

The Dallas Young Men's Survey Phase 1 (Ages 15-22) *Preliminary Results*

While the number of AIDS cases among gay white males began a decline in the late 1980's and early 1990's, increasing numbers of cases were observed among younger men and minority men who have sex with men (MSM). In addition, small studies noted high levels of infection in MSM under age 30. Because this population has traditionally been difficult to access, previous studies were often biased by including only patients attending counseling and testing sites; they thus presented a picture of infection prevalence that did not include youth who did not attend these places, and were therefore not generalizable to the larger MSM population.

To better understand the epidemic in this population, the Centers for Disease Control and Prevention, in collaboration with state and local health departments, developed a "venue" or community based sampling survey of young MSM. The AIDS Prevention Project of the University of Texas Southwestern Medical Center at Dallas, in collaboration with the Texas Department of Health, conducted the local arm of the Young Men's Survey (YMS). Dallas was one of seven YMS cities that included Baltimore, Los Angeles, Miami, New York City, San Francisco, and Seattle.

The purpose of the YMS was to assess the prevalence of HIV, Hepatitis B, and syphilis infection, to characterize sexual and other STD/ HIV related risk taking, and to look at life circumstances that

might precede risk-taking among young MSM. Phase 1 surveyed 15 to 22 year old MSM between 1994 and 1995; Phase 2 surveyed 23 to 29 year old MSM from 1998 to 2000. This report presents an overview of Phase 1 results from the DFW area.

METHODS

The Young Men's Survey was an anonymous probability sampling survey that recruited young men at venues frequented by young MSM. Sampling venues and times were identified through an ethnographic assessment process, and included bookstores, student and social organizations, street locations, bars, dance clubs, churches, bath houses, parks, and popular cruising spots. Venues and times were randomly chosen every month to construct a survey event calendar.

Recruiters approached men who appeared to

be eligible, and confirmed necessary age and residence requirements for enrollment. Eligible young men were invited to participate in the survey, done in a specially equipped recreational vehicle parked nearby. After obtaining informed consent from a participant, a blood sample was drawn, after which an interviewer administered a standardized questionnaire that included questions probing social and demographic profiles, sexual and drug-use behavior, psychosocial factors, health beliefs, and health history. Following the interview, prevention counseling for HIV,



Hepatitis B, and other STDs was conducted. All participants received condoms, risk reduction planning, and a monetary incentive for their participation. All were encouraged to schedule a confidential post-test counseling appointment, at which time they could receive their results; referrals to health or social service agencies were then provided as needed.

to 8% of those age 19-22. Prevalence also differed by race/ ethnicity, in that 14% of African-Americans were infected, compared to 8% of Hispanics, and 4% of Whites. HBV prevalence was highest among African-American MSM (19%) compared to 12% among Hispanics and 7% among Whites.

RESULTS

Between 1994 and 1995, the YMS team conducted 251 sampling events at 17 different venues. All total, 4,799 men were intercepted during the course of the survey, of which 1,088 were eligible to participate. Of these, 630, or 58%, participated in the interview, of which 532 were MSM.

Social and Demographic Characteristics

The majority of participants self-identified as gay (69%), with 27% and 3% identifying as bisexual and heterosexual,

Prevalence (Figures 1 and 2)

Overall prevalence of HIV infection was 6%. Eleven percent of the sample tested positive for Hepatitis B (antigen core), and 2% for syphilis. HIV prevalence was markedly stratified by age, in that 3% of 15-18 year olds were infected, compared

