

**Title:**

Exploring Milieu of Sexual Preference, Sexual Orientation, and Sexual Risk Behavior Among HIV+ Latino Males

**Jane Champion, PhD, DNP, MA, MSN**

*School of Nursing, The University of Texas at Austin, Austin, TX, USA*

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**Session Title:**

Research Poster Session 2

**Slot (superslotted):**

RSC PST 2: Saturday, 29 July 2017: 12:00 PM-1:30 PM

**Slot (superslotted):**

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**Keywords:**

HIV, sexuality and stigma

**References:**

Champion, J.D., & Szlachta, A. (2016). Self-identified sexual orientation and sexual risk behavior among HIV-infected Latino males, JANAC. doi: 10.1016/j.jana.2016.03.004. PMID: 27108242.

**Abstract Summary:**

The purpose of this presentation is to describe sexual preference, HIV disclosure behavior, sexual risk behavior and substance use among Latino HIV + males to facilitate additional understanding of relationships between these behaviors that perpetuate stigma and shame regarding same sex relationships among HIV+ Latino men.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Describe sexual preference, HIV disclosure behavior, sexual risk behavior and substance use among Latino HIV + males to facilitate additional understanding of relationships between these behaviors that perpetuate stigma and shame regarding same sex relationships among HIV+ Latino men.	1) Sexual preference 2) HIV disclosure behavior 3) Sexual risk behavior 4) Substance use
Utilization of findings for modification of sexual health promotion interventions in primary care-based settings	1) Identification of sexual health promotion interventions 2) Discussion of process for modification for primary care-based settings 3) Description of strategies for utilization of findings for modification of sexual health promotion interventions in primary care-based settings.

**Abstract Text:****Purpose:**

Disclosure of HIV status to friends and family was cited as one of the most significant stressors of living with HIV among Latino men. Thus, lack of communication regarding sexual orientation and HIV serostatus may perpetuate stigma and shame regarding same sex relationships among HIV+ Latino men.

The purpose of this presentation is to describe sexual preference, HIV disclosure behavior, sexual risk behavior and substance use among Latino HIV + males to facilitate additional understanding of relationships between these behaviors that perpetuate stigma and shame regarding same sex relationships among HIV+ Latino men.

These findings will be utilized for modification of sexual health promotion interventions in primary care-based settings.

### **Methods:**

This presentation includes an analysis of study entry data including individuals, male or female, older than 18 years of age, including all ethnicities, previously diagnosed with HIV/AIDS and enrolled in a HIV interventional trial for persons who were not current receiving medical treatment.

Eligible participants were identified through individual chart reviews of persons who were HIV seropositive and not currently receiving any treatment in a metropolitan health district in the Southwestern United States.

Eligibility criteria for this secondary data analysis included HIV positive serostatus, Latino ethnicity, male and 18 years of age or older.

Institutional Review Board approval was obtained from both the University and Metropolitan Health District settings. Informed consent was obtained prior to study enrollment.

Each participant completed a semi-structured questionnaire following study enrollment. This questionnaire was adapted specifically for this study and contained questions utilized to assess demographics, sexual preference, HIV disclosure behavior, sexual risk behavior and substance use.

The questionnaire was initially developed through extensive ethnographic work for use among individuals experiencing high risk sexual behavior and at risk for STI/HIV.

### **Descriptive statistical methods**

As in all research, the importance of selecting predictors on the basis of a well-justified, theoretical model cannot be overemphasized. This study utilized a process for selection of a set of variables to assess for associations based on a theoretical framework (AIDS Risk Reduction Model).

A diverse number of variables identified through this model were found via bivariate analyses to be associated and are presented in the manuscript. Although there are many benefits in using multivariate procedures, problems are encountered such as increased ambiguity in interpretation of results.

Because this study included a diverse set of theoretically based independent variables intended to provide evidence for the design and modification of cognitive behavioral interventions, multiple regression analysis was not considered an optimal analytic strategy to achieve the study purpose.

### **Results:**

93 HIV+ Latino males who had ever had sex with males or females.

Self-identified sexual preference included straight (heterosexual) (41.9%), gay (43.0%) and bisexual (15.1%) preferences.

Age range was 21-57 years (39.56 mean, SD 8.472). The majority (62.2%) had never been married (gay 97.4%, bisexual 53.8%, straight 28.9%,  $p=.000$ ); 11.1% were currently married with the remainder divorced, widowed or separated; 34.5% were currently living alone.

Most straight men had children (68.4%) compared to bisexual (38.5%) or gay (5.4%) men ( $p=.000$ ). Only 15.6% of men were currently employed full/part-time (gay 25.6%, bisexual 15.4%, straight 5.6%,  $p=.048$ ).

Majority of men (71.6%) reported total combined household income of less than \$750/month; 43.5% reported having being unable to pay bills while 18.5% were homeless and 13% were arrested during past 3 months.

All participants who indicated they were straight reportedly had sex with women in the past while 43.6% of those identifying as gay and 91.7% of those identifying as bisexual reportedly had sex with women in the past ( $p=.000$ ).

All participants who self-identified as gay or bisexual reported sex with men while among straight men, 13.9% reported having sex with men.

Sexual behavior as reported by participants was high.

Sexual behaviors including anal, sex with men, group sex, sex with men and women together, sex for drug, sex in bathhouses, and use of sex toys was reported more often by gay or bisexual men.

