The Self-Reported Sexual Behaviors of Single Older African Americans
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Abstract

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Keywords

Sexual Behaviors; Older Adults; African Americans; Gender Differences

Cover Page Footnote

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ABSTRACT

African Americans are disproportionally affected by HIV/AIDS, but little is known about the risky sexual behaviors of older African Americans. This cross-sectional, comparative, and descriptive study investigated the self-reported sexual behaviors of sexually active older African Americans. The nonrandom sample (N = 78) included single African American men (59%) and women (41%), 50-74 years of age. Participants were recruited from various community sites, and data were collected with a standard sexual history questionnaire. Participants reported practicing risky behaviors such having unprotected oral, anal, and vaginal sex (96.5%), and having multiple sex partners (37.2%). There were several significant gender differences such as males using condoms more for vaginal sexual activity, and they discussed using a condom more than females. Faced with an aging population and a growing incidence of HIV/AIDS, older adults need to know the types of sexual behaviors that put them at risk and skills to reduce risky behaviors. Age/gender-appropriate interventions for HIV prevention are needed for older African Americans.

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INTRODUCTION

Sexuality remains an important part in the lives of older adults and simply informing this population to practice safe sex is not sufficient. DeLameter and Sill (2005) found that the majority of older adults report moderate or high levels of sexual interest well into their 70s. These researchers also found that 54% of men and 21% of women ages 70 to 80 (N = 1384) had sexual intercourse within the past year and that nearly 25% of these men and women had intercourse more than once a week. Although it is evident that older adults are sexually active, there is little research on the actual behaviors in which older African Americans engage. The purposes of this study are to: (1) identify the sexual behaviors that put older African Americans (age 50-74), who are in non-committed relationships at risk for HIV and (2) examine gender differences among these behaviors. Having knowledge of these behaviors can provide a basis for age-appropriate interventions to decrease risky sexual behaviors among this population.

The average age of patients who are first detected with HIV and who are diagnosed with AIDS has increased over time (Orchi, Balzano, Scognimiglio, Navarra, De Carli, Grisetti, et al., 2008). Individuals age 50 years and older represent 10.8 % (5,400 cases) of new infections in the U.S. per year (Brooks, Buchacz, Gebo, & Mermin, 2012). Older people have been compared to teenagers in their knowledge of HIV. They have not known people who have suffered from HIV or AIDS, and so they have little knowledge, personal awareness, or interest in preventing the disease (Tabloski, 2006). Previously the epidemic was first described in young gay white men (Shepard, 1997) and HIV education and risk reduction programs have been focused on younger adults, giving the impression that this disease is not a concern for older African Americans.

Although African Americans represent 12% of the United States population, they account for 44% of those who are HIV-infected (CDC, 2012). Among African Americans with new HIV infections in 2010, 15% (7100) occurred among people aged 45-54, and 5% (2,500) among those aged 55 and older (CDC, 2012). African American males have 7.6 times the AIDS rate as White males, while African American women have almost 20 times the HIV rate as White women (The Office of Minority Health, 2012). African American men represented almost one-third (31%) of all new HIV infections in the United States in 2010 (14,700), and accounted for 70% of new HIV infections among African Americans (CDC, 2012). Clearly, there are disparities in HIV/AIDS in African Americans and HIV/AIDS is a significant problem among older African Americans. It is important to focus on this understudied group to reduce the spread of HIV in older African Americans.

There has been much debate about the sexual practices of African Americans. Winningham, et al., (2004) found that older African American women (59.6%) reported at least one behavior that put them at risk for HIV. These risks were lower condom use, less comfort discussing sex with partners, and being less assertive about inquiring about a partner's sexual history than their younger counterparts. Another sexual practice discussed in the literature is "down low" behaviors. This term refers to African American men who live heterosexual lives, but have secret sexual encounters with other men. Men choose not to disclose this information because of fear related to the homosexual stigma (Sidat, Pawstorne, Lister, and Fairley, 2006). Because of these secret relationships, many wives and girlfriends are potentially unknowingly infected.

In contrast to the previous studies about sexual practices, Lindau, Leitsch, Lundberg, and Jerome (2006) found that older African American women's (age 57-85) awareness about HIV and sexual risks may be higher than that of their White counterparts. These authors found that African American women (56%) were significantly more likely to report making changes in their sexual behavior due to HIV compared to White women (19%) (Lindau, et al., 2006). This study also found that older African American women were more likely to discuss sexual behavior and problems with a physician. The findings indicate that physicians may preferentially engage older African American women about issues of sexuality. Health care professionals' communications may be the result of viewing this group as a high risk group.

