

Sociocultural and Psychological Factors as Predictors of HIV Sexual Risk Behavior in Black Men Who Have Sex with Men (MSM) from 6 US cities

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Background:

Black men who have sex with men (BMSM) in the US have considerable HIV infection rates. HIV/STIs among sexual networks, infrequent HIV testing, and late diagnosis of HIV infection are key factors associated with increased HIV risk for BMSM. Few studies have investigated the influence of socio-cultural and psychological factors on HIV sexual risk behavior among Black MSM. We examined the extent to which sociocultural factors (e.g., perceived racism, perceived homophobia, internalized homophobia) related to psychological factors (e.g., depression, social support) and HIV sexual risk behavior among 1,524 BMSM in 6 US cities.

Methods:

HPTN 061 is a feasibility study of a multi-component HIV prevention intervention for BMSM. Logistic regression models were used to assess baseline quantitative measures: sociocultural factors (perceived racism, perceived homophobia, internalized homophobia), psychological factors (depression, social support), and HIV sexual risk behavior (unprotected insertive and receptive anal course [UAI, URAI, UIAI]).

Results:

Median age was 40 (range=18-68); 52% had a high school or less education; and 37% reported incomes <\$10,000. When controlling in multivariate regression analyses for control variables (age, education, annual income, city), BMSM who reported URAI with their last male sexual partners were more likely to have lower internalized homophobia (OR=0.67, 95% CI: 0.51, 0.88), were more likely to be HIV+ at enrollment (OR=2.16, 95% CI: 1.56, 2.98), and were more likely to report perceived racism (OR=1.01, 95% CI: 1.00, 1.02) than their peers with contrasting socio-demographic factors. MSM who reported UIAI with their last male sexual partners were significantly more likely to have higher internalized homophobia (OR=1.35, 95% CI: 1.05, 1.74) and were less likely to be HIV+ at enrollment (OR=0.65, 95% CI: 0.48, 0.89). When condensing

URAI and UIAI into any UAI, no variables socio-demographic variables predicted UAI above control variables.

Conclusions:

These findings indicate the critical need for the sustained emphasis on innovative HIV prevention strategies that address culturally specific psychosocial stressors related to stigma for Black MSM.

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