
HIV/STI Risk Behaviors of Gay and Nongay-Identified MSM: Who's More At-Risk?

William L. Jeffries IV^{1,2}

¹Department of Sociology

²Department of Behavioral Science and Community Health



“I am not gay!”



Sen. Larry Craig

“I am a gay American.”



Ex-Gov. Jim McGreevey

HIV Prevention for MSM

- Public health infrastructure in gay community

- clubs
- community centers
- funding streams
- PRIDE events

- NGI MSM not integrated into gay community

- Can NGI MSM benefit from MSM-focused interventions?



Are NGI MSM at Greater Risk?

- Conflicting risk evidence
 - elevated risk of unprotected sex, sex work, IDU, sex while intoxicated
 - lower risk of multiple male partners, HIV/STIs, anal sex

Who Are They?

- Sociodemographic characteristics
 - r/e minority, low SES, youth, religiosity, hetero partnerships, incarceration, & non-urban
 - few social support networks
- Sexual characteristics
 - little is known
 - tend to be bisexually-active

Limitations of Previous Studies

- Lack of representation
 - mostly urban
 - high-risk recruitment
 - non-probabilistic sampling
- Tangential examination of NGI

Study Objectives

To determine if/how gay and NGL MSM differ in:

- Sociodemographic characteristics
- Sexual behaviors
- HIV/STI risk

Data

- 2002 NSFG
- Area probability sample, ages 15-44
- ACASI for sexual orientation data
- Oversample of blacks, Hispanics, & teens
- N = 202 MSM
 - gay (n = 97)
 - NGI (n = 105. . .50% bi, 31% straight, 19% other)

Analyses

- Sociodemographic differences
 - logistic regression
 - simultaneously controlled for all sociodemographic predictors
- Sexual and risk differences
 - logistic regression
 - controlled for r/e, age, & education

Predictors of Being NGI

	OR	AOR
Black, NH	2.85*	1.31
Mexican	7.13***	3.27*
Non-Mexican Hispanic	3.74**	3.73*
Other	3.11	1.56
Age	0.96†	0.98
Education	0.88†	0.97
Income	0.89**	0.57
Hetero marriage/cohab	4.00†	0.94
Religiosity	1.45***	1.36**
Small town/rural residence	5.03***	2.82†
Incarceration history	2.42*	2.48*

Note. *** p<.001 ** p<.01 * p<.05 † p<.10

Sexual Behavior Differences

(lifetime)

	OR	AOR
Sex w/ female, year	17.89***	17.66***
4+ females	3.50**	4.14**
4+ males	0.14***	0.14***
2+ females, year	1.62	1.49
2+ males, year	0.76	0.90
Anal w/ females	4.36***	4.19***
Oral w/ females	3.21†	4.75*
Anal only w/ males	9.26*	9.06†
Oral only w/ males	12.41***	12.13***
Receptive anal only	8.22***	7.25**
Insertive and receptive anal	0.12***	0.11***

Note. *** p<.001 ** p<.01 * p<.05 † p<.10; referent = gay MSM

HIV/STI Risk Differences

(past-year)

	OR	AOR
Syphilis	2.93†	3.23†
High during sex	2.06†	2.22*
IDU	5.56	4.08
Sex work	1.81	1.82
HIV+ partner	0.69	0.69
IDU partner	2.41	2.47
HIV test, life	0.40*	0.45†
STI test	0.84	0.81
Condom use, last male	1.56	1.62
Condom use, last female	1.89†	1.79†

Note. *** p<.001 ** p<.01 * p<.05 † p<.10; referent = gay MSM

Conclusions

- Paradigm shift
 - “gay” is not necessarily safe
 - examine risky elements catering to gay men (e.g., Internet, bathhouses)
 - protective benefit of being NGI
- Risk is not a one-way street
- High HIV/STI rates likely fueled by gay MSM
 - NGI more inclined to oral sex
 - equal/greater condom use, fewer male partners

Interventions

- NGI and gay MSM are different
 - key sociodemographic differences
 - NGI do have some elevated risks (e.g., sex under the influence, STI in past year)
 - culturally-appropriate prevention messages
- Privileges inherent in being able to be gay
- Don't label interventions as "gay"
- What about bisexual men?

Acknowledgments

- John C. Henretta, Department of Sociology
- Ellen D. S. Lopez, Department of Behavioral Science and Community Health
- Centers for Disease Control and Prevention (NCHS)