Secondary Prevention Needs of Young Gay/Bisexual Men Living with HIV/AIDS

Douglas Bruce, DePaul University

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SECONDARY PREVENTION NEEDS OF YOUNG GAY/BISEXUAL MEN LIVING WITH HIV/AIDS

DOUGLAS BRUCE, PHD, MSW
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LEARNING OBJECTIVES

• Describe factors associated with sexual risk behavior and substance use among young gay/bisexual men living with HIV/AIDS
• Discuss sources of resilience among young gay/bisexual men living with HIV/AIDS
• Discuss future life goals of young gay/bisexual men living with HIV/AIDS
YMSM disproportionately account for new HIV infections.

- 91% of adolescent male HIV infections and 89% of young adult HIV infections attributable to MSM transmission.
- Among African American MSM, young men ages 13-29 constitute majority of all new infections.

Estimated New HIV Infections among Men Who Have Sex with Men (MSM), by Race/Ethnicity and Age Group, 2006
WHY SECONDARY PREVENTION IN THIS POPULATION?

• Psychosocial needs and risk reduction needs important to investigate in order to improve health outcomes and lower transmission rates.

• Secondary prevention takes on greater significance as persons living with HIV/AIDS can expect to live longer lives.

• Secondary prevention needs important for young persons living with HIV/AIDS as they are adjusting to living with a chronic disease in the context of significant psychosocial developmental processes.
ATN070: M+BODY PROJECT

- Mixed methods study within the Adolescent Treatment Network (ATN)
  - Qualitative interviews of HIV+ YMSM (N=54) at 4 clinical sites in the ATN
  - Surveys of HIV+ YMSM (N=200) across 14 clinical sites in the ATN

- Both phases examined associations of participants’ multiple identities (racial/ethnic, sexual orientation, living with HIV) with a range of health behaviors
ATN070: M+BODY PROJECT

**Phase I (N=54)**
- Mean Age: 21.0
- Racial/Ethnic distribution:
  - 57% Black/African American; 22% Latino/Hispanic; 13% White; 7% Multiracial/Other
- Sexual orientation distribution:
  - 83% Gay; 17% Bisexual

**Phase II (N=200)**
- Mean Age: 21.3
- Racial/Ethnic distribution:
  - 66% Black/African American; 19% Latino/Hispanic; 7% White; 8% Multiracial/Other
- Sexual orientation distribution:
  - 79% Gay; 12% Bisexual; 9% Other
SEXUAL RISK BEHAVIOR AMONG HIV-POSITIVE YMSM

• What are potential predictors of sexual risk behavior with HIV-positive male partners?
  • “Serosorting”?  
  • Beliefs about infectiousness and viral load?  
  • Substance use?  
  • Being in a long-term relationship?  

• What are potential predictors of sexual risk behavior with HIV-negative or male partners of unknown HIV status?
  • “Sexual positioning”?  
  • Beliefs about infectiousness and viral load?  
  • Substance use?  
  • Being in a long-term relationship?
### SEXUAL RISK BEHAVIOR AMONG HIV-POSITIVE YMSM

**Unprotected anal intercourse (UAI) with HIV-positive male partners, past 90 days**

<table>
<thead>
<tr>
<th>Model 3: Insertive UAI with HIV-Positive Partner (n=81)</th>
<th>df</th>
<th>Est.</th>
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<th>X²</th>
<th>p</th>
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<th>95% lower</th>
<th>CI upper</th>
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<tbody>
<tr>
<td>Parameter</td>
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<td>Serosorting Belief</td>
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<td>4.53</td>
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<th>CI upper</th>
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<td>Serosorting Belief</td>
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(Bruce, Harper, Suleta & the ATN, in press)
### SEXUAL RISK BEHAVIOR AMONG HIV-POSITIVE YMSM

