The effects of recruitment method on demographics, psychosocial variables, and drug use among a sample of men who have sex with men in Shanghai, China.

Jessica Harnisch, MPH November 17th, 2014

Outline

- Background
 - □ Context Surrounding MSM in China
 - Psychosocial Health Problems Associated with MSM
 - Effects of Recruitment Methods among MSM Populations
- Methodology
 - Study Aims
 - Study Population
 - Data Collection
 - Recruitment Methods
 - Analysis
- Results
- Conclusions and Implications for Further Research

Background

- Men who have sex with men (MSM) in China are unified by the term, tongzhi. It describes a political and cultural context that unifies individuals amongst the heteronormative culture.
- □ In 1997, same-sex sexual behavior was decriminalized. 1
- In 2001, the updated CCDM-3 de-pathologized "homosexuality," but tongzhi that experience distress are still considered in a diagnostic category.
- \blacksquare MSM are disproportionately affected by mental illness and psychosocial health problems. 2

Psychosocial Health Problems Affecting MSM

- Depression: rates among several samples of urban MSM range from 20-80%. ^{2, 3, 4} A 2012 study in Foshan found that 34.8% of their sample exhibited depressive symptoms. ⁵
- Intimate partner violence: Cross sectional studies of urban MSM in America found that men experiencing IPV were at a 1.6 times greater odds of experiencing depression than those not abused by their partners. ^{6,7}
- Drug Use: History of drug use is associated with high levels of depression, and MSM are more likely to have risky sexual behavior. 8
- Sexual concurrency: Among a sample of MSM in Chennai, India, for every additional male sexual partner in the last three months, there was a 4% increase in the existence of depressive symptoms. 9

- The large majority of sampling techniques utilized for studies conducted with MSM are convenience samples that contain an over-representation of bar patrons.¹⁰
- □ Guo et al. in 2011utilized four sampling methods; peer outreach, informal social network, Internet, and venue-based, with the goal to recruit a more representative sample of MSM in Beijing.
 - They analyzed: sociodemographic and behavioral factors, as well as the rate of HIV and Syphilis infections among young migrant MSM.
 - Characteristics that varied significantly across the four recruitment methods were: nearly all demographic characteristics, prevalence of Syphilis, number of sexual partners in their lifetime, involvement in commercial sex work in the last six months, and drug use differed significantly across the four recruitment methods.¹¹

Methodology

This study seeks to extend these findings by understanding the effects of recruitment method on:

- 1 sample demographics,
- 2 psychosocial variables,
- 3 substance use,
- and sexual risk behaviors among a highly marginalized population of <u>MSM and</u> money boys in Shanghai, China.

Population of MSM in Shanghai, China

- □ General men who have sex with men (MSM).
 - 11.1% of MSM in Shanghai self-identified as openly gay/bisexual, 85.3% identified as closeted gay/bisexual, and 3.4% are heterosexual. 12
- Money boys are a unique sub-population of rural-to-urban migrants that engage in transactional sex.
 - 13.2% are openly gay/bisexual, 73.5% closeted gay/bisexual, and 13.5% are heterosexual. 12

- Data Collection Procedures:
 - Shanghai Men's Study was initiated in July of 2008 and continued for five years.
 - Pencil-and-paper survey, in Chinese, that consisted of three sections:
 - (1) basic information and social support,
 - (2) experience as a gay or bisexual person, attitudes about sex, CES-D Short Form Depression
 Screening Questionnaire, and
 - (3) attitudes about health issues, health status, treatment for STDs, sexual behaviors, and substance use/abuse.

Shanghai Men's Study Recruitment Methods

- All participants of the Shanghai Men's Study were recruited voluntarily by networking within the MSM and money boy communities at various venues in Shanghai that are frequented by MSM and money boys. Recruitment methods:
 - (1) respondent driven sampling (RDS),
 - (2) community popular opinion leader (CPOL),
 - (3) venue-based sampling (VBS).

