

# Sexual Risk Behavior, Self Disclosure and History of Physical or Sexual Abuse Among HIV Positive Mexican-American Men Who Self-Identify as Gay, Bisexual or Heterosexual

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## Introduction

Hispanics are disproportionately at risk for HIV infection and other sexually transmitted infections (STI). Previous estimates found 17% of newly diagnosed HIV infections occurred among Hispanics (Centers for Disease Control and Prevention, 2008; Hall et al., 2008) who represent 15% of the U.S. population. Findings also indicate rates of HIV among Hispanic men were 2.2 times higher than non-Hispanic White men. Among Hispanics, the majority (76%) of new HIV infections occurred among men (CDC, 2009). Men who have sex with men (MSM) comprised the majority (72%) of all new HIV infections among Hispanic men; young Hispanic MSM (13-29 years) accounted for 43% of these infections (CDC, 2009). An increase in the number of new HIV infections has recently occurred along the United States – Mexico border region, providing additional evidence concerning HIV prevalence among Hispanic populations (Espinoza, Hall, & Hu, 2009). These facts indicate Hispanic gay and bisexual men comprise one of the most vulnerable populations for HIV infection in the United States. A description of sexual risk behavior, self-disclosure and physical and sexual abuse among HIV positive Hispanic men is indicated for modification of evidence-based interventions to increase the efficacy of prevention interventions.

## Background

Social stigma associated with HIV increases the possibility of disapproval or rejection concerning self-disclosure of HIV status. Men who self-disclose positive HIV status may be concerned that they are also disclosing MSM sexual behaviors associated with HIV (Kalichman & Nachimson, 1999). These concerns can influence a man's decision for non-disclosure of positive HIV status to avoid acknowledgement of sexual behavior including MSM (Zea, 1999). Hispanic gay and bisexual men engage in some of the highest levels of risky sexual behavior despite intentions to practice safe sex and high levels of HIV knowledge concerning sexual risk behavior (Lemp, et al, 1994 & Diaz, 1998) Studies have found that childhood sexual abuse increases HIV risk and predicts negative health outcomes associated with HIV-risk behaviors. (Jinich, et al, 1998 & Carballo-Dieguez, 1995). A national survey of adult MSM, found significantly more Hispanic MSM experienced sexual abuse before age 13 years (22%) than did non-Hispanic MSM (11%) (Arreola, 2005). Further comparisons found Hispanic boys were more likely to have experienced sexual abuse by an extended family member, more genital fondling, exposure to more sexually abusive behaviors, and more anal abuse than non-Hispanic men (Arreola, 2009). The prevalence and context of childhood sexual abuse among Hispanic gay and bisexual men and its association with HIV infection compel a description of mediators of these associations in the context of Hispanic gay and bisexual men's lives. Multiple factors may inhibit Hispanic MSM from self-identifying as gay or bisexual including homophobia, stigma with same sex practices, and sexual conservatism in the Hispanic culture. Hispanic men who self-disclose positive HIV status may fear disclosure of MSM. The existence of sexual abuse and its impact on HIV risk behavior and other negative health outcomes must also be considered among Hispanic men who are gay or bisexual. Hispanic MSM has been described as more likely to report a history of childhood sexual abuse than non-Hispanic MSM (Arreola, 2009). The purpose of this secondary analysis was to describe sexual risk behavior, positive serostatus disclosure behaviors and history of sexual abuse among HIV positive Mexican-American men who self-identified as gay, bisexual or heterosexual.

Table 1 Comparison of HIV Risk Behavior by Sexual Preference

Variable	Heterosexual N=39	Gay N=40	Bisexual N=14	P
Mean age (years)	42.95*	35.78*	40.93*	.000
HIV from drug use or sex	50.0	97.1	80.0	.000
Does family know diagnosis?	50.0 91.7	2.3 94.7	20.0 84.6	.510
Even if use condoms it is important to disclose HIV+ status	73.3	79.5	76.9	.579
Ever tested before found out had HIV	10.7	35.0	21.4	.031
Ever told sexual partner HIV+	56.4	67.5	50.0	.560
Only have sex with HIV+ partners	7.9	35.9	7.7	.030
Mean age, at first sex	14.88*	13.97*	14.92*	.655
Mean age of partner at first sex	19.09*	20.97*	19.00*	.433
Ever anal sex	43.2	100.0	92.9	.000
First anal sex receptive	11.1	78.9	75.0	.000
First anal sex insertive	86.7	54.1	66.7	.083
Ever receptive oral sex with man	25.0	97.4	100.0	.000
Ever give oral sex to man	18.9	94.9	100.0	.000
Ever oral sex with woman	86.5	33.3	64.3	.000

Ever group sex	21.6	64.1	53.8	.000
Group sex past 3 months	6.7	7.1	14.3	.874
Concurrent sex with men and women	11.1	35.9	75.0	.000
Ever sex for money	2.7	25.6	23.1	.017
Ever sex with sex worker	48.6	27.8	30.18	.170
Ever sex in bathhouse	2.7	48.7	30.8	.000
Ever use sex toys	10.8	43.6	33.3	.006
Ever sex with men	13.6	100.0	100.0	.000
Ever sex with women	97.3	43.6	91.7	.014
Any Sex in past 3 months	42.1	47.5	69.4	.000
Any vaginal sex in past 3 months	36.8	0.0	15.4	.000
Any anal sex in past 3 months	5.3	46.2	53.8	.000
Any oral sex in past 3 months	13.2	35.9	38.5	.207
Any anal sex without condom	10.3	32.5	28.5	.052
Use condoms because worried about spreading HIV	51.3	25.0	28.6	.042
Have current partner	42.1	35.0	46.2	.436
Have sex with current partner	76.5	86.7	100.0	.421

