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Favorable Attitudes Towards Serosorting are Associated With Overall Less Frequent Condom Use Among Young Black Men Having Sex Men

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Abstract

This study determined whether YBMSM endorsing serosorting are less likely to use condoms. A questionnaire assessed men's attitudes towards serosorting with a three-item scale; various sexual risk behaviors were measured using a 90-day recall period. Favorable attitudes toward serosorting were associated with a greater likelihood of condomless sex as a top ($P<.001$) and as a bottom ($P<.001$), as well as a lower likelihood of using condoms with main partners ($P=.003$). Findings suggest that YBMSM having favorable attitudes toward serosorting may be more likely to report condomless sex than their counterparts without favorable attitudes.

Introduction

In the United States, men who have sex with men (MSM) have the highest incidence and prevalence of HIV.^{1–3} Representing approximately 2% of the population, they accounted for 69% of new HIV infections in 2012.² Young Black MSM (YBMSM) experience the largest portion of this disproportionate burden; with those under 25 years of age having a one-in-four chance of becoming infected.^{3–5}

YBMSM who are aware of their HIV-positive serostatus may disclose this to sex partners.⁶ This disclosing creates an opportunity for men believing themselves as HIV-negative to decline sex and those who are positive to have what they may view as “safe sex.” Known as serosorting, this practice is defined as restricting **condomless** sex to partners of the same HIV serostatus. Findings from a recent literature review, however, found inconclusive evidence to support the effectiveness of serosorting in this population.^{7–10}

Limited research is available regarding whether YBMSM endorsing serosorting experience overall greater levels of risky sexual behaviors.⁷ Using a 3-item scale assessing attitudes towards serosorting, this study determined whether YBMSM endorsing the practice are less likely to use condoms.

Methods

Study Sample

A convenience sample of 398 YBMSM was recruited from a larger NIH-funded randomized controlled trial of a safer sex intervention. Only baseline data was used. Recruitment occurred in a clinic designated specifically for the diagnosis and treatment of HIV and other sexually transmitted infections. The participation rate was 82.5%. All study procedures were approved by the Internal Review Board at the University of Mississippi Medical Center and the Office of Research Integrity at the University of Kentucky (USA).

Study Procedures

Men completed an online questionnaire, using Qualtrics software, in a private office not physically connected to the clinic. The questionnaire included a 3-item scale, with adequate inter-item reliability (Cronbach's $\alpha = .84$). Items were prefaced by the statement: "If my sexual partner tells me that his HIV status is the same as mine..." The items were: 1) I am more likely to have unprotected sex with him, 2) we don't have to worry about using condoms, and 3) I worry less about HIV. The obtained distribution was highly skewed and thus it was dichotomized by performing a median split.

The questionnaire also assessed various sexual risk behaviors, using a 90-day recall period.

Results

Of 387 men providing valid data, 186 (48.1%) scored above the median on the scale measure. These men were compared to the remainder. Table 1 displays the comparisons for five dichotomous outcomes. As shown, favorable attitudes toward serosorting were associated with a greater likelihood of **condomless sex** as a top and as a bottom, as well as a lower likelihood of using condoms with main partners. Men with favorable attitudes were no less likely than **those without favorable attitudes** to have multiple partners.

Also (not shown in Table) men with favorable attitudes were more likely to report a greater proportion of **condomless sex** as a top ($M = 79.1\%$ vs. $M = 69.3\%$; $P = .04$). They were also more likely to report a greater proportion of **condomless sex** as a bottom ($M = 86.4\%$ vs. $M = 70.3\%$; $P < .0001$). Finally, men with favorable attitudes were marginally more likely to report having **condomless oral sex** ($M = 8.49$ times vs. 5.75 times; $P = .06$).

Discussion

Findings suggest that YBMSM having favorable attitudes toward serosorting are just as likely to engage in sex with multiple partners and more likely to report condomless sex than their counterparts without favorable attitudes. Findings are limited by the lack of scale specificity relative to whether these attitudes pertained to sex with main (i.e., boyfriends) versus other types of partners. Clinicians and clinic-based educators may benefit this population by addressing beliefs that serosorting is an easy process and by teaching men about the level of trust and reliance on committed partners that is required to make this practice work effectively. Dispelling misconceptions about serosorting may alter the

corresponding attitudes of YBMSM and this may lead to increased use of condoms for anal, and possibly oral, sex.

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Table 1

Outcomes (assessed for the (past 90 days) Associated with Attitudes Toward Serosorting Among Young Black MSM

Sexual Risk Behavior	% of men w/favorable attitudes	% of men w/out favorable attitudes	<u>P</u>
Condomless sex as a top	37.9	21.0	<.001
Condomless sex as a bottom	45.5	24.1	<.001
Condomless sex with main partners	33.6	16.7	.003
Multiple partners as a top	40.9	38.8	.68
Multiple partners as a bottom	43.5	42.6	.87