(1) Respondent Driven Sampling

- □ For RDS, study staff initially recruited eight seeds 13, 14:
 - 4 MSM (2 gay-identified and 2 non-gay-identified)
 - 4 money boys (two gay-identified and two non-gay-identified)
 - Each seed recruited up to three peers and gave them each three recruitment coupons to distribute to their peers. Coupons were used to track recruitment, affirm relationships, and prevent recruitment overlap.

(2) Community Popular Opinion Leader

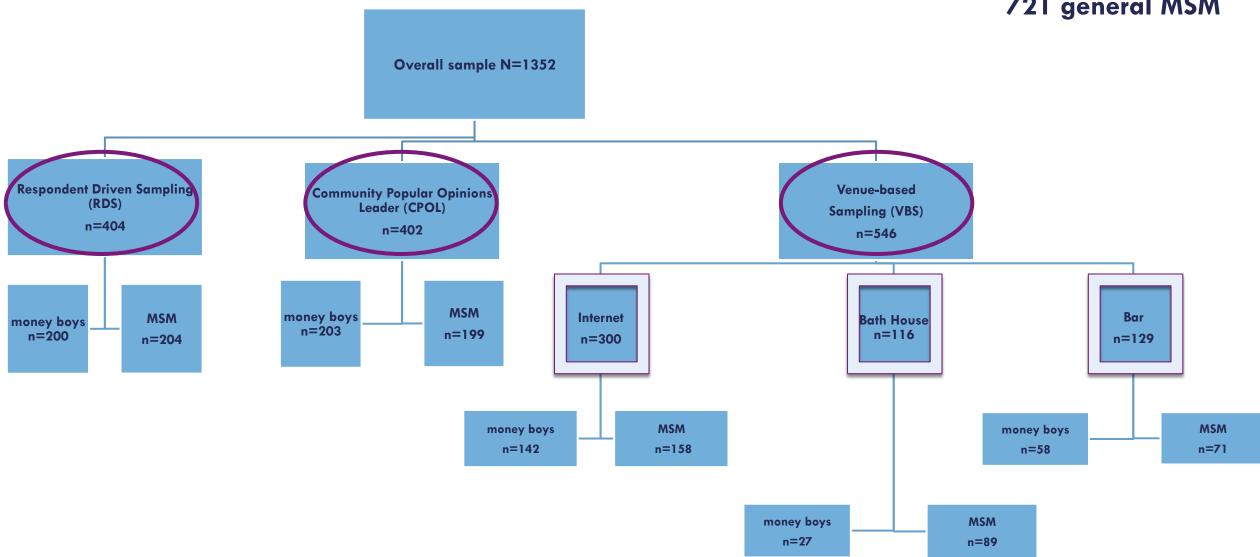
- 40 community popular opinion leaders (CPOLs) from different segments of the money boy and MSM populations by a local NGO, Shanghai Piaoxue Cultural Media Limited.^{15, 16}
 - 20 were money boys and 20 were general MSM
 - Each CPOL was asked to recruit 10-15 money boys or general MSM. If interested, the recruited participant would be contacted by study staff to determine eligibility and privately complete the survey.

(3) Venue-Based Sampling

- □ VBS was conducted at each of the three following venues:
 - □ 1) Internet applications, such as "QQ" which is a short messaging service, JACKD and GRINDR
 - 2) Bath houses, and
 - 3) Bars
- Fliers were hung at bath houses and bars, and participants could call a hotline to learn more of the study
- Semi-private rooms were reserved in order to speak with and determine the preliminary eligibility of the participants
- If the participant was interested in the study, staff followed up with an appointment at the central office of Shanghai Piaoxue Cultural Media Limited, where the participant was consented and ask to complete the survey.

