

Hong Kong Baptist University

HKBU Institutional Repository

Department of Communication Studies Journal
Articles

Department of Communication Studies

2016

Sexual risk behaviors among apps-using young men who have sex with men in Hong Kong

Tien Ee Dominic Yeo

Hong Kong Baptist University, dominic@hkbu.edu.hk

Yu Leung Ng

Follow this and additional works at: https://repository.hkbu.edu.hk/coms_ja



Part of the [Communication Commons](#)

This document is the authors' final version of the published article.

Link to published article: <http://dx.doi.org/10.1080/09540121.2015.1093597>

APA Citation

Yeo, T., & Ng, Y. (2016). Sexual risk behaviors among apps-using young men who have sex with men in Hong Kong. *AIDS Care*, 28 (3), 314-318. <https://doi.org/10.1080/09540121.2015.1093597>

This Journal Article is brought to you for free and open access by the Department of Communication Studies at HKBU Institutional Repository. It has been accepted for inclusion in Department of Communication Studies Journal Articles by an authorized administrator of HKBU Institutional Repository. For more information, please contact repository@hkbu.edu.hk.

To cite this article: T. E. D. Yeo & Y. L. Ng (2016) Sexual risk behaviors among apps-using young men who have sex with men in Hong Kong, *AIDS Care*, 28:3, 314-318, DOI: 10.1080/09540121.2015.1093597

Abstract

This study is among the first to examine the sexual risk behaviors and attendant factors of young men who have sex with men (YMSM) in Hong Kong using location-aware gay social networking mobile applications (“gay apps”). Among the 213 YMSM (Mage = 21.52, SD = 2.29 years, range 17–25) who reported their recent (past six months) sexual history with male partners and gay apps use, inconsistent condom use (ICU) during anal sex was fairly common (60.2% regular partners, 45.8% non-regular partners). One-fifth of the sample reported condomless internal ejaculation (CIE) during anal sex (19.3% insertive, 19.8% receptive). Frequent “Grindr” and “Jack’d” users were less likely to report anal sex, and hence ICU, with regular [adjusted odds ratio (AOR) = 0.72] and non-regular (AOR = 0.62) partners, respectively. Sexual partnering via apps doubled the odds of ICU with both regular (AOR = 1.99) and non-regular (AOR = 2.17) partners. The odds of ICU with regular partners also increased with relationship status (AOR = 2.86 exclusive, AOR = 3.23 non-exclusive) but reduced for those who never had STI/HIV testing (AOR = 0.27). With non-regular partners, YMSM's likelihood of ICU increased with more recent partners (AOR = 3.25) and drug use (AOR = 3.79), but reduced with group sex (AOR = 0.15). The odds of receptive CIE increased with alcohol consumption (AOR = 4.04), non-exclusive relationship (AOR = 4.10), and more recent partners (AOR = 2.47), but reduced with group sex (AOR = 0.15) and older age (AOR = 0.84). For insertive CIE, the odds increased with bisexual YMSM (AOR = 2.89), exclusive relationship (AOR = 3.97), and longtime apps-use (AOR = 1.81). The findings identify meaningful differences among YMSM app-users that inform sexual health intervention and suggest attention on alcohol or drug use during sex and condomless sex with non-exclusive regular partners.

Keywords: YMSM; inconsistent condom use; condomless internal ejaculation; sexual behaviors; mobile applications; Hong Kong

Young men who have sex with men (YMSM) are disproportionately affected by HIV in Hong Kong. Men who have sex with men (MSM) aged 25 years or younger were 39 times more likely to contract HIV than non-MSM in the same age group and comprised 31% of newly reported HIV infections among MSM in 2014, an increase of 10% compared with 2013 (Unpublished data, Hong Kong Department of Health, 2014).

