

Correlates of Concurrency Among Black Heterosexual Men

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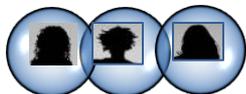


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Background

Sexual concurrency is defined as having multiple sexual partnerships that overlap in a given time period.



Sexual concurrency may increase STD/HIV transmission because more people are potentially exposed in a given time period.

Past research indicates that Black men's sexual concurrency is significantly related to having a non-monogamous partner, age of sexual debut, alcohol and drug use as well as intoxication during sex; however, the studies are few.

Therefore, the purpose of this study was to identify the prevalence and correlates of sexual concurrency among a community-recruited sample of Black heterosexual men ages 18 to 29.

Methods

Population: African American adult men in the metro Atlanta area

Eligibility: African American male, 18-29 years, single, unprotected vaginal sex in the past 30 days, provide written consent

Enrolled: N=80

Baseline Assessment:
Sociodemographics
Psychosocial factors
Substance use
Sexual behaviors
Provided urine sample for STD testing

Results

Data Analysis: Analytical sample size was 76. Independent t-tests and chi-square analyses were used to identify differences between men reporting no sexual concurrency versus those reporting sexual concurrency. Additionally, layered chi-square analyses were employed to explore interactions between variables significantly differentiating the two groups.

Demographics: The mean age was 23.4 (SD=3.6). More than half (56.6%, n=43) reported graduating from high school. Almost two thirds (60.5%, n=46) reported no paid employment, and less than half (40.8%, n=31) received financial subsidies (i.e. food stamps, welfare, Section 8 housing vouchers) within the past year. Over one third (34.2%, n=26) of participants lived with a female sex partner. The prevalence of sexual concurrency in the past year among this sample of young Black heterosexual men was 67.1% (n=51).

Table 1. Differences by concurrency status in the past year.

Factors	No concurrent sex partners, (n=25) % (n)	Concurrent sex partners, (n=51) % (n)	Test Statistic	P value
Sociodemographics				
Age, Mean (SD)	23.0 (3.8)	23.6 (3.6)	-0.62	0.539
High school graduate	76.0 (19)	47.1 (24)	5.720	0.017*
Lives with girlfriend	44.0 (11)	29.4 (15)	1.586	0.208
Receiving family aid	40.0 (10)	41.2 (21)	0.010	0.922
Has paid job	40.0 (10)	39.2 (20)	0.004	0.948
Substance use				
Hazardous drinking	12.0 (3)	37.3 (19)	5.202	0.023*
Marijuana use	48.0 (12)	32.9 (35)	3.025	0.082
Psychosocial factors				
Depressive symptoms, Mean (SD)	4.24 (5.49)	4.71 (6.00)	-0.327	0.745
Racial Identity				
Centrality, Mean (SD)	4.77 (1.17)	5.01 (0.82)	-0.941	0.353
Private Regard, Mean (SD)	6.35 (0.74)	6.45 (0.82)	-0.539	0.591
Self Esteem, Mean (SD)	26.88 (3.23)	26.24 (4.03)	0.752	0.455
Sexual behaviors and STDs				
Age at first sex, Mean (SD)	14.8 (2.7)	14.3 (2.3)	0.856	0.395
Percent condom use (past 3 months), Mean (SD)	31.6 (41.1)	30.2 (37.1)	0.145	0.885
Multiple sex partners, Mean (SD)	2.0 (2.9)	4.4 (9.9)	-1.218	0.227
STD test results	12.0 (3)	23.5 (12)	1.408	0.235

Those who graduated high school and had a pattern of hazardous drinking were more likely to have concurrent sex partners compared to those without concurrent sex partners (37.5% (n = 9) vs. 10.5% (n = 2), $\chi^2 = 4.053$, Fisher's exact = 0.077). The interaction between high school graduate and hazardous drinking was marginally significant.

Conclusions

HIV/STD risk reduction programs for young adult Black heterosexual men should address how sexual concurrency, alcohol, and substance use increase their risk for HIV/STD acquisition.

Specifically, programs should target responsible drinking among Black men, including the impact of problem drinking on risky sexual behavior.

Additionally, prevention efforts should address the role of sexual concurrency in young men's lives and emphasize the potential health risk associated with concurrent sexual partnerships.

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