Contrary to ageist stereotypes, older African Americans are sexually active, and are at significant risk of HIV infection. Gender differences have been noted among HIV risk behavior in other populations such as inmates and urban African American youth (Abiona, Adefunye, Bologun, & Sloan, 2009; Newnan, & Zimmerman, 2009). Having knowledge of their sexual practices can guide future intervention studies. The purpose of this study is to describe the sexual behaviors of older African Americans and compare differences in sexual behaviors of men and women.

METHODS

Designs

The study design was cross-sectional, descriptive and comparative using only data on sexually active African Americans (N = 78) from a larger project (N = 106) that examined factors associated with risky sexual behaviors in older adults (Foster, Clark, Holstad, & Burgess, 2012). In the main study, all sexually active participants completed the Sexual History Questionnaire. Participants were screened by telephone to determine their eligibility and again in person prior to signed informed consent. All surveys were reviewed after completion to reduce missing data and to answer any questions participants may have had. After completing the study, participants were given a booklet on HIV prevention in older adults.

Setting

The study took place in two cities in a southeastern state. Senior centers and the general community (e.g. active retirement communities, graduate chapters of sororities and fraternities and churches) were the recruitment sites. Approval for the study was obtained from the Georgia State University Institutional Review Board (IRB) in May, 2009. Permission to conduct the study and distribute flyers was obtained from the administrative person of each facility. Participants were recruited by in-person contact, word of mouth and flyers.

Sample

The nonrandom sample consisted of 78 African Americans. Sample inclusion criteria were single African American adults, 50-74 years old, sexually active by self-report, and able to read and write English. Being sexually active was defined as having vaginal, anal or oral sex in the past two years. Exclusion criteria were anyone with a diagnosis of HIV or AIDS or on a medication indicating cognitive impairment (e.g. donepezil). A brief medication history was obtained to screen for eligibility. Those married or living with a partner were also excluded because the focus was on those sexually active older adults in non-committed relationships.
This criteria is the same as the parent study (Foster, V., Clark, P. C., Holstad, M. M., & Burgess, E., 2012) with the exception of all participants being African American.

Measures

The Sexual History Questionnaire (Davis, et al., 1998) was used to assess recent sexual behaviors such as vaginal, oral and anal sex. The scale consists of 23 items with various types of response options such as yes/no, multiple choice, fill in the blank, and the last 5 items addressed contraception and feelings of ability to express sexual wishes are on a 5-point Likert type scale. The scale is divided into four sections that address sexual identity, sexual encounters over the past month, the most recent sexual encounter and an HIV risk assessment. Each item is reported separately. The scale has face validity, and test-retest reliability ($r = .80$, $p < .001$) (Davis, et al., 1998).

Participant characteristics were obtained using an investigator-developed form. Items included data such as age, gender, education, general questions about HIV testing, and discussions about HIV with healthcare providers.

Statistical Analysis

Data were analyzed using Statistical Package for Social Sciences (SPSS) Version 19. Descriptive statistics and frequencies were used to describe the sample and the sexual behaviors

of older African Americans. Chi square was used to test for differences and Fisher's exact tests were used as needed. Independent t-tests, as appropriate, were conducted to compare sexual behaviors between males and females.

RESULTS

Sample Characteristics

Participant characteristics are in Table 1. There were slightly more men than women. The majority of the sample had low incomes and was retired or unemployed. Most participants had completed high school; however, there were significant gender differences, as a higher proportion of women held a Bachelor's or higher degrees. Of those tested for HIV, only one person was tested because of concern about being exposed to HIV even though two individuals had been sexually active with an HIV positive individual. Over 90% of the respondents self-identified as heterosexual. Two women and one man self-identified as homosexual and one self-identified as bisexual. .

Table 1

*Descriptive Statistics for the Participant Characteristics (*N = 78*)*

Characteristics	Total N = 78	Men n = 46	Women n = 32	χ^2 or FET *p* value
Age *M (SD)*	56.9(5.80)	56.1(5.04)	58.0(6.66)	-----
	N(%)	N(%)	N(%)	
Marital Status				.08*
Never married	25(32.1)	17(36.9)	8(25.0)	
Widowed	14(17.9)	4(8.8)	10(31.2)	
Divorced/Separated ≥ 1 Year	39(50.0)	25(54.3)	14(43.8)	
Education level				.03*
≤ 12 grade	20(25.6)	11(23.9)	9(28.1)	
High school graduate/ equivalency exam	24(30.8)	17(36.9)	7(21.9)	
Some college/Associate	22(28.2)	17(36.9)	5(15.6)	
Bachelor's/Graduate	12(15.6)	1(2.2)	11(34.4)	
Annual Income				.21
< 10,000	42(53.8)	27(58.7)	15(46.9)	
10,001-20,000	14(17.9)	11(23.9)	3(9.4)	
20,001-30,000	8(10.3)	3(6.5)	5(15.6)	
> 30,001	14(6.4)	5(10.9)	9(28.1)	
Sexual Orientation				-----
Heterosexual	74(94.9)	44(95.6)	30(93.8)	

