationships

Data Analysis

- SPSS 22 was used to analyze the data collected between Nov. 2018 and April 23, 2019
- Descriptive statistics and Pearson's correlations were utilized to determine relationships among variables

Instruments

CONCEPT	INSTRUMENT	RELIABILITY/VALIDITY
1. Study Participant Learning Plan	PI Developed 7 Point Likert Scale; 5-point Likert Scale	N/A
2. Demographic (age, SES, education, nationality, high school diploma or GED, currently employed or unemployed)	PI Developed Demographic Questionnaire	N/A
3. Safe Sex Practices	The Safe Sex Behavior Questionnaire (SSBQ); 20-item; Cronbach's Alpha = .75 (K. H. Morrongiello, 2002)	Cronbach's Alpha = .75 (K. H. Morrongiello, 2002)
4. Social Dominance Orientation	Social Dominance Orientation Scale (SDO); 16-item; Cronbach's Alpha = .78 (Sidanius & Pratto, 1999)	Internal Reliability: .81 (using SDO-16); Test-Retest Reliability: .81 to .72
5. STD Knowledge	STD Knowledge Scale (developed by CDC, 2005)	The SDO-16 questionnaire internal consistency (Cronbach's Alpha) and test-retest reliability (1-4 weeks) were good.
6. Abuse in Relationships	The Abuse Incest Scale - Short Form (AISP-SF); 10-item; Cronbach's Alpha = .78 (Korzeniewski, 2012)	The AISP-SF is a 10-item scale with an average alpha of .78. AISP-SF Short Form has been validated for use with the general population. AISP-SF Short Form assessed the prevalence of abuse in relationships between the AISP-SF and the AISP-SF.

PRELIMINARY RESULTS

Demographic Characteristics of the Sample (N=49)	n	%	Additional Info
Age			
21-33	34	29%	
34-54	16	33%	
55-77	34	29%	
Missing data	3	6%	
Race			
Black	8	16%	
White	32	25%	
Native American	1	2%	
Hispanic/Latino	8	16%	
Asian	1	2%	
Other	17	35%	
No data	2	4%	
Religion			
Christian	39	80%	
Jewish	2	4%	
Other	5	10%	
Missing data	3	6%	
Level of Relig. Commitment			
Very relig.	32	25%	
Mod. relig.	27	55%	
Not at all relig.	9	18%	
Missing data	1	2%	
No. of Dep. Children			
0	27	55%	
1	11	23%	
2	5	10%	
3	3	6%	
5	1	2%	
Missing data	2	4%	
Social Obligations			
None	13	27%	
Moderate	21	43%	
A lot	9	18%	
Missing data	4	8%	
Age at First Sex			
12-15 yrs.	11	23%	
16-18 yrs.	26	53%	
19-22 yrs.	8	16%	
Missing data	4	8%	
Country of Birth			
USA	34	69%	
Other	12	25%	
Missing data	3	6%	
No. Yrs. in Military			
2-5 yrs.	18	37%	
6-10 yrs.	12	25%	
11-15 yrs.	5	10%	
16-22 yrs.	7	14%	
23-28 yrs.	4	8%	
Missing data	3	6%	
Involved in Combat			
No	32	65%	
Yes	13	27%	
Missing data	4	8%	
Caring for Family Mbr.			
No	35	72%	
Yes	10	20%	
Missing data	4	8%	

Correlations - Sexual Risk Behaviors

- Negative relationship between income per year and condom use ($r = -.50$; $p < .05$) and exposure to body fluids ($r = .411$; $p < .05$)
- Statistically significant relationship Sexual Risk Behaviors between employment status and condom use ($r = .42$; $p < .05$)
- Receiving care from the VA was negatively correlated with unprotected anal sex ($r = -.35$; $p < .05$) and sexual risk behaviors
- Negative relationship between ever being tested for HIV and condom use ($r = .30$; $p < .05$)

Social Dominance Orientation (SDO)

- Being treated for STD/STI at this time was negatively correlated to total SSBQ scores ($r = -.40$; $p < .05$)
- Having dependent children was negatively correlated with SDO dominance factor ($r = -.33$; $p < .05$)
- Level of religious commitment was correlated to the dominance trait in SDO ($r = .31$; $p = .05$)

Implications

- Strength of the relationships among variables is small yet significant, indicating the need for further analysis with a larger sample.
- Interesting finding was that receiving care from the VA was negatively correlated with sexual risk behaviors, requiring more exploration.
- Social dominance does not appear to be an influential factor in sexual behaviors.
- Religion featured significantly in social dominance but not in relation to age at first sex.

Conclusions

Though preliminary, these results provide a snapshot into some of the factors that influence sexual behaviors in this small sample. Analysis of the larger sample data is necessary. It is also a necessary to explore if STD knowledge influences these results.

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