

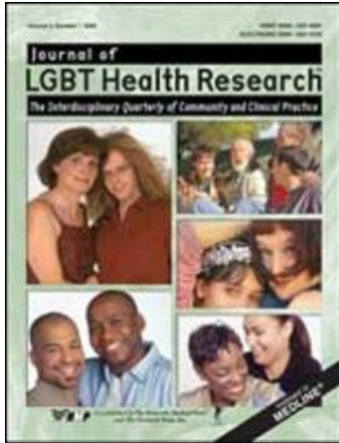
This article was downloaded by: [Blackwell, Christopher W.]

On: 4 December 2009

Access details: Access Details: [subscription number 917418209]

Publisher Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of LGBT Health Research

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t792306928>

Requests for Safer Sex Among Men Who Have Sex with Men Who Use the Internet to Initiate Sexual Relationships: Implications for Healthcare Providers

Christopher W. Blackwell ^a

^a College of Nursing in the University of Central Florida,

Online publication date: 03 December 2009

To cite this Article Blackwell, Christopher W.(2009) 'Requests for Safer Sex Among Men Who Have Sex with Men Who Use the Internet to Initiate Sexual Relationships: Implications for Healthcare Providers', Journal of LGBT Health Research, 5: 1, 4 – 9

To link to this Article: DOI: 10.1080/15574090903327943

URL: <http://dx.doi.org/10.1080/15574090903327943>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Requests for Safer Sex Among Men Who Have Sex with Men Who Use the Internet to Initiate Sexual Relationships: Implications for Healthcare Providers

Christopher W. Blackwell

ABSTRACT. The number of men who have sex with men (MSM) who are using the Internet to initiate sexual relationships is increasing. Research suggests these men might have a higher likelihood of participation in high-risk sexual activities that might place them at greater risk for transmission of sexually-transmitted infections, including HIV. Although a few research studies have assessed higher risk behaviors among this population, studies have not typically focused on safer sex practices. This article presents findings from an original research study designed to assess both high-risk and safer-sex requests among MSM within a sample from Florida ($n = 483$) who use a popular Internet social networking site to initiate sexual relationships. Although the findings indicated a majority of MSM did not specifically request *safe sex only* within their profiles, its prevalence was higher in men with a reported negative HIV serostatus. This suggests some HIV-negative MSM are possibly participating in sexually-protective behaviors when using the Internet to meet sexual partners, which is an important consideration for healthcare providers when addressing HIV transmission and infection risks among clients.

KEYWORDS. AIDS, bareback, bisexual, gay, gay men's health, HIV, homosexual, safer sex

INITIATE SEXUAL RELATIONSHIPS THROUGH THE INTERNET

The use of sexual networking sites on the Internet to initiate sexual relationships among men who have sex with men (MSM) is a phenomenon that is increasing, and although studies indicate only 10% of heterosexual men use the Internet to find sexual partners, 43% of MSM report doing so (Bolding, Davis, Hart, Sherr, & Elford, 2006). This finding has sociologic implications and perhaps highlights a change in the manner in which gay and bisexual men form friendships, social networks, and romantic relationships. The use of the Internet for the initiation of sexual

relationships is of particular concern to healthcare professionals as MSM continue to represent the largest proportion of new HIV diagnoses (Centers for Disease Control [CDC], 2005). Epidemiologic data suggest an increasing incidence of sexually transmitted infections (STIs) among MSM. Cities with larger populations of MSM, such as San Francisco, have shown a rise in the rates of infection with HIV, syphilis, and rectal Chlamydia (San Francisco Department of Public Health, 2007), particularly among MSM.

Data also indicate changing rates of HIV infection within the State of Florida. Although the number of HIV-associated deaths has declined in the state, the most recent statistics indicate

Christopher W. Blackwell, PhD, ARNP, ANP-BC, is Assistant Professor at the College of Nursing in the University of Central Florida.

Address correspondence to: Christopher W. Blackwell, PhD, ARNP, ANP-BC, College of Nursing, University of Central Florida, P.O. Box 162210, Orlando, FL 32816–2210 (E-mail: cwblackw@mail.ucf.edu).

that MSM continue to represent the greatest number of new infections (Florida Department of Health, 2009). Florida's African American and Hispanic MSM continue to be disproportionately represented, comprising 41% and 70% of all new infections respectively (Florida Department of Health, 2009). In addition, regions with lower overall populations also vary in HIV transmission risk factors and research has suggested MSM living within Florida's more rural environments are more likely to use the Internet to find sexual partners (Ellerbrock et al., 2004; Williams, Bowen, & Horvath, 2005).