Fig. 1 STD Prevalence: All Participants

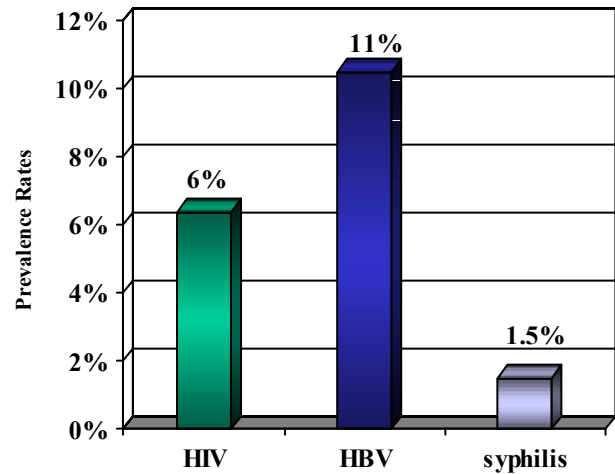
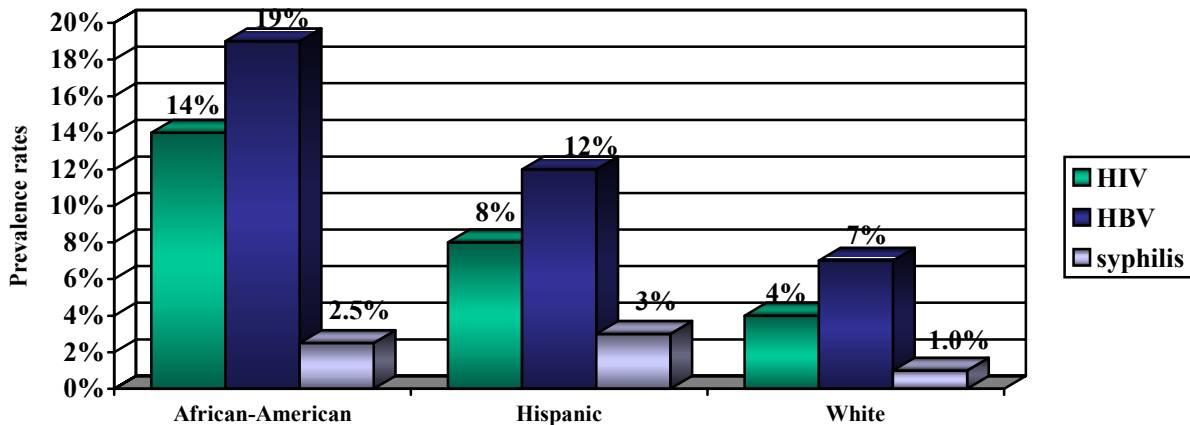


Fig. 2 STD Prevalence: Ethnicity



respectively (see Table 2). Twenty percent were age 15-18; 80% were age 19-22. Just over half the sample (57%) was White, 19% were Hispanic, 15% were African-American, 3% were of mixed race, 2% were Asian, and 2% were American Indian. Of Hispanics, 59% identified as Mexican-American, and 15% as Mexican, with the rest claiming either Cuban, Central American, Puerto Rican, or mixed Hispanic ethnicity.

YMS participants were educated. Thirty-five percent had graduated from high school, 49% had had at least some college education; 51% came from homes in which either parent had a college degree or higher. Thirty percent lived with their parents; the rest lived either with friends or roommates (33%), by themselves (14%), or with a partner/ lover (9%). Over 2/3 of the sample (69%) was employed

either full or part-time. Twenty-nine percent reported having run away from home at least once in their lives.

Sexual Behavior (Tables 2-4)

Eighty-eight percent of participants reported having ever had anal sex with a man; 46% reported unprotected anal sex in the past 6 months. The average age of first anal sex experience with a man was 17 years. While only 27% of the participants reported being bisexual, 57% reported having ever had sex with a female; 21% reported sex with a female in the past 6 months. The median number of lifetime male sex partners was 7, and the median for the past 6 months was 2. Of the 15-18 year olds, 96% had had oral sex with a man; 85% had had anal sex (either insertive or receptive).

Table 1: Sociodemographic characteristics of DFW's YMS Phase 1 participants

Sociodemographic Characteristics	Freq. (n=532)	Sociodemographic Characteristics	Freq. (n=532)
Age		Education completed	
15-18	20%	11 th Grade or less	15%
19-22	80%	High school/ GED	35%
Race/ ethnicity		Some college or more	49%
Hispanic	19%	Parent's education	
Mexican	15%	Less than high school	8%
Mexican-American	59%	High School	21%
Other	16%	Some college	14%
African-American	15%	College degree	32%
White	59%	Gone to graduate school	20%
Other	8%	Living Situation	
Sexual identity		With friends or roommates	33%
Gay	69%	With parents	30%
Bisexual	27%	Alone	14%
Heterosexual	3%	With sex partner/ lover	9%
Other/ Don't know	1%	With other relatives	7%
Runaway from home	29%	Other	7%