**UAI with HIV-negative or status-unknown partners, past 90 days**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Failure to use condom after drinking alcohol</th>
<th>At least weekly marijuana use</th>
<th>Failure to use condom after drinking alcohol</th>
<th>At least weekly alcohol use</th>
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<tbody>
<tr>
<td>Model 1: Insertive UAI with HIV-Negative Partner (n=129)</td>
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<tr>
<td>Parameter</td>
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</tr>
<tr>
<td>Failure to use condom after drinking alcohol</td>
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<td>2.63</td>
<td>.66</td>
<td>15.76</td>
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<td>At least weekly marijuana use</td>
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<td>.62</td>
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<td>Model 2: Receptive UAI with HIV-Negative Partner (n=129)</td>
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<tr>
<td>Parameter</td>
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<tr>
<td>Failure to use condom after drinking alcohol</td>
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<td>.49</td>
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(Bruce, Kahana, Fernandez, Harper & the ATN, manuscript in development)
SEXUAL RISK BEHAVIOR AMONG HIV-POSITIVE YMSM

• UAI with HIV-positive partners appears to be associated with **intentionality**:  
  • Serosorting  
  • Beliefs about viral load and infectiousness

• UAI with HIV-positive partners appears to be associated with **alcohol use**:  
  • Failure to use condom after drinking alcohol despite original intention to do so

• What are implications for intervention?
MARIJUANA USE AMONG YOUNG HIV-POSITIVE GAY AND BISEXUAL MEN

- **Mixed Methods** to examine prevalence and motivations of elevated MJ use.
  - **Sequential exploratory approach**: results from Phase I determines selection of variables for Phase II analysis (Creswell et al., 2003)

- **Almost 25%** of the ATN070 Phase II sample reported smoking marijuana daily, and another **15%** smoked at least weekly.
  - In national population-based samples, 4-6% of emerging and young adults (years 18-30) reporting daily use and 21-22 year olds reporting the highest rates of daily use (6.3%).

- Qualitative data from Phase I identified themes of marijuana use among this population to be tested in Phase II, including **stress, relaxation, avoidant coping and recent HIV diagnosis**.
  
  (Bruce, Harper, Fernandez, & the ATN, under review)
MARIJUANA USE AMONG YOUNG HIV-POSITIVE GAY AND BISEXUAL MEN

Well, since April [two months prior to interview], since coming up positive, I have really, *really retreated from life and the best and most enjoyable ways to do that is by smoking lots and lots of weed.* Makes time fly, helps sleep, helps eat, makes things that are boring bearable... I don’t want to have to be reminded of it and I am all of the time and at least if I stay inside and I’m stoned, being reminded of it won’t be embarrassing, like it would be being out in public, vulnerable, not sober and I won’t be potentially putting anyone else at risk.

Adam,
21-year old White Gay male
Thank God for pot. I mean, that’s just my stress reliever.

Bryan,
19-year old White Gay male

I also like besides artwork, I guess I just kinda lay back and smoke pot sometimes when I’m stressed. That’s another thing I do so. I don’t always have pot but when I do I’ll just smoke and kind of draw too, because I know that really helps.

Carlos,
18-year old Mixed-Race Gay male
MARIJUANA USE AMONG YOUNG HIV-POSITIVE GAY AND BISEXUAL MEN

It’s social relaxation. I only do it [smoke marijuana] when I’m like with my friend. I don’t smoke by myself, I don’t feel it’s a purpose to smoke pot by yourself, you just gonna be sitting there, probably just doped up, you know? I’d rather be with my friends and sit there and laugh at each other.

Dwayne, 19-year old Mixed-Race Bisexual male
MARIJUANA USE AMONG YOUNG HIV-POSITIVE GAY AND BISEXUAL MEN

I’ve been smoking weed the whole time I’ve been having HIV and so that’s kind of like what I do to make the problem go down or just make me forget about what I was thinking... Now I’ve got to try to find a new solution [for] when I get stressed out about having HIV.

Eddie, 24-year old African American Bisexual male

Alcohol actually kind of made me more depressed and focus on more of my problems with dealing with HIV ...but the marijuana use actually didn’t. It kind of got my mind off dealing with the HIV problems I was going through at that particular time ‘cause I kind of dropped out of care for a year.