These data suggest that MSM are not consistently maintaining safer sex practices, including strict use of condoms during anal intercourse. Although some researchers have examined the etiologic forces contributing to this rise (Carballo-Diequez & Bauermeister, 2004; Wolitski, 2005), the increasing use of the Internet to initiate sexual relationships has been implicated. Studies have indicated that MSM who use the Internet to initiate sexual relationships are more likely to engage in unsafe sexual practices (Benotsch, Kalichman, & Cage, 2002; Blackwell, 2008; Davis, Hart, Bolding, Sherr, & Elford, 2006; Engler, Frigault, Leobon, & Levy, 2005; Halkitis & Parsons, 2003; Hospers, Harterink, van den Hoek, & Veenstra, 2002; Liao, Millett, & Marks, 2006; Shernoff, 2006; Wolitski, 2005).

Although data clearly indicate the presence of unsafe and high-risk sexual behaviors among this population, not many studies have focused on the relationship between reported HIV serostatus and the request for safer sex practices within profiles of MSM using the Internet to meet sexual partners. Instead, implications have been presented with a greater focus on those MSM who do not request safer sex practices or who specifically request one or more higher-risk sexual activities. Investigation of the characteristics of MSM who actively request safer sex practices within their Internet profiles might provide ways to improve prevention strategies among primary healthcare providers and their clients by providing evidence-based data about this phenomenon. Public health and social policymakers can also benefit. This focus can help identify both safe and unsafe behaviors, which might

highlight prevention gaps and suggest unique prevention approaches.

METHOD

Purpose of Study

The purpose of this study was to determine if an association exists between a request for *safe sex only* and self-reported HIV serostatus among MSM using a popular Internet sexual networking site. The site is designed specifically to introduce MSM to other MSM for the purpose of sexual activity. Also, it is not dedicated solely for MSM who wish to engage in any specific type of sexual activity. Specifically, the association between requests for safer sex was assessed in-relation to each of three individual profile response classifications: (a) HIV-negative serostatus, (b) HIV-positive serostatus, and (c) unknown/nondisclosed HIV serostatus. In addition, anal insertive and receptive sexual practice requests were also assessed among these three groups.

Methods, Sample, and Protection of Human Subjects

The study was approved by the Institutional Review Board of the University of Central Florida. No personal identifying information was collected, and at no time did interaction occur with the individuals using the site. Sampling for this study occurred over a period of approximately 30 days. Subjects were from seven geographical locations that comprised the entire State of Florida who accessed a popular Internet sexual networking site. Each region was sampled until either every profile meeting inclusion criteria was sampled, or a particular region reached a sample size of approximately 100.

Only profiles of those MSM who were actually on-line during data collection were included; couples seeking sexual relationships were excluded. Data related to HIV serostatus (negative, positive, unknown or unreported) and requests for safe sex were collected from the user profiles. Data related to anal sexual practice requests (top, bottom, versatile, top/versatile, or bottom/versatile) were also

collected. Depending on the space available in the data entry point of the database, all subjects were coded with a unique identifier that represented their username or an abbreviation of their username. This ensured that profiles were not double-sampled due to time elapses between data collection periods. These elapses ranged from 1–2 days to a week.

Data Analysis

Profile data were coded and entered into a database using the Statistical Program for the Social Sciences (SPSS) 16.0. Demographic data were analyzed with descriptive statistics. Pearson chi-square analyses were conducted (a) to assess the relationship between requests for safe sex only and HIV serostatus, and (b) to assess the relationship between anal insertive and receptive requests and HIV serostatus. Table 1 depicts a summary of the statistical analyses of the study.