Accompanying the recent rise in HIV incidence among YMSM in Hong Kong is the proliferation of location-aware gay social networking mobile applications (“gay apps”) which provide a quick and convenient means to locate and connect with other MSM nearby. Prior studies have found that MSM app-users report a younger age (Bien et al., 2015; Grosskopf, LeVasseur, & Glaser, 2014; Phillips et al., 2014; Rudy et al., 2012) and greater numbers of sex partners compared to non-users (Bien et al., 2015; Lehmiller & Ioeberger, 2014; Rudy et al., 2012). MSM who use apps to meet sex partners tended to report a range of HIV risk behaviors, including drug or alcohol use during sex, and greater incidence of condomless anal sex and STI (Landovitz et al., 2012; Lehmiller & Ioeberger, 2014; Rudy et al., 2012; Winetrobe, Rice, Bauermeister, Petering, & Holloway, 2014).

While there is no conclusive evidence on whether apps use promote sexual risk behaviors (Lehmiller & Ioeberger, 2014), it is clear from extant literature that YMSM app-users represent an important target group for HIV intervention (Holloway et al., 2013; Lau, Lau, Cheung, & Tsui, 2008; Winetrobe et al., 2014). To better inform sexual health intervention, the present study examines the characteristics of YMSM app-users in Hong Kong, the extent to which they engage in inconsistent condom use (ICU) and condomless internal ejaculation (CIE) during anal sex (the highest-risk sexual behaviors for HIV transmission), and the significant predictors of these two behaviors.

Methods

Data collection

Data were collected through a questionnaire survey conducted between November 2014 and February 2015. Eligibility criteria included being male or transgendered, born between 1989 and 1997, have had sexual contact with men, living in Hong Kong, and have used a gay app during the past six months. Participants were recruited via gay apps, a gay online forum, the Hong Kong Pride Parade, gay bars, and social service organizations serving MSM. Those who completed the paper survey received HK\$50 (US\$6.5) in cash or voucher while those completing the online survey could enter a draw to win vouchers worth HK\$5,000 (US\$650). All procedures were approved by the authors' institutional review board.

Measures

Demographics and STI/HIV testing. Participants were asked to report their age, race/ethnicity, education level, sexual orientation, relationship status, and whether they have ever been tested positive for any STI (including HIV).

Gay apps use. Participants were asked about their frequency of using the two most downloaded gay apps in Hong Kong ("Jack'd" and "Grindr") and when they started using gay apps. Participants also indicated their rate of sexual partnering via apps by indicating the number of male sex partners that were met through gay apps during the past six months.

Sexual behaviors. Participants were asked to report the total number of men they have, during the past six months, had sexual contact, and condom use consistency during anal sex with regular and non-regular partners. The questionnaire also assessed whether participants have, during the past six months, had insertive condomless anal sex with internal ejaculation (ICIE), receptive condomless anal sex with internal ejaculation (RCIE), group sex, alcohol consumption and drug use (including poppers) before or during anal sex.

Data analysis. All analyses were conducted using SPSS v22. The descriptive characteristics of the sample regarding demographics, STI/HIV testing, sexual behaviors, and apps use were first examined. Four multivariate logistic regression models then investigated which variables were independently associated with ICU with regular partners, ICU with non-regular partners, ICIE, and RCIE respectively.

Results

Participants' Characteristics

The final sample comprises 213 YMSM with a mean age of 21.52 years ($SD = 2.29$), mostly identified as Chinese (96.7%), homosexual (74.6%), and single (63.2%). About one-tenth (9.4%, $n = 15$) of the 160 YMSM who had been tested for STI/HIV reported having had a positive result (Table 1). Most sexually active YMSM (127/ 186, 68.3%) reported at least one recent app-met partner (Table 2). Among YMSM with recent anal sex encounters, ICU was reported by 60.2% (74/123) with regular partners and 45.8% (54/118) with non-regular partners. Nearly one-fifth of participants have recently had ICIE (19.3%, $n = 41$) and RCIE (19.8%, $n = 42$) (Table 3).