Gustavo, 22-year old Biracial Gay male
MARIJUANA USE AMONG YOUNG HIV-POSITIVE GAY AND BISEXUAL MEN

Substance Use Motivations (N=195)

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<thead>
<tr>
<th>Motivation</th>
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<tr>
<td>Ever use drugs or alcohol to relax or fit in</td>
<td>105</td>
<td>53.8</td>
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<tr>
<td>Ever use drugs or alcohol while alone</td>
<td>97</td>
<td>49.7</td>
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<tr>
<td>Ever use drugs or alcohol to reduce the stress of living with HIV</td>
<td>82</td>
<td>42.1</td>
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<tr>
<td>Ever use drugs or alcohol to help you forget about living with HIV</td>
<td>62</td>
<td>31.8</td>
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<tr>
<td>Ever use drugs or alcohol to reduce the side effects of HIV medications</td>
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Logistic Regression

<table>
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<th>p</th>
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<th>95% lower</th>
<th>95% upper</th>
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<tr>
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<td>1.04</td>
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<td>&lt;.01</td>
<td>2.83</td>
<td>1.41</td>
<td>5.67</td>
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</table>

(Bruce, Harper, Fernandez, & the ATN, under review)
WHAT’S THE GOOD NEWS?

- Health research on gay men historically driven by HIV/AIDS epidemic, and focus on risk and disease
- Emergent research on resilience among young gay/bisexual men living with HIV/AIDS
  - Sources of Resilience: Harper, Bruce, Fernandez, Hosek, Rood & the ATN (In press)
  - Future Life Goals: Bruce, Harper & the ATN, 2011
RESILIENCE IN HIV-POSITIVE YOUNG GAY/BISEXUAL MEN

- Analyzed qualitative data from ATN070 for examples of resilience
- Sources for resilience include
  - engaging in **health-promoting cognitive processes**
  - enacting **healthy behavioral practices**
  - enlisting **social support** from others
  - **empowering other gay/bisexual youth**.

(Harper, Bruce, Hosek, Fernandez, Rood & the ATN, in press)
RESILIENCE: HEALTH-PROMOTING COGNITIVE PROCESSES

- Three thematic types of health-promoting cognitive processes reported:
  - a) re-evaluating life goals
  - b) gaining a sense of control through seeking knowledge
  - c) taking responsibility for health outcomes.
Resilience: Health-Promoting Cognitive Processes

So I know that having HIV, you're going to have it probably for the rest of your life. You have the rest of your life to figure out what you're going to do, and you need to get over this hump and you need to do what you need to do...you have HIV now, you know, maybe we need to plan out some things a little ahead. Maybe it's time to start taking steps towards the goals. I mean we don't have as much time as we thought we did but we still have a lot of time.

Todd, mixed race gay male, aged 18
It [HIV] makes me want to go to the doctor. It makes me want to get up and take care of myself because nobody’s going to live my life for me but me. So I think about that every day that what can I do to make this day better than the last.

Tyler, biracial gay male, aged 22
RESILIENCE: ENACTING HEALTHY BEHAVIORAL PRACTICES

- Specific activities to exercise control over their bodies in order to produce desirable health outcomes:
  - a) increasing exercise and improving their diet
  - b) decreasing drug and/or alcohol use
  - c) practicing safer sex.
I just can’t go out and binge drink every night, you know, I mean because it affects, you know, it affects the, you know, the medicines, it affects your body too, you know, a different degree than it does if you’re just, you know, totally healthy.

Aaron, White gay male, aged 22

So I can live longer... if you want to live, stay healthy. I try to eat less fast food. I try to exercise a little more. I try to make sure I don’t expose myself to situations where I can get sick. I go have regular check-ups at the doctor.