Recruitment Methods:

In Total: 1,352 MSM 631 money boys 721 general MSM



Analysis

- Descriptive statistics and frequencies for the survey items were conducted and stratified by recruitment method
- 2. In order to test for significant differences between comparison groups ANOVAs were conducted for continuous variables, and Chi-square tests for categorical variables.
- 3. Simple linear regressions were conducted to assess the correlation between depression and demographics, IPV, gender role beliefs, drug use, and sexual concurrency.
 - a. Pearson correlation coefficients were used for continuous variables.
 - b. Spearman correlation coefficients for categorical variables.

Results 17

Characteristic	RDS n= 404	CPOL n= 402	VBS n= 546	Overall N=1,352	Sig. (F or X ² , p)						
Mean (SD)											
Age (years)	29.7 (10.4)	27.7 (7.9)	30.8 (9.9)	29.5 (9.6)	F=12.2, p=.000						
Age at first sexual contact with men (years)	19.9 (6.1)	18.9 (5.5)	21.0 (6.1)	20.0 (6.0)	F=14.2, p=.000						
Age at first sexual contact with women (years)	20.4 (4.5)	19.5 (3.9)	21.1 (4.4)	20.4 (4.3)	F=9.0, p=.000						
		n (%)									
Ethnicity Han Other	386 (95.5) 16 (4.0)	400 (100) 0 (0)	517 (94.7) 29 (5.3)	1303 (96.4) 45 (3.3)	X ² =259.4, p=.000						
Hukou Shanghai Other	82 (20.3) 322 (79.7)	96 (23.9) 304 (75.6)	129 (23.6) 417 (76.4)	307 (22.7) 1043 (77.1)	X ² =2.0, p=.372						
Level of Education Middle School or less High School or equivalent College or more	148 (36.6) 161 (39.9) 93 (23.0)	119 (29.6) 150 (37.3) 133 (33.1)	157 (28.8) 150 (27.5) 133 (24.4)	424 (31.4) 516 (38.2) 410 (30.3)	X ² =19.2, p=.014						
Monthly Income (Yuan) <1000 1000-2999 3000-4999 ≥5000	25 (6.2) 204 (50.5) 115 (28.5) 59 (14.6)	29 (7.2) 112 (27.9) 164 (40.8) 95 (23.6)	14 (2.6) 169 (31.0) 177 (32.4) 186 (34.1)	68 (5.0) 485 (35.9) 456 (33.7) 340 (24.2)	X ² =91.5, p=.000						
Sexual Orientation Openly gay/bisexual Closeted gay/bisexual Other	49 (12.1) 321 (79.5) 34 (8.4)	31 (7.7) 332 (82.6) 39 (9.7)	41 (7.5) 485 (88.8) 20 (3.7)	121 (9.0) 1138 (84.2) 93 (6.9)	X ² =60.9, p=.000						
Marital Status Married Other	59 (14.6) 345 (85.4)	47 (11.7) 348 (86.6)	115 (21.1) 431 (78.9)	221 (16.4) 1124 (83.1)	X ² =45.7, p=.000						

Demographic results

RDS:

- Lowest monthly income
- Largest proportion of openly gay/bisexual

CPOL:

- Youngest age at 1st sexual contact with men or women
- Smallest proportion of married participants

VBS:

- Oldest
- Largest proportion of closeted gay/bisexual
- Greatest proportion of married participants

What is the rate of depression and intimate partner violence among the sample?

Description of Depressive Symptoms amongst the Sample, Stratified by Recruitment Method									
Recruitment Method Variable	RDS n=404	CPOL n=402	Venue-based n=546	Overall N=1352	F-value, p-value				
	n (%)	n (%)	n (%)	n (%)					
Minimal Depressive Symptoms	259 (64.1)	249 (61.9)	384 (70.3)	892 (66.0)	F=4.31, p=.014				
Somewhat Elevated Depressive Symptoms	100 (24.8)	92 (22.9)	105 (19.2)	297 (22.0)	F=0.85, p=.429				
Very Elevated Depressive Symptoms	32 (7.9)	31 (7.7)	32 (5.9)	95 (7.0)	F=3.64, p=.030				
Overall CES-D sum score (μ, σ)		20.6 (6.7)	19.7 (6.2)	20.4 (6.3)	F=5.1, p=.006				
Description of Intimate Partner Violence o	ımongst the Sample	e, Stratified by Recru	uitment Method						
Recruitment Method Variable	RDS n=404 n (%)	CPOL n=402 n (%)	Venue-based n=546 n (%)	Overall N=1352 n (%)	X ² , p-value				
IPV: 1 – 2 forms of abuse	146 (36.1)	110 (27.4)	187 (34.2)	443 (32.8)	8.0, .019				
IPV: 2+ forms of abuse	58 (14.4)	45 (11.2)	83 (15.2)	186 (13.8)	3.3 .191				

