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Mother–Son Communication About Sex and Routine Human Immunodeficiency Virus Testing Among Younger Men of Color Who Have Sex With Men



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ABSTRACT

Purpose: The purposes of this study were to document the HIV testing behaviors and serostatus of younger men of color who have sex with men (YMSM) and to explore sociodemographic, behavioral, and maternal correlates of HIV testing in the past 6 months.

Methods: A total of 135 YMSM aged 16–19 years completed a close-ended survey on HIV testing and risk behaviors, mother–son communication, and sociodemographic characteristics. Youth were offered point-of-care HIV testing, with results provided at survey end. Multivariate logistic regression analyzed the sociodemographic, behavioral, and maternal factors associated with routine HIV testing.

Results: A total of 90.3% of YMSM had previously tested for HIV, and 70.9% had tested in the past 6 months. In total, 11.7% of youth reported being HIV positive, and 3.3% reported unknown serostatus. When offered an HIV test, 97.8% accepted. Of these, 14.7% had a positive oral test result, and 31.58% of HIV-positive YMSM (n = 6) were seropositive unaware. Logistic regression results indicated that maternal communication about sex with males was positively associated with routine testing (odds ratio = 2.36; 95% confidence interval = 1.13–4.94). Conversely, communication about puberty and general human sexuality was negatively associated (odds ratio = .45; 95% confidence interval = .24–.86). Condomless anal intercourse and positive sexually transmitted infection history were negatively associated with routine testing; however, frequency of alcohol use was positively associated.

Conclusions: Despite high rates of testing, we found high rates of HIV infection, with 31.58% of HIV-positive YMSM being seropositive unaware. Mother–son communication about sex needs to address same-sex behavior as this appears to be more important than other topics. YMSM with known risk factors for HIV are not testing at the recommended time intervals.

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IMPLICATIONS AND CONTRIBUTION

Little is known about mother–son communication about sex and routine HIV testing among younger men of color who have sex with men (YMSM). Results indicate that YMSM are at significant risk for being infected with HIV during adolescence and that mother–son communication about same-sex behavior may support YMSM's testing behaviors.

Conflicts of Interest: There are no conflicts of interest or financial relationships to disclose.

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Younger men of color who have sex with men (hereafter YMSM) aged 16–29 years are disproportionately affected by HIV, and epidemiological data indicate that many YMSM seroconvert during mid-to-late adolescence [1]. The Centers for Disease Control and Prevention (CDC) recommend that all sexually active youth be annually tested for HIV and that high-risk groups, such as black and Latino YMSM, be tested every 3–6 months [2]. Among YMSM who are seropositive unaware, routine testing is the first step in meeting clinical benchmarks along the HIV continuum of care (e.g., diagnosis, linkage to care, antiretroviral therapy, retention in care, and viral suppression) [3]. HIV testing also provides an opportunity to deliver tailored risk reduction counseling, although the effect of such counseling on subsequent sexual risk behaviors and sexually transmitted infections (STIs) is mixed [4,5]. More recent prevention efforts are focusing on preexposure prophylaxis (PrEP) for high-risk negative persons, including YMSM. Although not yet approved for minors, the effectiveness of PrEP relies on routine testing to identify high-risk negatives who may be optimal candidates for PrEP and to detect seroconversions among people taking PrEP [6].

Studies indicate that YMSM have particularly poor outcomes along the HIV continuum of care. Zanoni and Mayer [7] estimate that 40% of HIV-positive youth aged 13–29 years are aware of their serostatus, and only 6% of these youth are virally suppressed [7]. In general, black and Latino YMSM are less likely to engage in routine testing and to be aware of their HIV status than are white YMSM [8,9]. Correlates associated with testing among adolescents and YMSM include having sex with a known HIV-positive partner, condomless sex, and substance use [7,10], suggesting that youth test when they perceive themselves to be at high risk. Conversely, low-risk perceptions are associated with not having been tested [11]. Other correlates of not testing include low educational achievement, fear of testing positive, and not being offered testing services [7–9,11].

