

Programs succeed in reducing risky sex among HIV-positive minority men

June 4 2008

Research has shown that HIV-positive African American and Hispanic men who were sexually abused as children are particularly vulnerable to engaging in high-risk sex and experiencing depressive symptoms. Yet few HIV intervention programs exist to help them.

Now, a new study by UCLA's Center for Culture, Trauma and Mental Health Disparities has found that interventions that address the life experiences of these men — including their early sexual experiences — in addition to risk and general health issues can contribute significantly toward preventing high-risk behavior and reducing depression rates. The success is largely due to the social support found within these programs, researchers say.

And while brief interventions may be effective in the short term, periodic "boosters," or additional sessions, may be needed to reinforce positive changes over time, according to the study authors.

The study is currently available in the online version of the peer-reviewed Archives of Sexual Behavior at www.springerlink.com/content/7j27370841074318/fulltext.html.

"Usually, what you find after people complete interventions is that their behaviors have improved," said Dr. John Williams, assistant professor of psychiatry and biobehavioral sciences at the Semel Institute for Neuroscience and Human Behavior at UCLA and the study's lead researcher. "But as time goes on, they tend to revert to their old

behaviors. Changing one's behavior is very difficult. We see that with all sorts of behaviors, like smoking and dieting. But with sex, it's even more difficult."

The study findings are from the UCLA Men's Health Study, a three-year project undertaken between 2003 and 2006 to develop and test HIV risk-reduction interventions. For this study, researchers recruited 137 HIV-positive gay and bisexual African American and Hispanic men who had a history of childhood sexual abuse. Participants were generally middle-aged, poor, had little formal education and were predominately single, lacking long-term partners and family support.

Participants were assigned to one of two intervention programs the researchers sought to compare: one, known as the Sexual Health Intervention for Men (S-HIM), was aimed at lowering high-risk behaviors, such as unprotected sex and multiple sex partners; the other, the Standard Health Promotion (SHP), focused on health issues unrelated to sexual behavior, such as diet, exercise, rest and medication adherence.

Both programs consisted of six weekly, two-hour sessions with groups of five to seven men. The men were split into African American or Hispanic groups, with each group led by an ethnically matched mentor. Follow-ups were conducted immediately after the sixth session, as well as three and six months later.

Researchers found that men from both intervention groups reduced risky behaviors and their number of sexual partners and also experienced a decrease in depressive symptoms. The S-HIM group participants, however, demonstrated a significantly greater decrease in risky behavior from the beginning of the study to the immediate post-program survey. And while there were no significant differences in decreased depression

between the two groups, men from the whole sample reported a significant decrease in depressive symptoms by the six-month follow-up.

The social support the participants found in these groups, where they were able to share their experiences — including those concerning childhood sexual abuse — likely contributed to this outcome, Williams said.

"Boosters" may be necessary so that participants can revisit and practice skills that they have learned, he said. For instance, participants can practice applying condoms to a penis model so they become familiar with the common errors in using condoms and feel more confident in using one correctly.

"Interventions that address sexual abuse among ethnic minority men need to be developed, as they may have never previously disclosed their abuse histories or explored the impact of this experience in their current lives, especially as it relates to sexual decision-making," the authors said. "Understanding the meaning of CSA (childhood sexual abuse) in cultures where being sexually abused would preclude positive images of strength and prowess need to be considered when working with ethnically and racially diverse men."

Source: University of California - Los Angeles

Citation: Programs succeed in reducing risky sex among HIV-positive minority men (2008, June 4) retrieved 25 April 2024 from

<https://medicalxpress.com/news/2008-06-risky-sex-hiv-positive-minority-men.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.