20

What is the rate of drug use among the sample?

RDS: Greatest use of Ecstasy and smallest quantity of drugs/day

CPOL: Lowest use of methamph. and Ecstasy. Greatest quantity of drugs/

VBS: Greatest use of drugs ever, with large proportion using stimulants

Rate of Drug Use among	g the Sample, S	stratified by Rec	ruitment Method	d						
Participant Type	RDS	CPOL	Venue-based	Overall	X ² or F, p-value					
Variable	n= 402	n= 400	n=546	N=1,352	·					
n (%)										
Have used drugs	69 (1 <i>7</i> .1)	67 (16.7)	132 (24.2)	268 (19.8)	10.9, .004					
Have used ice or methamphetamine	38 (9.4)	18 (4.5)	52 (9.5)	108 (8.0)	9.6, .008					
Have used stimulants	28 (6.9)	56 (13.9)	175 (32.1)	259 (19.2)	104.7, .000					
Have used Ecstasy	32 (7.9)	4 (1.0)	14 (2.6)	50 (3.7)	30.4, .000					
Have used drugs other than stimulants, Heroin, Ecstasy or Ice	29 (7.2)	9 (2.2)	12 (2.2)	50 (3.7)	19.6, .000					
		Mean (SI)							
Quantity of drugs used per day in the last 3 months	0.05 (0.48)	8.2 (17.2)	5.7 (15.7)	1.8 (8.9)	F=34.8, p=.000					

What is the rate of sexual concurrency among the sample?

21

Sexual Concurrency in the Last 30 days, Stratified by Recruitment Method																
# Partners	No	o partner	'S	1-3 partners		4-6 partners		7	7-9 partners		10+ partner		X^2 , p			
	RDS	CPOL	VBS	RDS	CPOL	VBS	RDS	CPOL	VBS	RDS	CPOL	VBS	RDS	CPOL	VBS	
Variable	n (%)															
MSM 30 days	40 (9.9)	45 (11.2)	52 (9.5)	199 (49.3)	169 (42.0)	303 (55.5)	55 (13.6)	41 (10.2)	70 (12.8)	20 (5.0)	28 (7.0)	38 (7.0)	90 (22.3)	122 (30.3)	83 (15.2)	70.7 , .000
MSF 30 days	313 (77.5)	360 (89.6)	437 (80.0)	81 (20.0)	37 (9.2)	100 (18.3)	2 (.50)	4 (1.0)	3 (.55)	1 (.25)	O (O)	O (O)	1 (.25)	(0)	0 (0)	19.9,
	No partners Only male partners Only female partners Male and female partners X ² , p											X ² , p				
	RDS	CPOI	L V	'BS	RDS	CPOL	VBS	R	DS	CPOL	VBS	RDS	СР	OL	VBS	
	n (%)															
MSM+ MSF 30 days	32 (7.9)	42 (10.4		41 7.5)	289 (71.5)	319 (79.4)	402 (73.6		8	3 (.75)	11 (2.0)	75 (18.6)	\	38 5.5) (92 16.8)	15.0, .001

RDS: Highest proportion of 1-3 <u>female</u> sexual partners in the last 30 days

CPOL: Highest proportion of 10+ male sexual partners in the last 30 days and only male concurrent sexual partners

VBS: Highest proportion of 1-3 <u>male</u> sexual partners in the last 30 days

What is the rate of condomless (unprotected sex) among the sample?