Homosexual	3(3.8)	1(2.2)	2(6.2)	
Bisexual	1(1.3)	1(2.2)	0(0)	
Work Status				.14
Full-time	16(20.5)	7(15.2)	9(28.1)	
Part-time	12(15.8)	8(17.4)	4(12.5)	
Unemployed	24(30.8)	17(36.9)	7(2.19)	
Retired	26(33.2)	4(8.7)	5(15.6)	
Tested for HIV				.33
Yes	60(76.9)	37(80.4)	23(71.9)	
No	18(23.1)	9(19.6)	9(28.1)	
Why test for HIV				.35*
Doctor recommended	8(10.3)	4(8.7)	4(12.5)	
Thought you were Exposed	1(1.3)	0(0)	1(3.1)	
Just wanted to know	45(57.7)	30(65.2)	15(46.9)	
Other	24(30.7)	12(26.1)	12(37.5)	
Discussed HIV with physician				.26
Yes	39(50.0)	25(64.1)	14(35.9)	
No	39(50.0)	21(53.8)	18(46.2)	
Comfort discussing HIV with physician				.18
Not comfortable at all	6(7.7)	5(10.9)	1(3.1)	
Somewhat Uncomfortable	9(11.5)	4(8.7)	5(15.6)	
Somewhat comfortable	13(16.7)	10(21.7)	3(9.4)	
Very comfortable	50(64.1)	27(58.7)	23(79.1)	
Condom use				.04
Never	13(16.7)	3(6.5)	10(31.3)	
Seldom	15(19.2)	7(15.2)	8(25.0)	
Occasionally	22(25.2)	17(36.9)	5(15.6)	
Always	28(35.9)	19(41.4)	9(28.1)	
IV Drug Use				.27
Never	64(82.1)	35(76.1)	29(90.7)	

Have used, no longer Uses	9(11.5)	8(17.4)	1(3.1)
Seldom (few times per year)	5(6.4)	3(6.5)	2(6.2)

*Note: *FET = Fisher's Exact Test*

Participant Sexual Behaviors

Results of the Sexual History Questionnaire (SHQ) (Table 2) demonstrated that older African Americans practice many risky sexual behaviors. Sixty-six (84.6%) of the participants had been sexually active in the past month. More than one-third (37.2%) of the sample had 2 or more partners, and only 23 of the participants (34.8%) who had sex within the last month, reported having used condoms at least once. Sexual encounters with partners other than participants' regular partners ranged from 1 to more than 4. Other types of risky sexual behaviors reported included slightly less than half practicing unprotected vaginal sex, five of the participants engaging in actual IV drug use, and although the majority of the sample reported wanting to have sex a great deal, only about one-third discussed practicing safer sex with their partner.

Figure 1
History of Sexual Activity for Single Older African Americans in the past month

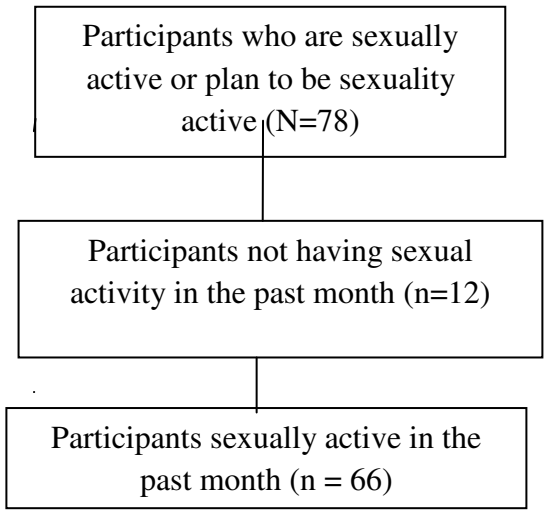

Table 2

Sexual History of the Participants during the Last Month

Characteristics	Total	Men	Women	χ^2 or FET
	(N = 78)	(n = 46)	(n = 32)	*p* value
	N(%)	n(%)	n(%)	

