



Longitudinal Experiences of Social Support and Sexual Risk in a Sample of Young Black Men who have Sex with Men

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Background



- Social support is key to the development of young men who have sex with men
- Family rejection during this period has been associated with adverse health outcomes
- Little work has explored social support during sexual development in young Black men who have sex with men (YBMSM)
- Understanding contextual factors that impact social support over time may reveal features that contribute to risk

Methods



- 50 Black birth-assigned males, 15-19 years of age in a northeastern city in USA
 - 40 (80%) completed all 4 interviews
- Recruitment methods:
 - Snowball sampling
 - Clinics: Adolescent, STD and school-based health
 - Social venues (serving sexual minority youth)
 - Internet sites (e.g. Jack'd, Craigslist, Facebook)
- Remuneration:
 - US \$40 (baseline interview), \$30 (follow up interviews)
 - Refreshments/snacks, transportation

Presenter Disclosures



The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No financial disclosures to report.

Purpose



1. Describe patterns and context of social support in a sample of YBMSM
2. Examine how consistent social support impact condom use and sexual risk over time

Methods



- Baseline Interview
 - ACASI – Demographics, behavior, outness
 - In-depth 90 minute qualitative interview
- 3 Timeline follow back interviews - 12 months
- Timeline follow back uses a calendar with key events to enhance recall:
 - Same-sex and opposite-sex sexual experiences
 - Social context surrounding sexual encounters
 - Social support at each time point

Interviews & Analysis



- Interviews
 - Transcribed verbatim & coded by three coders
 - High percent agreement (Kappa =0.91)
 - Nvivo Software used to sort, organize, classify
- Analysis
 - Inductive open-coding to identify emergent themes
 - Interviews within participants were organized using a case study analysis where:
 - Similar themes were grouped
 - Themes were compared between groups

Demographics (n=40)



Characteristic	Mean (SD), % (n)
Mean age of participant	17.6 (1.27)
Age at first same-sex	13.9 (2.6)
Sexual Orientation	
Gay	57.4% (23)
Bisexual	37.5% (15)
Heterosexual	2.5% (1)
Other	2.5% (1)
Gender Identity	
Transgender	2.5% (1)
Outness Score	35.7 (15.5)
Lifetime Number of Sex Partners	14.5 (15.3)

Two Groups of Social Support



- High Social Support:
 - Multiple sources of social support (parent, sibling, friend, community member)
 - Reported social support at all 4 time points:
 - *Affirmatively*: There are people I can depend on to help me if I really need it
 - *Negatively*: I feel that I do not have close personal relationships with other people
- Low Social Support:
 - No or limited (1-2) sources of social support
 - Inconsistent or no social support at all 4 time points

High Social Support



7 participants described high social support:

- Lower lifetime sexual partners
 - Mean 2.2 (S.D.=1.2);
- Lower # of sexual partners at follow up
 - Mean 1.7 (S.D.= 0.83);
- More consistent condom use
 - These participants described an expectation to use condoms
 - Struggling and fear of STI during non-use

Expectation to Use Condoms



- *“Because my mother’s going to kill me. She got all them condoms in my drawer just to sit right there, so I knew for sure [to use a condom].”*

High Social Support Themes



- Really explicit information about sexual health from family and friends
- Very Supportive Family
 - Mostly young mothers or sisters
 - Promoted confidence in sexual identity
- Social Context
 - Stable family environments
 - Gay-identified person in their life

Family Members



- Participants described that family members were very explicit about sexual risk and using condoms
- Such family members would use familiar language, show images and provide condoms to demonstrate support

Explicit Support



- *“At thirteen, when I came out, two weeks later my mom sat down and had this gruesome talk with me; she sat me down in front of the computer. She said, you going to look at these all of this information about these things that you can catch from having anal sex and oral sex and all different types of sex. Yes, you can catch these things.”*