Large numbers of YMSM unaware of their serostatus and potentially contributing to new infections is a public health emergency of the highest priority. Innovative efforts are needed to ensure that HIV tests are routinely accessible for those youth most at risk. Because many YMSM may still be living in the family home during adolescence, parents are a potentially important source of sexual health information. To date, little research has examined parent–adolescent communication about sex among YMSM [12,13]. In general, research on parental influences on the health of YMSM lags behind that of heterosexual youth [12–15], where studies indicate that parents can reduce sexual risk taking, improve partner communication, and increase health-promoting behaviors, including health care engagement [16–18].

Few studies have examined parental influences on adolescent HIV testing. In one of the few studies in this area, earlier and more frequent mother and father communication about sex was positively associated with having ever had an HIV test among mostly white, heterosexual college students [19]. In a separate study with a nationally representative sample of male adolescents aged 15–19 years, mother and father communication about sex predicted having a visit to a regular care provider in the last year [18]. More recently, Leonard et al. [20] found that friend and family influences were associated with high-frequency testing among YMSM of color; however, it is unclear whether this association was due to peers, parents, or other family members. Numerous scholars note that parenting lesbian, gay, bisexual, and transgender (LGBT) youth is markedly different than

parenting heterosexual youth [12,13,21]. Parent–child dynamics may be influenced by youth's level of outness and parent's responses to learning that their child is gay or bisexual [12,21]. As a result, parenting practices commonly studied in research with heterosexual youth may operate differently in families with LGBT youth. For example, in a cross-sectional study with 257 diverse YMSM, Thoma and Huebner [13] found that parent–adolescent communication about sex was positively associated with condomless anal intercourse (CAI) among YMSM who were out to their parents.

To the best of our knowledge, no studies have examined the association between maternal communication about sex and routine HIV testing among YMSM. However, this research is timely given that youth are disclosing their sexual orientation at younger ages [22], a trend likely to continue as support for LGBT people grows [23]. As such, it is likely that many parents are in positions to talk with their sons about sex, which could be associated with youth's testing behaviors. In the present study, we examine communication about topics commonly studied in research with heterosexual youth, such as puberty, condoms, and STIs/HIV, as well as those less studied with YMSM, such as same-sex behavior. In addition, we examine the frequency that YMSM discuss their own sexual orientation with their mothers and the affective context of the mother–son relationship. Because maternal communication is but one potentially important factor, we also consider sociodemographic and behavioral risk factors. We hypothesized that higher levels of communication about topics directly related to HIV prevention, such as condoms, STIs/HIV, and same-sex behavior, would be positively associated with HIV testing, as would behavioral risk factors for HIV infection.

Methods

Recruitment

The data are from Project READY, a study of familial and contextual influences on HIV prevention among ethnorracial YMSM and transgender women. Youth aged 13–19 years were eligible if they (1) identified as black/African-American or Latino; (2) identified as either a cisgender male (e.g., males whose gender identity matched their assigned sex at birth) or as a transgender woman; and (3) identified as gay or bisexual or reported any same-sex sexual behavior or any same-sex attraction. Youth were recruited at LGBT venues and events and via snowball sampling and referrals from other studies. Youth who successfully referred an eligible participant received \$10 in cash. Of the 205 youth screened, 166 were eligible, 165 consented, and 163 completed the survey. The present study focuses on the 135 youth who identified as a cisgender male as communication about sex between mothers and transgender women is likely different than that between mothers and sons.

Procedures

YMSM were asked to complete a 60-minute survey and an oral rapid HIV antibody test. Minors provided written assent, and youth aged >18 years gave written consent for the survey; oral consent was obtained for the HIV test. Parental consent was waived; in Illinois, youth aged ≥ 12 years can consent to HIV testing and treatment without parental consent [24]. Surveys

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