Who do you have sex with				<.001*
Only men	32(41.0)	1(2.2)	31(96.9)	
Mostly men	1(1.3)	1(2.2)	0(0)	
Mostly women	1(1.3)	1(2.2)	0(0)	
Only women	44(56.4)	43(93.4)	1(3.1)	
Time of last sexual encounter				.27
< a week	38(48.7)	23(50)	15(46.8)	
>1 week and < 1 month	21(26.9)	12(26.1)	9(28.1)	
1 to 3 months	9(11.5)	5(10.9)	4(12.5)	
3 to 6 months	5(6.4)	3(6.5)	2(6.3)	
6 months to 1 year	5(6.4)	3(6.5)	2(6.3)	
Sexual partners in the last month				.03
None	12(15.4)	6(13.0)	6(18.7)	
One	37(47.4)	15(32.6)	22(68.8)	
Two	16(20.5)	13(28.3)	3(9.4)	
Three or more	13(16.7)	12(26.1)	1(3.1)	
	(N = 66)	(n = 40)	(n = 26)	
Frequency of sex with regular partner last month				.28
Once	8(12.1)	6(15.0)	2(7.7)	
Twice	14(21.2)	7(17.5)	7(26.9)	
Three times	16(24.2)	10(25.0)	6(23.1)	
Four times or more	28(42.4)	17(42.5)	11(42.3)	
Condom use in the last month				.11
None	43(65.2)	24(60.0)	19(73.1)	
Once	10(15.2)	8(20.0)	2(7.7)	
Twice	6(9.1)	3(7.5)	3(11.5)	
Three or more times	7(10.5)	5(12.5)	2(7.7)	
Discussion of condom use during last sexual encounter				.03
You	30(45.5)	20(50.0)	10(38.5)	
Your partner	11(16.7)	9(22.5)	2(7.7)	
Neither	25(37.9)	11(27.5)	14(53.8)	
Discussed practicing safer sex during last month				---
Yes	22(33.3)	9(22.5)	3(11.5)	
No	44(66.7)	31(77.5)	23(88.5)	

*Note. *FET = Fisher's Exact Test*

Gender Differences in Sexual Practices

Men and women were compared on the sexual practices and on their most recent sexual encounter (Tables 2 & 3). We conducted *t* tests to determine differences in gender related risk behaviors. There were significant differences between men and women related to condom use and numbers of sexual partners. In both cases men reported more condom use [□(64) = 1.45, p = .045] and a greater number of partners in the past month [t(64) = 2.11, p = .034) as well as more casual partners [t(64) = 2.27, p = .04). In contrast, females (M = 3.17, SD = .87) reported a higher incidence of mentioning to their partner that they should engage in nonpenetrative sex during the last month when compared with males (M = 1.74, SD= 1.1); [t(64) = 2.86, p = .006)].

As for the most recent sexual encounter, there were significant differences between males and females such that males practiced vaginal sex with a condom more. Men also significantly engaged in unprotected oral sex more than females, and males discussed using a condom more than their female counterparts. Males using condoms more for anal sex was approaching significance (p = .053).

Table 3

*Gender Differences of Sexual Characteristics of the Most Recent Sexual Encounter** (N = 78)

	Male n = 46	Female n = 32	χ^2
Characteristic	n(%)	n(%)	
Unprotected vaginal sex	21(24.4)	25(29.1)	1.42
Vaginal sex with a condom	29(33.7)	4(16.3)	3.82*
Unprotected anal sex	2(2.3)	5(5.8)	.148
Anal sex with a condom	9(10.5)	2(2.3)	1.01
Unprotected oral sex	21(24.4)	9(10.5)	1.91*
Discussed using a condom	22(25.6)	12(13.9)	6.47**
Sexual encounter less than 1 week ago	22(25.6)	14(16.3)	.670
Was not a regular sex partner	8(.09)	7(.08)	.914

Note. *p < .05, **p < .01

DISCUSSION

We conducted a subgroup analysis of data from a larger study on risky sexual behaviors in adults over age 50 (Foster, et al., 2012). This analysis focused on 78 African Americans, a group with higher prevalence and disparities in HIV/AIDS overall and an increasing incidence of older adults diagnosed with HIV (CDC, 2012). In this sample, 84.6% of older African Americans were sexually active in the past month, with one third reporting two or more partners and two thirds not using condoms at all in the last month. Men reported more partners and more condom use than women. These findings are consistent with other studies (Falvo & Norman, 2004; Maes & Louis, 2003). Surprisingly, a large majority of the sample had been tested for HIV, however only one participant did so because of concern about being exposed, although most participants practiced several risky sexual behaviors.