Partner knows infected	82.4	93.3	100.0	.428
Partner has HIV	29.4	73.3	60.0	.117
Partner had HIV before met	20.0	72.7	60.0	.035
Don't use condoms because partner has HIV	2.6	22.5	7.1	.020
Always use condoms with current partner	47.1	13.3	33.3	.489
Met last partner at a bar	5.7	37.8	8.3	.002
Partner has been tested for HIV	66.7	68.4	66.7	.998
HIV positive test results for partner	28.0	71.4	50.0	.016
Steadiness of relationship is all the time	54.5	31.0	27.3	.017
Used condom with partner first time had sex	55.6	45.0	50.0	.656
Used condom last time had sex with partner	52.8	40.0	38.5	.470
Partner had group sex/bisexual or gay	16.7	80.0	66.7	.000
Ever ask partner if had STI	25.0	51.3	25.0	.041
Ever check partner for STI	19.4	48.7	41.7	.027

\* Mean and Standard Deviation, Student t - test as appropriate

Table 2 Comparison of substance use and abuse history by sexual preference

	Heterosexual N=39	Gay N=40	Bisexual N=14	P
Forced First Sex	5.9	27.0	46.2	.006
Forced ever given oral sex to man	20.0	18.9	30.8	.669
Forced first receptive oral sex with man	11.1	13.2	46.2	.029
Forced ever oral sex with woman	0.0	7.7	0.0	.217
Any physical abuse	48.7	57.5	57.1	.709
Any sexual abuse	20.5	60.0	64.3	.000
Any emotional abuse	64.1	75.0	64.3	.535
Total physical, sexual, emotional abuse	74.4	90.0	85.7	.175
Constantly criticized and put down	42.1	62.5	53.8	.196
Tried to force to do what did not want to	10.6	30.0	23.1	.104
Acted with extreme jealousy	42.1	52.5	61.5	.421
Knife, gun or weapon used against	39.5	32.5	46.2	.636
Forcibly held down, kicked, punched, choked	36.8	47.5	53.8	.472
Made to have sex without a condom	5.3	22.5	46.2	.003
Knowingly hurt during sex	2.7	12.5	23.1	.027
Afraid to say no to sex	7.9	20.0	15.4	.309

Sex when didn't know what was happening or out of control	5.3	35.0	23.1	.005
Made to have sex when did not want to	7.0	38.5	46.2	.002
Ever marijuana use	92.1	89.5	61.5	.016
Ever cocaine use	76.3	73.7	53.8	.283
Ever heroin use	55.3	23.7	23.1	.009
Ever amphetamine use	18.4	31.6	0.0	.048
Ever use downers	18.4	42.1	7.7	.016
Ever use ecstasy	2.6	34.2	7.7	.001
Ever use inhalants	23.7	28.9	15.4	.608
Ever use LSD	31.6	39.5	23.1	.522
Ever use needles	57.9	26.3	30.8	.015
Ever share needles	56.8	16.2	30.8	.001

\* Mean and Standard Deviation, Student t - test as appropriate



## Methods

A secondary analysis of an existent data base was conducted. This subset analysis included study entry data obtained from Mexican-American men (n=93) aged 21-57 years diagnosed with HIV and enrolled in a HIV interventional trial. A semi-structured questionnaire was utilized to assess HIV disclosure behavior, sexual risk behavior, condom use and history of abuse among the participants at study entry. Descriptive statistical methods using SPSS are being utilized to obtain an understanding of the relationship between sexual abuse, sexual risk behavior and HIV serostatus disclosure.

## Theoretical Framework

**The AIDS Risk Reduction Model (ARRM) is one** of several “stages of change” models. Developed by J.A. Catania, she identifies that change is a process, and individuals move from one step to the next resulting from a given stimulus. In the ARRM, an individual must pass through three stages:

- Behavior labeling.
- Commitment to change.
- Taking action.

Additionally a number of other psychosocial factors are important determinants of HIV-related behaviors. Issues include perception of HIV risk, the confidence to insist on condom use (self-efficacy), and the intention to practice safe sex. All are important components of many theories to explain behaviors, and in practice, have been found in studies to be associated with HIV risk and prevention behaviors.

## Results

62.9% described acquiring HIV through condomless sexual activity; 63.2% reported using condoms sometimes or not at all with their partner who may or may not be seropositive; 82.8% reported emotional, physical or sexual abuse; 78.4% reported provided HIV serostatus disclosure before sex. Analyses of sexual risk behavior and abuse by sexual identification identified significant differences by substance use, partner sexual identification, condom use, partners and context of abuse occurrence.

## Conclusion-Lesson Learned

This information will be utilized for modification of culturally appropriate prevention/educational interventions for HIV positive Mexican-American men. The alarming statistics on HIV/AIDS in the Latino MSM community indicate that current public health prevention efforts are not effectively reaching this unique population. There needs to be more support for the development of culturally relevant public health interventions for gay and bisexual Latino men that address the unique factors currently acting as obstacles to HIV/AIDS prevention efforts.

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