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Event-level analysis of alcohol consumption and condom use in partnership contexts among men who have sex with men and transgender women in Lima, Peru



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ABSTRACT

Background: We explored the association between alcohol use and condomless receptive (CRAI) and insertive (CIAI) anal intercourse within partnership contexts of men who have sex with men (MSM) and transgender women (TGW) in Lima, Peru.

Methods: From 2012–2014, we surveyed men and TGW (n = 1607) who reported anal intercourse with ≥1 male or TGW. Alcohol use with up to 3 sexual partners during the prior 90 days was evaluated. Bivariate and multivariate analyses used generalized estimating equations to assess event-level associations between alcohol use, CRAI, CIAI, and partnership characteristics while adjusting for participant clustering from multiple partners.

Results: Of 4774 sexual partnerships reported, 48% were casual, 34% primary, 10% anonymous, and 8% commercial. Alcohol use preceding sex was significantly ($p < 0.05$) associated with CRAI (PR = 1.26) and CIAI (PR = 1.37). Partnership characteristics significantly associated with alcohol use included commercial sex work (PR = 2.21) and trended ($p < 0.10$) towards alcohol use with casual (PR = 1.16), transgender (PR = 1.48), and moderno (“versatile”; PR = 1.17) partners. CRAI and CIAI were more common among participants who reported knowing they (PR = 1.52; PR = 1.41, respectively) or their partner (PR = 1.47; PR = 1.44, respectively) was HIV-uninfected. Yet, only CIAI (PR = 1.42) was more commonly reported with known HIV-infected partners. Participants who drank alcohol prior to sex were less likely to know their partner’s HIV serostatus.

Conclusions: Alcohol use prior to intercourse was associated with CRAI and CIAI, varied by partnership type, and may impair knowledge of partner HIV serostatus. Detailed knowledge of alcohol use within partner-specific contexts is essential for informing condom-based and alternative HIV prevention strategies for MSM and TGW in Peru.

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1. Introduction

Alcohol use prior to intercourse is common among men who have sex with men (MSM) and transgender women who have sex with men (TGW) in Peru, and associated with the high prevalence of HIV infection in these populations (Colfax et al., 2004; Lane et al., 2008; Ludford et al., 2013; Purcell et al., 2001; Silva-Santisteban

et al., 2012). Previous epidemiologic research has defined a prevalence of HIV infection between 10 and 29% among MSM and TGW in Peru (Sanchez et al., 2007), identified a high frequency of alcohol use and alcohol use disorders (AUDs) in these groups, and established an association between alcohol use and sexual risk behavior (Asamblea General de las Naciones Unidas, 2013; Deiss et al., 2013; Herrera et al., 2016; Vagenas et al., 2014). However, little is known about how specific sexual partnership contexts influence alcohol consumption prior to intercourse, how alcohol consumption prior to intercourse affects partner-specific condom use practices, and how alcohol use may influence disclosure of HIV serostatus and other alternative HIV prevention strategies.

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Alcohol use is common and associated with sexual risk behavior among MSM/TGW in Peru. Typical patterns of alcohol use in urban Peru involve communal consumption of shared bottles of beer among circles of friends (Brown et al., 2015). This pattern of consumption both privileges the role of alcohol use in social interactions and contributes to binge drinking as opposed to moderate use. In a recent WHO report (2014), heavy alcohol use within the past 30 days was described among 23.6% of men older than 15 years old. Similarly, a previous study of over 5000 MSM in Peru found that 62.8% of participants met screening criteria for an AUD (Ludford et al., 2013). In a sample of 556 social-media using MSM, the odds of engaging in high-risk sexual behavior were 52% greater among participants who reported consuming ≥ 5 alcoholic drinks in a day at least once per week (Young et al., 2016), a habit that was reported by over half of the sample. Finally, among MSM in Peru who tested positive for at least one sexually transmitted infection (STI) and/or practiced high-risk sexual behavior, the prevalence of AUDs was 45% (Herrera et al., 2016). Research from other global contexts has reflected similar associations between alcohol use, sexual risk behavior, and HIV/STI risk as found in Peru (Lewis et al., 2005; Scott-Sheldon et al., 2013; Shuper et al., 2009). However, while these studies establish an association between alcohol consumption, sexual risk behavior and STI/HIV risk, they primarily address general patterns of behavior without exploring the event-level associations between partner-specific alcohol consumption and sexual risk behavior among MSM in Latin America.