Eldred and West (2005) found that routine healthcare provider visits often occurred without an assessment of past and current sexual activity and other risk behaviors. Although all

participants in our study were sexually active, only half had discussed HIV/AIDS with their physician, even though two-thirds felt comfortable doing so. This suggests that communication barriers existed around discussing sexual issues with older adults on the part of the provider and/or the patient. Health care professionals may need to be made more aware of older adults' sexual health needs. While older adults may be comfortable discussing HIV with their primary care physicians (PCP), their PCP may not be as comfortable in discussing sex with their older clients (Mott, Kendrick, Dixon, & Bird, 2005; Wilson, 2003). Interventions directed at older adults and care providers may be helpful in increasing awareness or decreasing barriers to communication with older adults.

The primary gender differences noted were that males used condoms more than females. For women, condom use involves negotiation skills and dependency, at least in part, on men to actually use condoms. Providing women with better negotiation skills and more control may increase use of condoms among this population. The female condom is available and future studies may need to focus on increasing knowledge and encouraging use of this form of protection. In our previous work (Foster, Clark, Holstad, & Burgess, 2012),only 26.4% of men knew the appropriate steps for safe condom use based on a card-sorting activity of the steps suggesting that the skill of condom use may need to be included in future HIV prevention studies. Males had a higher number of sexual encounters with casual partners. Although the participants were not specifically asked if any of these partners were unknown, this possibility would make the sexual behavior even more risky since the participants would have been unaware of their partner's medical or sexual histories.

There may be other reasons that older adults practice risky sexual behaviors such as lack of knowledge of the need for condom use and perception of risk. In this sample, about one-third of the males and their partners had not discussed the use of condoms, while two-thirds of the females and their partners had not. Older African American women who are now post-menopausal may not see the need for condom use since many might perceive its use is primarily for pregnancy prevention. Since many of the participants in this study practiced risky sexual behaviors, interventions that increase risk perception of sexual behaviors among older African Americans are needed. Maes and Louis (2005) found that even though older adults engaged in risky sexual behaviors and were aware of the seriousness of AIDS, they did not believe that they were susceptible to the disease. In another risk perception study, the researchers found that minority older adults did not see themselves as at risk for contraction of HIV (Ward, Disch, Schensul, & Levy, 2011).

Although there were no significant differences among IV drug use in African American men and women, this behavior can be a barrier to prevention strategies and few reported this behavior in our study. A recent study found that IV drug users engage in other high risk behaviors such as needle sharing (32%) and unprotected sex (63%) in the past year (MMWR, 2009). In addition, Jimenez (2003) found that older minority/ethnicities were at a high risk of acquiring HIV due to IV drug use and multiple partners. Moreover, IV drug use accounts for 16% of AIDS cases among persons 50 and older (CDC, 2007).

Providing opportunities or education related to how one can discuss safe sex with their partners and options such as female condoms may be important to facilitate older adults in reducing risky behaviors and guide future studies with this population. Interventions must be directed at single older African Americans in non-committed relationships, as those in

committed relationships are less likely to use condoms with their main partner and in general less likely to have multiple sexual partners (Chatterjee, Hosain, & Williams, 2006).

CONCLUSION

Strengths of this study include a focus on older African Americans and their sexual behaviors that put them at risk for HIV/AIDS. Traditionally there still remain barriers to addressing the sexual needs of this group and the results will add to a limited body of knowledge on this subject.

This study included a sample of older adults who were currently sexually active whereas other studies (Bryan, Fisher, & Benziger, 2001; Maes & Louis, 2003; Im-em, VanLandingham, Knodel, & Saengtienchai, 2002) did not ask participants about their current sexual activity status. Finally, this study addresses HIV risk in African Americans which is highly relevant since this population is disproportionately affected by HIV/AIDS.

Several limitations were present as well. First, the questionnaires were completed in the presence of the researcher which may have led to response bias related to social desirability. However, this does not seem likely since most participants reported practicing unsafe sexual behaviors in recent encounters. Further, even though data collection took place in two different cities, all participants lived in one state which could also limit generalizability to other regions of the country. Another limitation was the homogeneity of the sample where all of the participants were 50 or older, were not in a committed relationship, and most reported heterosexual orientation, therefore, comparisons could not be made among groups with different sexual orientation and on other variables which limited the generalizability to other populations. In addition, the sample size was small which could account for few gender differences found.

Older African Americans are in need of interventions to help reduce the behaviors that put them at risk for HIV/AIDS and other sexually transmitted diseases. Although there were few gender differences were noted, women may need more emphasis on negotiation of condom use with partners and men may need to focus more on decreasing number of casual partners and increasing use of condoms during oral sex.

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