RESULTS

The final sample consisted of 483 profiles. The typical subject was a profile submitted by someone stating he was a White male, aged 31–40, who reported being HIV negative, and did not request safe sex only.” One-third of the sample requested safe sex only. When evaluated according to HIV serostatus, those that were HIV negative requested safe sex 44% of the time, compared to only 15% of HIV positive individuals and 8% of individuals with unknown or unreported HIV status. These findings were statistically different ($\chi^2 = 58.585$, $df = 2$, $p < .01$). A significant relationship was also found between HIV serostatus and various sexual activity requests (anal insertive or anal receptive requests), some of which carry a higher risk of HIV transmission than others ($\chi^2 = 35.398$, $df = 18$, $p = .008$).

DISCUSSION

Sample Characteristics

Tewksbury (2003) found that only 10% of the sample either did not disclose HIV serostatus or reported their HIV serostatus as unknown.

In contrast, this analysis suggests a much greater number of MSM as either not reporting their HIV status or indicating unknown serostatus (0.4% and 24.8% respectively). This could indicate a regional variance due to the scope of this study consisting of MSM only in Florida. It could also possibly be explained by the fact that the sample was not randomly selected. Or, this could also suggest that MSM who use the Internet to initiate sexual relationships fear disenfranchising potential sexual partners by disclosing their HIV serostatus. For example, Dawson, Ross, Henry, and Freeman (2005) hypothesized that MSM who use the Internet to initiate sexual relationships may find it socially and legally safer to not disclose their HIV serostatus than to state their serostatus, or identify a preference for a partner with a particular HIV serostatus. Thus, it might be that the sample in this study may have feared legal repercussions from disclosure of a positive serostatus, and thus chose not to disclose it.

Requests for Safe Sex Only

One-third of the sample requested safe sex only. Those who reported a negative HIV serostatus requested safe sex more often; however, it was less than half of the time. Safe sex requests from reported HIV positive and unknown/not disclosed individuals were made 15% of the time or less. No prior studies have assessed the relationship between requests for safe sex and HIV serostatus or risk. It is important to emphasize that not requesting safe sex only within a profile does not necessarily indicate that an individual will not participate in safer sex practices. In addition, those individuals requesting safer sex practices may or may not carry-through with such behaviors during actual sexual interactions. Thus, the findings are limited to information self-reported in profiles, and not necessarily actual sexual behaviors that may or may not occur during actual encounters.

Even though 44% of those who were HIV negative requested safe sex only, these data suggest at least some degree of protective behaviors among HIV-negative MSM who use the Internet to initiate sexual relationships. A significant difference was also found between HIV

TABLE 1. Characteristics of Sample and Findings ($n = 483$)

Variable	<i>N</i>	Percent
Region		
Orlando	101	20.9
Miami	100	20.7
Tampa	101	20.9
Ft. Lauderdale	100	20.7
Florida Panhandle	30	6.2
Jacksonville	21	4.3
Florida Keys	30	6.2
Age		
18–30	144	29.8
31–40	180	37.3
Over 40	159	32.9
Self-report HIV status		
Negative	330	68.3
Positive	27	5.6
Not disclosed	126	26.1
Ethnicity		
White	259	53.6
Black	17	3.5
Hispanic	68	14.1
Other/not disclosed	139	28.8
Safe sex only request (entire sample)		
Yes	160	33.1
No	323	66.9
Safe sex only request (by HIV serostatus classification)		
Yes; HIV+	4	14.8
Yes; unknown/undisclosed serostatus	10	7.9
Yes; HIV–	146	44.2
No; HIV+	23	85.2
No; unknown/undisclosed serostatus	116	35.9
No; HIV–	184	55.8
Bareback sex requested		
Yes	11	2.3
No	472	97.7

serostatus and various sexual activity requests, some of which carry a higher risk of HIV transmission than others ($\chi^2 = 35.398$, $df = 18$, $p = .008$).

The precise reason why those who reported an HIV negative serostatus were more likely to request only anal insertive intercourse (18%) than those who were HIV positive (.04%) is unknown. Insertive anal intercourse carries a lower risk of HIV transmission in-comparison to anal receptive intercourse (Pinsky & Douglas, 2003). And although the number of HIV-positive MSM who specifically requested safe sex only was relatively low, some research has shown that individuals who know that they are HIV positive are more likely to seek sexual partners who are also HIV-positive (Laumann & Youm, 1999).