Sex with a prostitute and sex with women was reported more often by straight as compared to gay or bisexual men.

Almost all participants had previously used condoms however significantly more bisexual or gay than straight men.

Overall fewer men reported current condom use (33.3%) with no significant differences by sexual preference.

Gay men reported they had "barebacked" and "doubled condoms for protection significantly more often than bisexual or straight men.

Gay and bisexual men reported less disclosure of HIV + status if using condoms.

Most men (56.7%) reported alcohol use the past 3 months with an average weekly intake of 10.03 drinks (19.01 SD).

More straight (44.7%) than bisexual (35.7%) or gay (25.0%) men believed they had a drug or alcohol problem in past 3 months.

High levels of substance use were identified overall: marijuana (87.4%), crack/cocaine (71.9%), IV drugs (40.4%), methadone/heroin (37.1%), downers (27.0%), methamphetamines (21.3%) and ecstasy (16.9%).

Men often reported sharing needles (35.6%) and sex with an IV drug user (44.9%).

Significantly more marijuana, methadone and IV drug use including sharing of needles and sex with partners who use needles was found among straight men.

Significantly more methamphetamine, ecstasy and use of downers were found among gay men.

Gay men reported more HIV testing prior to learning HIV status (35.0%) compared to bisexual (21.4%) or heterosexual (10.5%), ( $p=.036$ ). They also more frequently had HIV testing because they wanted to know for health (17.5%) as compared to straight (5.3%) or bisexual (0%) ( $p=.046$ ). They also reported highest frequency of disclosure of HIV status to family (94.7%) as compared to straight (80.0%) or bisexual (76.9%) men ( $p=.197$ ).

In contrast, men who were straight and never had sex with men compared to MSM/MSMW less frequently had HIV testing prior to learning of their HIV status (6.5% vs. 33.9%,  $p=.004$ ) and less frequently had notified family members of their HIV status (75.9% vs. 92.7%,  $p=.054$ ).

Differences were found concerning perceptions about how the men had contracted HIV.

Almost all gay men (91.9%) believed they contracted HIV through sex compared to bisexual (66.7%) or straight (48.3%).

Straight men more often perceived acquisition of HIV via IV drug use (44.8%) as compared to bisexual (16.7%) or gay (2.7%) men.

Bisexual men reported sex and IV drug use as the source of HIV infection more frequently (16.7%) than either straight (6.9%) or gay (5.4%) men ( $p=.000$ ).

Among straight men who had never ever had sex with men versus MSM/MSMW, 50.0% believed they had contracted HIV through IV drug use as compared to 7.8% of MSM/MSMW ( $p=.05$ ).

Gay men more often reported that they got HIV from having sex with a gay partner (17.9%) as compared to straight (2.6%) or bisexual (0%), ( $p=.029$ ). They also reported they got HIV from unprotected sex with a HIV positive partner (28.2%) as compared to straight (10.5%) or bisexual (7.7%) ( $p=.074$ ). They also reported more often that they got HIV from unprotected sex with more than one partner (28.2%) as compared to straight (13.2%) or bisexual (23.1%) ( $p=.226$ ).

Straight men reported more often that they got HIV from sharing needles (23.7%) as compared to gay (7.7%) or bisexual (15.4%) ( $p=.154$ ).

Men who never had sex with men reported more frequently than MSM/MSMW that they believed they had gotten HIV from sharing needles (25.8% vs. 10.7%,  $p=.067$ ).

Gay men more frequently reported having sex with only HIV positive partners (35.9%) as compared to straight (8.9%) or bisexual (7.7%) ( $p=.042$ ). They also more frequently reported having told a partner that they had HIV (67.5%) versus straight (57.9%) or bisexual (50.0%) men ( $p=.435$ ).

There was agreement that it was important to tell partner you are HIV positive even if you use condoms all of the time (straight 73.9%, gay 79.5%, bisexual 76.9%,  $p=.114$ ).

A current partner was reported by 40% of the men overall however more bisexual (46.2%) or straight (43.2%) than gay (35.0%), ( $p=.419$ ).

Overall, 83.8% were currently having sex with this partner (bisexual 100%, gay 86.7%, straight 76.5%,  $p=.421$ ). 89.2% of partners knew about HIV status of the men (bisexual 100%, gay 93.3%, straight 82.4%  $p=.428$ ).

Of those who had current partners, 52.8% of current partners have HIV; however significantly more gay (73.3%) or bisexual (60.0%) than straight (31.3%) ( $p=.055$ ) men had partners who are HIV positive.

### **Conclusion:**

HIV testing, disclosure and sexual behaviors of ethnic minority men suggest that addressing sexual risk behavior and underlying reasons for not receiving HIV testing or disclosing HIV+ status - unique to differing populations - would increase the efficacy of sexual health interventions.

Descriptive behaviors and underlying perspectives reported in this study suggest that public health interventions for HIV+ Latino men who self-identify as heterosexual should explicitly identify substance use, needle sharing, and unprotected sex with current partners as behaviors placing both oneself and partners at high risk for contracting HIV.

The diversity of sexual behavior among gay, straight, and bisexual HIV+ Latino men in this study ultimately suggests clinicians cannot rely on simplistic conceptions of sexual orientation in assessment of their self-care needs. . Care in presentation and discussion of self-identified sexual behavior and orientation as sexual behavior is indicated as it does not determine sexual orientation - and vice versa.