Table 2: Sexual Behavior of YMS Dallas Participants

Sexual Behavior/ History	Freq. (n=532)	Sexual Behavior/ History	Freq. (n=532)
Anal sex with a man (ever)	88%	Type of partner (oral or anal)	
Unprotected anal sex (6 mo)	46%	“Steady”	72%
Sex with a female		“Non-steady”	57%
Ever	57%	“Exchange”	7%
Past 6 months	21%	History of Forced Sex	
No. of male sex partners in past 6 months		<i>Total</i>	36%
0-1	39%	<i>By Race/ Ethnicity</i>	
2-4	40%	Hispanic	44%
≥5	22%	African-American	33%
Average age of first anal sex experience	17 years	White	35%
		Average age of first oral sex experience	15 years

In the past 6 months, 39% reported having 0-1 male partner, 40% reported 2-4 male partners, and 22% reported having had 5 or more partners. When asked about what kind of partners these were, 57% reported having at least one “non-steady” partner (a pick-up, one night stand, or someone with whom sex was had <3 times), 73% reported at least one “steady” partner (regular lovers/ boyfriends with whom sex was had 3 or more times), and 7%

reported at least one “exchange” partner (someone with whom sex was had in exchange for things like money, food, or drugs).

The survey asked about condom use during anal sex with each type of sex partner (see Table 3). Among those who reported anal sex with an exchange partner in the past 6 months, 23% said they only “sometimes” or “never” used a condom during sex.

Table 3: Condom Use and Risk Behaviors Among Dallas’ YMS Participants

Sexual Behavior by Types of Partners	Condom use during sex in the past 6 months		
	Never	Sometimes	Always
Insertive anal sex			
Exchange Partner (N= 21)	10%	14%	76%
Non-Steady (N= 142)	13%	35%	52%
Steady (N= 270)	25%	33%	42%
Receptive anal sex			
Exchange Partner (N= 13)	15%	39%	46%
Non-Steady (N= 148)	14%	27%	59%
Steady (N= 260)	26%	30%	44%

For those reporting a non-steady partner, 36% reported using a condom only sometimes or never. For those reporting a steady partner, 52% reported using a condom only sometimes or never.

Also polled were the locations of unsafe anal sex (insertive or receptive) in the past 6 months (see Table 4). Among those who reported sex in personal residences, 43% reported anal sex there at least once without a condom. Among those reporting sex in a lover's/ partner's residence, 41% reported anal sex there without a condom. Many fewer participants reported having ever had sex in more "public" kinds of places (see N values in Table 4), and the rates of unprotected anal sex there were correspondingly lower: a bathhouse (29% reported unprotected anal sex), a hotel (22%), a bar/ dance club (14%), a car or van (14%), a public bathroom (13%), a beach (12%), a park (11%), and a parking lot (9%).

Thirty-six percent of YMS participants reported having been forced to have sex at some point during their lives. Hispanics reported the most forced sex (44%), followed by Whites (35%) and then African-Americans (33%).

Drug and Alcohol Use Behaviors

The majority of participants reported drinking alcohol (96%), with marijuana being the next most common drug used (65%), followed by LSD (34%), cocaine (33%), ecstasy (33%), speed/ uppers (25%), popper/ nitrates (19), barbiturates (16%), crack (8%), and then heroin (7%). Whites were also the most likely to inject drugs not prescribed by a medical practitioner (7%) vs. 3% for Hispanics and 2% for African-Americans. Among all participants, 45% reported being high on alcohol during sex in the past 6 months (Table 6).