Seeking of sexual partners who are seroconcordant also demonstrates a protective behavior among both HIV-positive and HIV-negative MSM because it helps reduce HIV transmission to uninfected MSM. However, although low-risk activities to low-risk activities carry the least chance of HIV transmission, high-risk to high-risk sexual activity is not necessarily safer (Halkitis & Parsons, 2003).

Healthcare Provider Recommendations

Although conversing about sexuality within the health history can be uncomfortable for both clients and providers, providing direct questions can help to facilitate discussion (Seidel, Ball, Dains, & Benedict, 2006). It is never appropriate

to apologize for the need to discuss sexual information (Seidel et al., 2006). In addition, history questions focused on partner status should be neutral, without assuming any client's sexual orientation. Beginning this part of the history with a direct question such as "Do you have sexual relationships with men, women, or both?" and avoiding assumptive questioning ("Are you married?") may be most beneficial. Clients who come out to their provider as gay, lesbian, or bisexual should be praised for their courage for doing so (Seidel et al., 2006).

Healthcare providers should encourage all MSM to request safe sex practices and to be open in their discussions with potential partners about the importance of consistent condom use during anal receptive intercourse. Clients can be difficult for providers and, because HIV antibodies can take up to six months to react with standard HIV screening tests (CDC, 2007), clients should be aware that HIV serostatus is not an absolute certainty; self-reporting of a negative HIV serostatus within an Internet profile doesn't necessarily mean an individual is actually HIV negative.

Although the results of this study possibly indicate a greater need for safer sex practices among MSM who use the Internet to meet sexual partners, it is also important for providers to recognize that protective behaviors exist among this population. Nurses, physicians, and other clinicians should provide positive reinforcement to clients who report safer sex practices and who request safer sex practices from potential partners.

SUMMARY, LIMITATIONS, AND CONCLUSION

The use of Internet sexual networking sites is becoming a more prevalent manner for MSM to initiate sexual relationships. These sites provide fast and anonymous access to the initiation of sexual relationships, which can make a direct impact on sexual decision making. Healthcare providers should consider the possible use of Internet sexual networking sites when discussing safer sex practices with their MSM clients. HIV-

negative MSM in this sample were more likely to request safe sex only in their profiles than those who reported an HIV positive or unknown/undisclosed serostatus. A significant statistical relationship was also found between certain sexual behaviors and HIV serostatus. Those who were HIV negative were less likely to request anal receptive intercourse than those who were HIV positive; HIV-negative MSM were more likely to request anal insertive intercourse. Anal receptive intercourse carries a higher risk of HIV transmission than anal insertive intercourse.

Finally, clinicians should also consider whether or not their clients are seeking-out sexual partners who are serocordant. Lower-risk to lower-risk sexual activity (e.g., HIV negative anal intercourse with an HIV negative partner) carries a much lower risk of HIV transmission, compared to higher-risk to lower-risk sexual activity (e.g., HIV positive anal intercourse with an HIV negative partner). And, although research indicates that HIV-positive men are more likely to seek partners who are also HIV positive, healthcare providers must stress the importance of consistent condom use among these persons to lower risk of introduction of more HIV particles, resistant viral strains, and coinfections with other STIs.

Profile information is not necessarily factual and accurate. Requesting specific sexual activities in an Internet-based profile does not necessarily support that such activities will occur during actual sexual encounters. Thus, safer sex practice requests in an individual's profile may not actually be incorporated into actual sexual activity, just as higher-risk sexual practice requests may not actually occur during sexual activity. A significant study limitation is the generalizability of results. This study consisted only of MSM using Internet sexual networking sites within the State of Florida. In addition, some users could have created multiple profiles that could have been sampled and included. Future research should approach this issue from a more national perspective and determine the etiology of requesting both safe and unsafe sexual behaviors among MSM using the Internet to initiate sexual relationships.