As a result, it is unclear how patterns of alcohol use and sexual risk behavior may be influenced by the sexual partnership contexts of MSM and TGW in Peru. A prior global meta-analysis found no association between event-level alcohol use and condomless intercourse, but acknowledged that variations in partnership characteristics across global contexts could have influenced the outcome (Leigh, 2002). In Peru, a study of low-income men found that alcohol use prior to sex was associated with increased likelihood of condomless anal intercourse (CAI) and the presence of at least one STI, including HIV (Maguina et al., 2013). Though this analysis confirmed an event-level association between alcohol use and sexual behavior, the study did not differentiate between heterosexual men, MSM, and TGW and did not take into account how the distinct sexual partnership contexts of MSM and TGW may influence event-specific patterns of alcohol consumption and sexual risk behavior.

Improved understanding of the specific partnership contexts that influence alcohol consumption, the partner-level associations between alcohol use and condomless intercourse, and the potential impact of alcohol use on alternative HIV prevention techniques is essential to the integration of substance use treatment into a comprehensive STI/HIV prevention strategy for MSM and TGW. The objectives of our analysis were to assess: 1) Participant and partner-specific characteristics associated with alcohol use prior to intercourse, 2) Patterns of alcohol use and CAI within specific sexual partnership contexts of MSM and TGW in Peru, and 3) The potential impact of alcohol consumption on HIV serostatus disclosure and other alternative prevention strategies in this population.

2. Methods

2.1. Recruitment

We performed a secondary analysis on alcohol consumption prior to sex, condomless receptive and condomless insertive anal intercourse (CRAI and CIAI, respectively), and their relationships to participant- and partner-level characteristics among MSM and TGW in Peru. Data were collected from August 2012–June 2014 as part of a screening study for two ongoing clinical trials of partner

management and notification following STI diagnosis. The primary study sought to evaluate interventions to improve partner notification among MSM and TGW following an STI diagnosis. Potential participants were identified by community-based peer recruiters at venues frequented by MSM and TW in Lima and Callao. Recruitment venues were identified based on previous ethnographic mapping of sites visited by MSM and TGW and included bars, discos, saunas, pornographic movie theaters, commercial sex zones, and public spaces like volleyball courts and public squares (Clark et al., 2014). Potential subjects were invited to participate in a study, “about whether or not people tell the people they have had sex with about a sexually transmitted infection.” All participants in the screening study were asked to complete a computer-based survey and to undergo a physical exam and laboratory testing for gonorrhea/chlamydia and syphilis infection. HIV testing was offered to all participants but was not required as a condition of participation. Inclusion in the screening study was limited to those who: 1) Were anatomically male at birth, 2) Were 18 years or older and, 3) Reported engaging in anal or oral intercourse with a male or male-to-female transgender partner in the preceding 12 months. All 1607 men and TGW enrolled in the screening study were included in this analysis.

2.2. Study protocol

Participants completed a computer-assisted self interview (CASI) behavioral survey. After completing the survey, they received a physical exam, HIV/STI testing, pre-/post-test counseling, and on-site treatment for symptomatic STIs, if noted during the exam, according to the guidelines of the Peruvian Ministry of Health. Participants were compensated for their time and transportation costs with 10 *Nuevos Soles* (~\$3.50 USD), 5 condoms, and 5 lubricant sachets at the screening visit.

All participants provided written informed consent prior to beginning any study procedures. Study procedures were approved by the Office for Human Research Participant Protection (OHRPP) of the University of California, Los Angeles and the *Comite de Bioetica* of Asociación Civil Impacta Salud y Educación, Lima, Peru.

2.3. Data collection

Participants completed a computer-assisted self-interview (CASI) survey that included questions on their age, city of residence, and education level. Participants were asked to describe their sexual orientation (heterosexual, bisexual, homosexual, transgender, or other), their sexual role during intercourse (*activo*/insertive, *pasivo*/receptive, or *moderno*/versatile, or other), and their total number of sexual partners in the previous 30 days. Participants were also asked to self-report any prior STI diagnoses (gonorrhea, chlamydia, syphilis, genital herpes, genital warts, urethritis, proctitis, and/or HIV). These responses were not verified with actual test results.

Partner characteristics were assessed through participant report. Partner data was collected through 3 sets of identical questions about each of the 3 most recent partners (within a maximum interval of 90 days). These questions asked about the relationship type, the gender (male, female, or transgender), sexual orientation, and sexual role of the partner (as perceived by the participant), and the partner's HIV serostatus (if known). Partnership types were defined as “Main partners, or someone you are in a stable relationship with,” “Casual partners, or people you have sex with one or more times, but don't have a stable relationship with,” “Anonymous partners, or people you have sex with but don't know their full name or how to contact them,” and “Commercial partners, or people to whom you give you money or buy you things in exchange for sex, or who you give money or buy things in exchange for sex.”

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