22

Description of Condom Use amongst the Sample, Stratified by Recruitment Method									
Recruitment Method Variable	RDS n=402 n (%)	CPOL n=400 n (%)	Venue-based n=546 n (%)	Overall N=1348 n (%)	X ² , p				
Unprotected Sex with a Man and a Woman Ever Yes	377 (93.3)	158 (39.5)	233 (42.9)	768 (57.0)	X ² = 311.4, p=.000				
No	27 (6.7)	242 (60.5)	310 (57.1)	579 (43.0)					
Unprotected Anal Sex without a Condom Ever Yes	308 (76.2)	334 (84.3)	409 (75.7)	1051 (78.4)	X ² = 11.6, p=.003				
No	96 (23.8)	62 (1 <i>5.7</i>)	131 (24.3)	289 (21.6)	р .000				
Unprotected Sex with a Casual Partner (man or woman) Ever Yes	171 (42.9)	84 (40.2)	232 (44.5)	487 (43.1)	X ² = 1.2, p=.0.56				
No	228 (57.1)	125 (59.8)	289 (55.5)	642 (56.9)					

RDS: Highest proportion of unprotected sex with a <u>man and a woman</u> ever

CPOL: Highest proportion <u>unprotected anal sex</u> without a condom ever

VBS: Highest proportion unprotected sex with a <u>casual partner</u> (man or woman) ever



CONCLUSIONS

- Recruitment method affected <u>nearly every variable</u> assessed in this study.
- The varying rates of depression, sexual concurrency, and drug use, confirm that multiple recruitments should be utilized in order to gather a more representative sample of MSM.
 - RDS participants reported the highest rate of depression, intimate partner violence, and greatest proportion of male and female sexual partners in the last 30 days
 - CPOL participants reported the greatest quantity of drugs in the last 30 days and highest proportion of 10+ male sexual partners in the last 30 days and only male concurrent sexual partners
 - VBS reported the greatest use of stimulants and the highest proportion unprotected sex with a casual partner ever
- MSM and money boys in Shanghai are at risk of depression, violent relationships, risky sexual behavior, and substance abuse problems.
 - Because these risks still exist among this population, additional research and interventions are required in order to reduce these risks among the MSM population in Shanghai, China.

STRENGTHS AND LIMITATIONS

STRENGTHS

- The utilization of multiple recruitment methods allowed for a more representative sample of MSM in Shanghai, China.
- 2. This is the first study is assess the existence of co-existing psychosocial variables among MSM and money boys in Shanghai.
- 3. This sample recruited a large sample size of both money boys and general MSM.

<u>LIMITATIONS</u>

- This study relied on self-reported behaviors, which no doubt yielded some bias in the results.
- 2. This study was based upon data gathered in Shanghai, and the results do not apply to various MSM communities across China.
- 3. This study utilized purposive sampling. This sampling technique is prone to researcher bias and is not representative of the entire MSM population of China.

Implications for future research

- Future research of the health issues facing MSM and money boys should utilize multiple methods of recruitment in order to gather a more representative sample.
- Future studies should focus on the high rates of intimate partner violence, sexual concurrency, and drug use among MSM in Shanghai.
 - If a study were to be designed for the purpose of understanding the rate of psychosocial correlates, then we could have a greater understanding of the severity and associations between psychosocial health problems.
- Depression remains underreported in China, and mental illness is highly stigmatized in China. A study should be designed to understand the stigma behind depression among the MSM population in Shanghai.



Questions?