REFERENCES

- Benostch, E. G., Kalichman, S., & Cage, M. (2002). Men who have met sex partners via the Internet: Prevalence, predictors, and implications for HIV infection. *Archives of Sexual Behavior, 31*, 177–183.
- Blackwell, C. W. (2008). Men who have sex with men and recruit bareback sex partners on the Internet: Implications for STI and HIV prevention and client education. *American Journal of Men's Health, 2*, 306–313.
- Bolding, G., Hart, G., Sherr, L., & Elford, J. (2004). Use of gay Internet sites and views about on-line health promotion among men who have sex with men. *AIDS Care, 16*, 993–1001.
- Carballo-Diequez, A., & Bauermeister, J. (2004). "Barebacking": Intentional condomless anal sex and HIV-risk contexts. Reasons for and against it. *Journal of Homosexuality, 47*(1), 1–15.
- Centers for Disease Control and Prevention. (2005). *Table 17. Reported AIDS cases, by age category, transmission category, and sex, 2005 and cumulative—United States and dependent areas*. Retrieved April 3, 2007 from <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2005report/pdf/table17.pdf>
- Centers of Disease Control and Prevention. (2007). *Deciding if and when to be tested*. Retrieved February 26, 2008 from http://www.cdc.gov/hiv/topics/testing/resources/qa/be_tested.htm
- Davis, M. Hart, M., Bolding, G., Sherr, L., & Elford, J. (2006). Sex and the Internet: Gay men, risk reduction, and serostatus. *Culture, Health & Sexuality, 8*, 161–174.
- Dawson, A. G., Ross, M. W., Henry, D., & Freeman, A. (2005). Evidence of HIV transmission risk in barebacking men-who-have-sex-with-men: Cases from the Internet. *Journal of Gay & Lesbian Psychotherapy, 9*(3/4), 73–83.
- Ellerbrock, T. V., Chamblee, S., Bush, T. J., Johnson, J. W., Marsh, B. J., Lowell, P., et al. (2004). Human immunodeficiency virus infection in a rural community in the United States. *American Journal of Epidemiology, 160*, 582–588.
- Engler, K., Frigault, L. R., Leobon, A., & Levy, J. J. (2005). The sexual superhighway revisited: A qualitative analysis of gay men's perceived repercussions of connecting in Cyberspace. *Journal of Gay & Lesbian Social Services, 18*(2), 3–37.
- Florida Department of Health. (2009). *Man up: The crisis of HIV/AIDS among Florida's men*. Retrieved September 11, 2009 from http://www.doh.state.fl.us/disease_ctrl/aids/Docs/Man_Up_Report.pdf
- Halkitis, P. N., & Parsons, J. T. (2003). Intentional unsafe sex (barebacking) among HIV-positive gay men who seek sexual partners on the Internet. *AIDS Care, 15*, 367–368.
- Hospers, H. J., Harterink, P., Van Den Hoek, K., & Veenstra, J. (2002). Chatters on the Internet: A special target group for HIV prevention. *AIDS Care, 14*, 539–544.
- Laumann, E.O., & Youm, Y. (1999). Racial/ethnic group differences in the prevalence of sexually transmitted diseases in the United States: A network explanation. *Sexually Transmitted Diseases, 26*, 262–264.
- Liau, A., Millett, G., & Marks, G. (2006). Meta-analytic examination of online sex-seeking and sexual risk behavior among men who have sex with men. *Sexually Transmitted Diseases, 33*, 576–584.
- Pinsky, L., & Douglas, P. H. (2003). *The Columbia University handbook on HIV and AIDS*. Retrieved June 3, 2009 from http://www.health.columbia.edu/pdfs/hiv_handbook.pdf
- San Francisco Department of Public Health. (2007). *San Francisco monthly STD report*. Retrieved June 13, 2007 from <http://www.dph.sf.ca.us/reports/STD/STDMONTH.pdf>
- Seidel, H. M., Ball, J. W., Dains, J. E., & Benedict, G. W. (2006). *Mosby's guide to physical examination*. St. Louis: Mosby.
- Shernoff, M. (2006). Condomless sex: Gay men, barebacking, and harm reduction. *Social Work, 51*, 106–113.
- Tewksbury, R. (2003). Bareback sex and the quest for HIV: Assessing the relationship in Internet personal advertisements of men who have sex with men. *Deviant Behavior, 24*, 467–482.
- Williams, M. L., Bowen, A. M., & Horvath, K. J. (2005). The social/sexual environment of gay men residing in a rural frontier state: Implications for the development of HIV prevention programs. *Journal of Rural Health, 21*(1), 48–55.
- Wolitski, R. J. (2005). The emergence of barebacking among gay and bisexual men in the United States: A public health perspective. *Journal of Gay & Lesbian Psychotherapy, 9*(3/4), 9–34.