

Comparisons of HIV Risk Behaviors between Foreign-born and US-born men Who Have Sex with Men (MSM) in New York City

Contact: Kai-Lih Liu, Ph.D., MPH
 HIV Epidemiology Program
 New York City Department of Health & Mental Hygiene
 346 Broadway, Room 701, CN 44
 New York, NY 10013
 U.S.A.
 Email: klu@health.nyc.gov

Kai-Lih Liu¹, Christopher Murrill¹, Beryl Koblin², Lisa Buckley¹, Shavvy Raj-Singh¹, Lucia Torian¹
¹New York City Department of Health and Mental Hygiene, New York, U.S.A. ²New York Blood Center, New York, U.S.A.

Objectives

- To Compare Foreign- and US-born men who have sex with men (MSM) in:
 - Sociodemographics
 - HIV testing history and status
 - Sexual and drug-using risk behaviors
 - Correlates of risk behaviors
 - Gaps in prevention services

Sampling Procedures

- Identify public venues attended by MSM
 - Sampling protocol from Young Men's Survey (YMS)
 - Community interviews
 - Review local gay publications
- Build monthly sampling frame of venues and their associated sampling periods
 - Type 1 enumeration: counts for unknown venues
 - Type 2 enumeration: brief-street interviews to establish peak times
 - Determine if venue produces minimum number of eligible men during a 4 hr. sampling period
- Random selection of venues and sampling periods each month ('event')
- Sampling of men at randomly selected events

Study Design

- Multi-site survey of MSM who attend public venues
 - 16 cities in U.S.
 - Public venues: bars, dance clubs, business establishments, social organizations, sex establishments, street locations
 - Cross-sectional sample
 - Anonymous

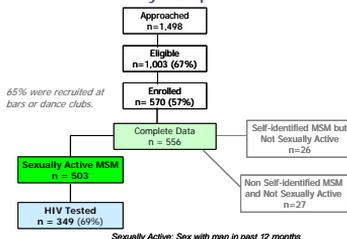
Eligibility

- Male
- Resident of NYC metropolitan area
- 18+ years old
- Sexual orientation or behaviors were not included

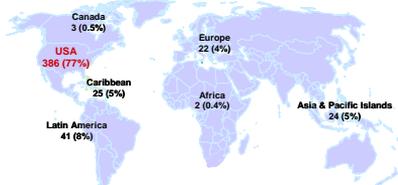
Data Collection

- In a mobile van:
 - Standardized core questionnaire plus local questions
 - HIV pre-test counseling
 - Blood specimen

Study Sample



Country of Birth (n=503)



HIV Testing History (n=503)

	US-Born (n=386) %	Foreign-Born (n=117) %
Ever Tested	90	94
Tested in Past 12 Months	60	61
Self-Reported HIV Status		
Positive	9	14
Negative	77	78
Unknown/Refused	14	8

* No significant differences in these variables were found between US- and Foreign-born MSM.

HIV Testing at Interview

	Total Tested (N)	HIV+ (%)	HIV- Unaware of Infection (%)
	349	18	52
US-Born	262	18	56
Foreign-Born	87	18	38

* HIV- Unaware of Infection: MSM with self-reported negative or unknown status were tested positive at interview.
 * No significant difference in 'unaware of HIV infection' was found between US- and Foreign-born MSM.

Demographics (n=503)

	US-Born (n=386) %	Foreign-Born (n=117) %
Age		
18-24	31	29
25-39	52	56
40+	17	15
Race/Ethnicity **		
White	46	20
Black	29	46
Hispanic	21	8
Asian	1	15
Other	3	10
Education *		
< High school	10	2
High school graduate	16	22
Some college	27	25
> College graduate	47	51

* p<0.05 ** p<0.001

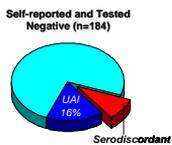
Sexual Preference & Behaviors (n=503)

	US-Born (n=386) %	Foreign-Born (n=117) %
Sexual Preference		
Homosexual	79	78
Bisexual	18	20
Heterosexual	1	0
Other/Unknown	2	2
In Past 12 months:		
> 5 Male Partners	46	46
Sex with Female	16	16
Exchange Sex for Money/Drugs	9	8
STD Diagnosis *	8	17