Maurice, Black gay male, aged 19
I feel like my – with me being positive now and caring about my body more has given me a different view of my body and other people’s bodies. And I think that prior to me being positive, I think I did have respect for myself and my body, but not as much as I should have. And that seems to then comply [sic] to the people that I was having sex with.... I’m just much more cautious and reserved about it now than I used to be... I think I just – I think now I see my body as an asset to myself, whereas I think I used to see it as a means of using people... I recklessly used my body to get what I needed in order to survive. And you know, now it’s like the game is completely different – it’s not the same anymore.

Marcus, Black gay male, aged 18
RESILIENCE: ENLISTING SOCIAL SUPPORT FROM OTHERS

• Four specific social support networks were discussed:
  • a) health care providers and health care organizations,
  • b) friends and peers
  • c) family members
  • d) partners and ex-partners
RESILIENCE: ENLISTING SOCIAL SUPPORT FROM OTHERS

Informational stuff, supportive stuff, like mental supportive and just participating in active support groups within other youth who are HIV positive and giving that peer support. Like if you do this and you see the side effects this is what you need to do to reduce them. That was very informative for me.

Hector, Hispanic gay male, aged 23

All my friends are HIV-positive...They go to work every day, like have successful lives...it's not necessarily what they tell me to do. They “do” and I notice...I associate myself with the people that I want to emulate or be like.

Justin, White gay male, aged 22
I want to educate people... Knowing that there was a time in my life where I was - I don't know how to put it, a druggie, maybe... I see those people around and sometimes I feel like this thing like I want to do something, I want to help them, because I see myself, you know. I'm like, oh my God, like I see you spiraling downward... That motivates me to want to help them. **It motivates me to want to educate** them and spread awareness.

Todd, mixed race gay male, aged 18
RESILIENCE IN HIV-POSITIVE YOUNG GAY/BISEXUAL MEN

• Implications for interventions?

• Sources for resilience include
  • engaging in health-promoting cognitive processes
  • enacting healthy behavioral practices
  • enlisting social support from others
  • empowering other gay/bisexual youth.
FUTURE LIFE GOALS OF YOUNG HIV-POSITIVE GAY/BISEXUAL MEN

- Emerging Adulthood (ages 18-25):
  - quest for identity, focus on self-development
  - experience of instability (home, work, relationships)
  - feeling “in-between”

- To assess future life goals among M+BODY participants, we asked participants to report goals for:
  - next year, next 5 years, beyond 5 years
  - support for achieving these goals
  - obstacles to achieving goals

(Bruce, Harper & the ATN, 2011)
FUTURE LIFE GOALS OF YOUNG HIV-POSITIVE GAY/BISEXUAL MEN

1-Year Goal
- Finish School (23)
- New Place to Live (5)
- Work/Job (10)
- 1-Year Goal

5-Year Goal
- Have kids (8)
- Career (7)
- Impact in Comty. (7)
- Buy/own home (6)
- Travel (7)
- Higher Ed. (6)
- Buy/own home (9)
- Start/have career (10)
- Finish school (11)
- 5-year Goal
- Be in a relationship (4)
- Be healthy (4)
- Be (3) Healthy
- Be in a (5) Relationship

5+ Years Goal
- Have kids (8)
- Career (7)
- Impact in Comty. (7)
- Buy/own home (6)
- Be in a relationship (4)
- Be healthy (4)
- Be (3) Healthy
- Be in a (5) Relationship

(Bruce, Harper & the ATN, 2011)
FUTURE LIFE GOALS OF YOUNG HIV-POSITIVE GAY/BISEXUAL MEN

• Results:
  • school, work, home, relationships
  • long-range goals often centered on family, relationships, children
  • most salient impact of HIV and health appears to be the behavioral modification that many of them perceived necessary to achieve their future life goals

• Implications for interventions:
  • Transition to adult care / planning for future
  • Perceived need for behavioral modification, changes in social networks
ACKNOWLEDGMENTS

Our deep gratitude goes to the participants in this study whose thoughtful input and willingness to share their stories made this study possible.

Study Team: Gary Harper, Doug Bruce, April Timmons, Brian Rood
Questions or Comments?