

Co-Occurring Health Risks Among Middle Aged Hispanic Men Who Have Sex With Men, South Florida

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Background

In 2010, men who have sex with men (MSM) represented 4% of the population in the US and accounted for 78% of all new HIV infections among Hispanic men, of which Hispanic men who have sex with men (HMSM) accounted for the third largest number of new HIV infections (6,700 cases). Since the sexual behaviors related with acquiring sexually transmitted infections (STIs) increase the likelihood of acquiring and transmitting Human Immunodeficiency Virus (HIV) infection, STI incidence among MSM may also be an indicator of higher risk for subsequent HIV infection.

Purpose

This study explored the effects of age, loneliness, substance use, depression, and social support on high risk sexual behaviors that predispose middle aged HMSM to STIs and HIV infection risk.

Methods

A non-experimental, cross-sectional research method design was used to collect data from a sample of 150 urban HMSM aged 40 to 65 residing in South Florida. Participants completed standardized measures of sexual behavior, substance use, social support, loneliness, depressive symptoms, and demographic characteristics.



Logistic Regression was performed to assess the impact of social support, loneliness, depressive symptoms, sexual risk behaviors, and illicit drug use on the likelihood that respondents would report that they are HIV infected. The full model containing all predictors was significant, $\chi^2(7, N = 150) = 30.22, p < .001$. Loneliness, social support, depressive symptoms, substance use, and sexual risk behaviors combined to significantly predict HIV infection status, $-2LL = 121.85, p < .001, OR = 1.26$ for sexual risk behaviors indicating that participants who had higher sexual risk behaviors were 1.2 times more likely to be HIV-infected, $b = 0.23, p = .009$. Logistic Regression analyses were performed to assess the impact partner status and religiosity on the likelihood that respondents would report alcohol, tobacco, and/or illicit drug use. The model containing all predictors and alcohol use was significant, $\chi^2(3, N = 147) = 8.49, p = .04$. Partner status, religiosity and age combined to significantly predict alcohol use, $-2LL = 165.531, p < .05$, with participants who used alcohol reporting $OR = .4$ times more likely to be single, $b = -1.04, p = .008$. Two-way between-groups analysis of variances were conducted to explore the impact of partner status and religiosity on levels of (1) social support, (2) depressive symptoms, (3) loneliness, and (4) sexual behaviors, which were not significant in any of the models. There was a significant main effect for age, $F(1, 145) = 7.93$, which was a significant predictor of depression after controlling for partner status, and religious affiliation. Multiple Regression was performed to assess the impact of a number of factors on the likelihood that respondents would report engaging in high risk sexual behaviors.

Demographic Characteristics

Age of the Study's Participants ($n = 150$)

Mean	SD	Median	Range
45.54 years	4.71	44.00	20 (40-60)

Birth of Participants ($n = 150$)

Variable	Descriptive Statistics (n and %)
USA	21; 14%
Foreign-born	129; 86%

Length of Time in the US ($n = 150$)

Mean	SD	Median	Range
18.09	15.97	11.50	57.0 (1-58)

Results

The model was significant, $R^2 = .211, F(6, 139) = 6.19, p < .001$, indicating that depression, substance use, social support, and loneliness combined to explain 21.10% of the variance in sexual risk behaviors. Significant relationships include alcohol use ($b = 1.38, p = .030$) and illicit drug use ($b = 1.95, p = .001$). Depressive symptoms, substance use, social support, and loneliness did not influence sexual risk behaviors in this sample.

Country of Origin

Country of Origin ($n = 150$)

Country	Frequency (n)	%
Cuba	52	34.7%
USA	21	14%
Colombia	16	10.7%
Venezuela	10	6.7%
Argentina	9	6%
Peru	8	5.3%
Puerto Rico	7	4.7%
Dominican Republic	6	4%
Guatemala	5	3.3%
Chile, El Salvador, Nicaragua, Panama	2	1.3%
Ecuador, Honduras, Paraguay, Uruguay, Other	1	0.7%

Descriptive Statistics

Descriptive Statistics of the Major Study Variables ($n = 150$)

Instrument	Mean	SD	Range
Multidimensional Scale of Perceived Support Scale(MSPSS)	4.92	1.04	1.6-6.5
University of California, Los Angeles (UCLA) Loneliness Scale	13.33	11.71	0-53
Behavior Risk Assessment Tool (BRAT) Sum (Sexual Risk)	10.57	3.41	0-18
BRAT Alcohol/Drug Use	0.35	0.48	0-1
Center for Epidemiologic Studies Depression (CES-D) Scale	10.70	9.85	0-43

Descriptive Statistics of the MSPSS Total Scale Score ($n = 150$)

MSPSS Scale	Range	Frequency	%
Low Social Support	1 to 2.9	6	4%
Moderate Social Support	3 to 5	69	46%
High Social Support	5.1 to 7	75	50%

Descriptive Statistics

Descriptive Statistics of Illicit Drug Use in Past 30 Days ($n = 146$)

Variable	Frequency (n)	%
No Illicit Drug Use ^a	94	62.7%
Illicit Drug Use ^a	52	34.7%
Alcohol ^b	106	70.7%
Tobacco ^b	54	36%

Some data are missing: ^a $n = 146$; ^b $n = 147$

CES-D Scale ($n = 150$)

CES-D Scale Scores	Frequency (n)	%
Total Scores of 16 and Below	108	72%
Total Scores of Above 16	42	28%

Significance

As a population, Hispanic men continue to experience high rates of STIs and HIV infection. This study is the first step in developing interventions targeted to reduce STIs and HIV infection among Hispanic sexual minorities. This study is essential in providing data to direct programs of health education geared to decrease high risk sexual practices among sexual minorities, which will subsequently reduce morbidity and mortality of this high risk group. Future research should build on these findings to develop tailored risk reduction interventions.

References

Available on request.

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