Table 4: Locations for Anal Sex With No Condom in the Past 6 months (N represents the number of people reporting sex in each location within the past 6 months)

Locations of anal sex/ no condom	Freq.	Locations of anal sex/ no condom	Freq.
Personal residence (N= 321)	43%	Public bathroom (N= 15)	13%
Partner's residence (N= 390)	41%	Sex club (N= 8)	13%
Bathhouse (N= 18)	28%	Beach (N= 17)	12%
Bar/ Dance club (N= 21)	14%	Parking lot (N= 32)	9%
Car/ van (N= 155)	14%	Gym/ Video store (N= 0)	N/A

Table 5: Drug and Alcohol Use History

Drug use behavior	Freq. N = 532	Drug use behavior	Freq. N = 532
Alcohol		Speed/ Uppers	
Ever	96%	Ever	25%
During sex (6 months)	45%	During sex (6 months)	5%
Marijuana		Poppers/ Nitrates	
Ever	65%	Ever	19%
During sex (6 months)	18%	During sex (6 months)	6%
LSD		Barbituates	
Ever	34%	Ever	16%
During sex (6 months)	4%	During sex (6 months)	2%
Cocaine		Crack	
Ever	33%	Ever	8%
During sex (6 months)	9%	During sex (6 months)	0.4%
Ecstasy		Heroin	
Ever	33%	Ever	7%
During sex (6 months)	12%	During sex (6 months)	0.9%

Health History

Twelve percent of participants reported having been diagnosed with an STD by a medical professional at least once in their lives. This number was much higher among Hispanics (14%) than either African-Americans (10%) or Whites (11%). Over half (56%) had been tested at least once previously for HIV. Participants sought health care at a variety

of settings. Private physicians were the most common source (58%), followed by an emergency room (18%), a hospital clinic (17%), a college or school clinic (12%), a community-based clinic (9%), and an HMO (6%). A small percentage (6%) reported not having a regular source of health care, while 5% reported that they don't seek health care.

Table 7: Health History of YMS Participants

Health History	Freq. N = 532	Health History	Freq. N = 532
History of an STD		Source of regular health care	
All	12%	Private Physician	58%
Hispanics	14%	Emergency Room	18%
African-American	10%	Hospital Clinic	17%
White	11%	College/ school clinic	12%
3-shot series of HBV Vaccine	11%	Community Clinic	9%
Previous HIV test	56%	Don't have a regular source	6%

COMMENTS

High prevalence rates of HIV among African-Americans, and Hepatitis B among Latinos, indicate a need for stronger education and outreach programs specifically targeting these groups. That the average age of first anal intercourse was 17, coupled with the relatively low prevalence rates among younger MSM, suggests that the 15 to 18 year old age cohort may represent a crucial “window” of opportunity for risk prevention messages.

Unprotected anal sex occurred in a variety of environments, both public and private. That private settings were more strongly associated with condomless anal sex indicates that it may be easier for young men to have safe sex in relatively public settings (where wearing a condom may be more the norm) than it is in a private bedroom. This suggests the need to expand the prevention message in current outreach programs (inside bars, clubs, bathhouses, and popular “cruising spots”) to include more of a “take it home” message. The more public sites in particular could become important centers of HIV prevention, and could encourage men to practice safer sex at home.

The use of drugs and alcohol will also continue to influence risk taking. YMS participants reported experimentation or regular use of a wide variety of drugs and at times participated in sex when high. Almost half (45%) reported being “buzzed” on alcohol during sex within the past 6 months. In addition, life situations such as a history of forced sex (36%) or having ever exchanged sex (7%) may predispose some young men to risk. All of these behaviors take place within the larger context of being gay or bisexual in our country, the social expectations of

racial/ethnic communities, as well as expectations of the gay/bisexual community and culture.

While prevention efforts have certainly not failed, it is clear that efforts must move beyond current intervention methods. New and tailored interventions for young gay men, especially within Texas’ African-American and Hispanic communities, must be developed using culturally appropriate techniques supported by research.

As with all surveys where participants are asked to reveal personal information, this data is only as accurate as participants’ self-reporting. Interviewers were trained in professional techniques, however, and all suspect surveys were discarded before analysis.

As with all venue-based surveys, the YMS sampled only those MSM who attended public venues (street locations, social organizations, clubs, bars, and businesses) around the Dallas-Ft. Worth PMSA. It did not include young men who did not go to these places, or those who did not live in this metropolitan area. However, random, population-based household studies have shown that over 90% of young MSM do attend these locations on at least a semi-regular if not frequent basis. In addition, attempts were made at every survey encounter in all cities to identify new locations, gathering spots, and potential survey venues.

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concerning the YMS Phase 1 or Phase 2 Surveys.

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