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Concurrent Partnering and Condom Use among Rural Heterosexual African-American Men

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Abstract

Background—Limited research has targeted HIV risk among heterosexual African-American men in rural southeastern US.

Methods—A cross-sectional survey was administered to 538 men to assess HIV knowledge, attitudes toward HIV testing and sexual risk behavior.

Results—Fifty-one percent reported consistent condom use in past three months. Monogamous men reported more consistent condom use ($t = 3.47$, $df = 536$, $p < .001$). In concurrent partnerships condom use was inversely related to age (AOR=.98, 95% CI=.95-.998, $p = .03$) and increased by number of female partners (AOR=1.49, 95% CI=1.26-1.76, $p < .001$).

Conclusions—African American HIV prevention outreach should include focus on concurrent partnering in rural settings.

Keywords

HIV prevention; men; condoms; heterosexuality

Heterosexual transmission is the second leading mode of HIV transmission in the United States.¹ African-Americans bear a disproportionate burden of heterosexually-acquired HIV cases.² Concurrent partnering is one sexual factor shown to increase HIV risk.³⁻⁵ Compared to white men, African-American men are more likely to report concurrent sexual relationships.^{6,7} As such, concurrency has been identified as a likely factor accelerating the spread of HIV among heterosexual African-Americans.^{8,9}

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In areas of the rural southeastern U.S., the HIV epidemic has impacted African-Americans unequally.¹⁰⁻¹⁷ Limited research has examined concurrent partnering and other correlates of HIV risk among heterosexual African-American men in this region. Evidence from the small body of existing empirical literature examining HIV risk among rural African-Americans has shown that men are more likely to engage in concurrent sexual partnerships¹⁷⁻²⁰ and inconsistent condom use^{15,17, 18} than women. The purpose of this study was to identify correlates of consistent condom use by sexual concurrency status among low-income African-American men.

Potential participants were recruited through local door-to-door, street, and faith-based outreach and recruitment flyers posted throughout the community. Five hundred thirty-eight African-American men aged 18-64 years who identified as heterosexual and lived in northern Florida participated. Each completed a survey that assessed demographics, attitudes toward HIV testing, HIV testing history and intention to disclose positive test results, HIV-related knowledge, and perceptions of AIDS-related stigma. Descriptive statistics were conducted; bivariate analyses determined which variables to include in subsequent multivariate logistic regression analyses models.

The average age of men in this study was 38.7 years (SD=13.9). About one-third (33.8%) had not graduated high school and more than half (58.4%) reported monthly income less than \$500. Forty percent reported being in concurrent sexual relationships. Another 40% reported concurrent sexual relationships with female sex partners in the past three months. Consistent condom use was reported by 277 men (51.5%).

Multivariate logistic regression analyses indicated that among currently monogamous men, consistent condom use was inversely related to age and positively associated with ever having been tested for HIV. Among men in concurrent sexual partnerships, multivariate logistic regression analyses revealed that consistent condom use was also inversely related to age. Additionally, condom use increased by 50% for each additional female sex partner reported in the past three months. Men with less than a high school education were 63% less likely to report consistent condom use (Table 1).

Empirical evidence suggests a limited degree of HIV-risk consciousness and consistent safe sex practice among African-American men.²¹⁻²³ A study that examined condom use by casual and primary relationship status found that African-American men were less likely to use condoms with primary partners.²⁴ The current study findings that a) reported consistent condom use was significantly greater among those reporting current monogamy and b) odds of consistent condom use increased in proportion to the number of recent female sex partners reported, may indicate a positive response to the AIDS epidemic in rural Florida from African-American men. Despite engaging in concurrent partnerships, these men may indeed be aware of HIV risk.

Results of this study should be considered in light of its limitations. First, findings are limited by the validity of retrospective self-report. Additionally, the sensitive nature of this study topic allowed for vulnerability to systematic over- or under-reporting of sexual

attitudes and behaviors. Finally, results may not be generalizable to other populations of heterosexual African-American men.

The complex nature of HIV transmission among specific populations makes comprehensive assessment of determinants of HIV risk behavior necessary for development of effective prevention intervention strategies. The current study warrants further research on correlates of risk behavior such as partner concurrency among African-Americans in rural settings.

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Table 1

Results of logistic regression analyses testing correlates of consistent condom use by sexual concurrency status of African- American men ($N=538$) residing in rural Florida

AOR	95% CI	P-value
Men reporting monogamy		
Age	.98 .96-.997	.019
Less than high school education	.71 .44-1.16	.17
Ever declined an HIV test	.33 .14-.74	.007
Men reporting sexual concurrency		
Age	.98 .95-.998	.032
Less than high school education	.37 .19-.75	.005
Number of female sex partners ^I	1.49 1.26-1.76	<.001

^IPast 3 months