Experiences promoted a feeling of comfort and safety



- **Some participants described that the explicit conversations provided them with the confidence to come out and be more open about one’s sexual identity.**
 - *“My grandmother at Christmas said, “Oh, yeah, I’m glad you finally came out... You have sex yet? Did y’all use condoms? Is you a bottom?” ...So kind of getting out on the map with my family, I’m like “Okay, I’m finally comfortable. Okay. And now it’s time to come out to the world, because I’m tired of being hidden.”*

Gay-Identified Person



- Participants described commonly having a gay-identified person in their life
 - *“I was around my brother [who is also gay] (and his friends). So being around them and just listening... really helped me out, because they was telling me the dos and don’ts and what to look out for and not to let anybody ever pressure me. I’m glad that they did share the information that they did, because it changed my mindset.”*

Low Social Support Group



- 33 participants described low or inconsistent social support across all four interviews
 - 2 described no social support
 - 31 described scattered and inconsistent social support from 1-2 people

Low Social Support



- Higher # lifetime sexual partners
 - Mean 14.2 (S.D.=9.0);
- Higher # of sexual partners at follow up
 - Mean 3.3 (S.D.=2.4);
- Less consistent condom use
 - Easily convinced not to use condoms
 - Context of substance use
 - *“I was never told to wear condoms...Yes, that’s not something that my parents would even think...”*

Low Social Support Themes



- Family not supportive
 - Family members (particularly fathers and brothers):
 - Homophobic and transphobic
 - Used derogatory or negative words
- Sexual health information was self-directed or non-existent
- Social Context
 - High Substance Use
 - Sexual identity influenced by larger social environment

Family Not Supportive



“... I talked to my father one time when I was around 14 and I told him that I was bisexual, and he called me a disgrace, and he was like, “No, not my son, not my oldest son. I’m not gonna let that happen. You either change your ways or just get out of my life completely.” ...he didn’t understand. He didn’t particularly care.”

Self-directed Sexual Health Information



- Participants more commonly described having to find sexual health information.
- Some described using sexually explicit material (or pornography) as a resource.
 - *“Well, in eighth grade we had a sex-ed program, and we learned about (heterosexual) sex...the risk of not having safe sex and stuff like that, but I (started) look at porn at night...doing research on the sexual positions, like missionary, 69, doggie style and stuff like that. And I got some amazing facts from it.”*

Social Context: Substance Use



- Substance use prior or with sexual activity was common among the individuals who had inconsistent or no social support.
 - *“He (his partner) was sometimes drinkin’, sometimes smokin’, and I was always saying okay let me think...I wanna see how it tastes, so I ended up drinking and then it ended up turning out to be sex. It felt so different...It felt at the same time good so after we were drunk and had sex I was going to try it again.”*

Social Context: Sexual Identity



- 11 of the 33 participants described either changing from bisexual to gay or gay to bisexual as a result of what was going on in their social environment

Conclusion



- YBMSM who described consistent social support described pro-actively receiving information about condom use and sexual risk from family which resulted in condom use
- YBMSM with inconsistent support described having to seek out sexual health information, inconsistent condom use and high substance use

Limitations

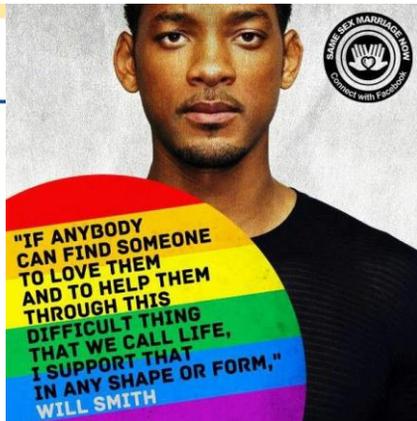


- Qualitative interviews of YBMSM living in one geographic area
- Findings of work may not transfer to other communities of same-gender loving young men

Public Health Significance



- Sexual health intervention strategies will need to take into account the support youth are receiving around early sexual development
- Social support that includes explicit information about risk may potentially shift sexual health trajectories for YBMSM
- Future interventions will need to figure out how to replicate social support for young men with low or no social support



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