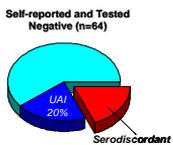
* p<0.01

Partner's HIV Status and Unprotected Anal Intercourse (UAI) during Last Encounter

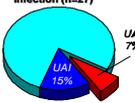
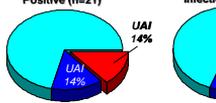
US-Born



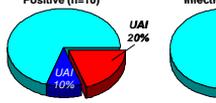
Foreign-Born



Self-reported and Tested Positive (n=21)



Self-reported and Tested Negative (n=64)



- No UAI
- UAI with Seroconcordant Partner
- UAI with Serodiscordant Partner

* Unaware of HIV Infection: Self-reported HIV negative or unknown status, but tested positive at the interview.
 * Serodiscordant: Partner has an opposite or unknown HIV status.

Substance-Use Behaviors in Past 12 Months (n=503)

	US-Born (n=386) %	Foreign-Born (n=117) %
Non-injection Drug Use	59	67
Marijuana	52	46
Cocaine	31	33
Popper *	20	31
Ecstasy	19	27
Amphetamine/Crystal Meth	13	17
Pain Killer	5	9
Non-injection Drug Use during Sex	47	54

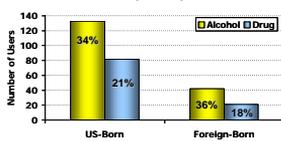
* p<0.05

Where to Find Male Sex Partners (n=503)

	US-Born (n=386) %	Foreign-Born (n=117) %
Bars/Night Clubs *	63	74
Private Parties/Social Clubs	46	53
Internet *	49	38
Streets/Parks/Public Places	33	25
Adult Video/Bookstores	20	22
Bath Houses	18	22
Cafes/Restaurants	19	20
Gyms	14	20
Circuit/Rave Parties *	11	20
Sex Parties	13	9
Public Restrooms	8	12

* p<0.05

High during Last Sexual Encounter (n=503)



* p<0.01

Participated in HIV Prevention Activities in Past 12 Months (n=503)

	US-Born (n=386) %	Foreign-Born (n=117) %
Received Free Condoms *	83	92
Used Free Condoms	76	78
Talked to a Counselor [†]	24	28
Participated in a Group Session	13	10

[†] Excluding HIV Counseling and Testing

* p<0.05

Summary

- Of 503 MSM in the survey, 23% were foreign-born: more than half of them immigrated from the Caribbean and Latin America.
- Compared to the US-born MSM, the foreign-born had a significant higher STD diagnosis in past 12 months.
- No significant differences were found between both groups in HIV prevalence and testing history.
- Foreign-born MSM were more likely to use poppers during sex in past 12 months than their counterparts.
- Compared to the US-born MSM, the foreign-born had higher proportions of unprotected anal intercourse with a serodiscordant male sex partner in past 12 months.
- Foreign-born MSM were more likely to find their male sex partner at bars/night clubs and circuit/rave parties, but the US-born MSM were more likely to find a partner on the internet.

Conclusions

- Subculture-tailored approaches to accessing and sampling target populations are key for successful implementation of research and intervention activities.
- Simultaneous provision of HIV testing and targeted referral services to a community that may otherwise not routinely access local community-based organizations are recommended.
- Ongoing prevention efforts are needed to promote and maintain reduced risk behaviors in the gay and bisexual community.
- Culturally-sensitive, multilingual HIV/STD prevention materials and activities should be customized for foreign-born MSM.

Limitations

- These findings may not be generalizable to the NYC MSM communities.
- Risk behavior and testing data are self-reported therefore subject to recall bias.
- Certain questions were of a sensitive nature (psychosocial factors and HIV status), thus underreporting may have occurred.
- Numbers of years since immigrating to the U.S. was not recorded for the foreign-born MSM.
- Only English-speaking foreign-born MSM were included in the survey. Multilingual surveys would be needed in the future among limited MSM studies.

Acknowledgements

This work was supported by the U.S. Centers for Disease Control & Prevention.

NYC Department of Health & Mental Hygiene
 Kai-Lih Liu
 Christopher Murrill
 Beryl Koblin
 Lisa Buckley
 Shavvy Raj-Singh
 Lucia Torian
 New York Blood Center
 Thomas Lee
 Qing Jiang
 Guo Shuang
 Guofan Su