REFERENCES

- 1. Chou, W.-s. (2000). Tongzhi. Politics of Same-Sex Eroticism in Chinese Societies. 10 Alice Street, Binghamton, NY, 13904-1580: The Haworth Press, Inc.
- 2. Safren, S. A., Reisner, S. L., Herrick, A., Mimiaga, M. J., & Stall, R. D. (2010). Mental health and HIV risk in men who have sex with men. [Research Support, N.I.H., Extramural]. Journal of acquired immune deficiency syndromes, 55 Suppl 2, S74-77. doi: 10.1097/QAI.0b013e3181fbc939
- 3. Sandfort, T. G. M., Melendez, R. M., & Diaz, R. M. (2007). Gender nonconformity, homophobia, and mental distress in Latino gay and bisexual men. J Sex Res, 44(1), 181-189.
- 4. Halkitis, P. N., Kupprat, S. A., Hampton, M. B., Perez-Figueroa, R., Kingdon, M., Eddy, J. A., & Ompad, D. C. (2013). Evidence for a Syndemic in Aging HIV-Positive Gay, Bisexual, and other MSM: Implications for a Holistic Approach to Prevention and Health Care. *Annals of Anthropological Practice* 36(2), 365-386.
- 5. Liu, J., Gao, Y. H., Liang, Z. M., Li, Y., & Yang, Y. (2012). Depressive symptoms and associated sexual behaviors among men who have sex with men in Foshan, Guangdong province. Zhonghua Liu Xing Bing Xue Za Zhi, 33(5), 483-487.
- 6. Parsons, J. T., Grov, C., & Golub, S. A. (2012). Sexual compulsivity, co-occurring psychosocial health problems, and HIV risk among gay and bisexual men: further evidence of a syndemic. [Research Support, Non-U.S. Gov't]. Am J Public Health, 102(1), 156-162. doi: 10.2105/AJPH.2011.300284
- 5. Stall, R., Millis, T. C., Williamson, J., Hart, T., Greenwood, G. L., Paul, J. P., . . . Catania, J. A. (2003). Association of co-occurring psychosocial health problems and increased vulnerability to HIV/AIDS among urban men who have sex with men. American Journal of Public Health, 93(6), 939-942.
- 8. Stall, R. F., M.; Catania, JA. (2008). Interacting epidemics and gay men's health: A theory of syndemic production among urban gay men. In R. S. Wolitski, R.; Valdiserri, RO. (Ed.), Unequal opportunity: Health disparities affecting gay and bisexual men in the United States. (pp. 251-274). New York, NY: Oxford University Press.
- 9. Fendrich, M., Avi, O., Johnson, T. P., & Mackesy-Amiti, M. E. (2013). Depression, substance use and HIV risk in a probability sample of men who have sex with men. Addictive Behaviors 38, 1715-1718.
- 10. Stall, R., & Wiley, J. (1988). A comparison of alcohol and drug use patterns of homoesexual and heterosexual men: The San Francisco Men's Health Study. Drug and Alcohol Dependence, 22, 63-73
- Guo, Y., Li, X., Fang, X., Lin, X., Song, Y., Jiang, S., & Stanton, B. (2011). A comparison of four sampling methods among men having sex with men in China: implications for HIV/STD surveillance and prevention. AIDS Care, 23(11), 1400-1409.
- He, N., Wong, F. Y., Huang, Z. J., Ding, Y., Fu, C., Smith, B. D., . . . Jiang, Q. (2007). HIV risks among two types of male migrants in Shanghai, China: Money boys vs. general male migrants. AIDS, 21 (Suppl8), S73-S79.
- 13. Heckathorn, D. (1997). Respondent-driven sampling: A new approach to the study of hidden populations. . Social Problems, 44(2), 174-199.
- 14. Heckathorn, D. (2002). Respondent-driven sampling II: Deriving valid population estimates from chain-referral samples of hidden populations. Social Problems, 9(1), 11-34.
- 15. Kelly JA. Popular opinion leaders and HIV prevention peer education: resolving discrepant findings, and implications for the development of effective community programmes. AIDS Care. 2004;16(2):139–150.
- 16. Valente, T. W., & Pumpuang, P. (2007). Identifying opinion leaders to promote behavior change. Health Educ Behav, 34(6), 881-896. doi: 10.1177/1090198106297855