Predicting Inconsistent Condom Use and Condomless Internal Ejaculation

Demographics. The odds of YMSM having RCIE decreased with increasing age [adjusted odds ratio (AOR) = 0.84]. Compared to YMSM identified as homosexual, YMSM identified as bisexual were nearly three times more likely to report ICIE (AOR = 2.89).

Relationship status and STI/HIV testing. YMSM in a relationship were about three times more likely to report ICU with regular partners and about four times more likely to report CIE than those who are single. Compared to YMSM who have ever tested positive for STI/HIV, YMSM who have never been tested were significantly less likely to report ICU with regular partners (AOR = 0.27).

Apps use. Higher frequency of using Jack'd and Grindr reduced the odds of ICU with non-regular (AOR = 0.62) and regular (AOR = 0.72) partners, respectively. The lower odds largely indicate that frequent users of Jack'd and Grindr were less likely to report anal sex with non-regular and regular partners, respectively. Higher rates of sexual partnering via apps doubled YMSM's odds of reporting ICU with regular (AOR = 1.99) and non-regular (AOR = 2.17) partners but had no significant effect on CIE. A longer history of using gay apps increased the odds of ICIE (AOR = 1.81).

Sexual behaviors. Greater numbers of recent sex partners increased YMSM's odds

of ICU with non-regular partners (AOR= 3.25), ICIE (AOR = 4.40), and RCIE (AOR = 2.47). Nevertheless, YMSM who reported having group sex were significantly less likely to report ICU with non-regular partners and RCIE (AOR = 0.15). YMSM who reported drug use and alcohol consumption before or during anal sex were about four times more likely to report ICU with non-regular partners (AOR = 3.79) and RCIE (AOR = 4.04), respectively (Table 4).

Discussion

In this study, the percentages of YMSM who reported consistent condom use during recent anal sex encounters were 39.8% (49/123) with regular partners and 54.2% (64/118) with non-regular partners. These figures were considerably lower than a sample of general MSM population in Hong Kong whose rates of condom use with the last anal sex partner were 76.7% with regular partner and 79.5% with non-regular partner (Department of Health, 2014). Relationship status was singularly the strongest predictor of YMSM's ICU with regular partners. In contrast, the odds of ICU with non-regular partners increased with drug use, greater numbers of recent sex partners, and higher rates of sexual partnering via apps. YMSM in a relationship, regardless of exclusivity, were significantly more likely to report ICU during anal sex with their regular partners and CIE. There are two plausible explanations for this finding. First, a recent study indicates that condomless anal sex is overwhelmingly reserved for romantic partners and holds important symbolic meanings – exclusivity, commitment, intimacy, possession – that may override or eliminate risk concerns among YMSM in Hong Kong (Yeo & Fung, in press). Second, the engagement in riskier behaviors may be predicated on testing history given that YMSM who had never been tested for STI/HIV were less likely to report ICU with their regular partners, suggesting a pattern of negotiated safety practiced by YMSM with their regular partners.

This study has several limitations. Although participants were recruited from various online and physical channels, our sample might not be fully representative of Hong Kong's apps-using YMSM or general YMSM population. YMSM who are less socially connected to the gay community or from minority groups might be underrepresented. Participants'

self-reported behaviors were open to recall and social desirability biases. To minimize recall bias and memory lapse, most questions were time-anchored to the past six months. This design also allows us to relate patterns of apps use with sexual behaviors that occur during the same period. The cross-sectional data, however, prevent us from making any assessment of the temporality of events or inferences about causality. Sexual partnering via apps was not compared with other means of meeting sex partners. Future research should make such comparisons and also examine the differences across older and younger app-users. Despite these limitations, this study has identified several meaningful differences among YMSM app-users that could inform more targeted sexual health intervention. Specifically, our findings suggest that outreach efforts should pay greater attention to bisexual YMSM, those in a relationship, longtime app-users, and heavy Grindr users. In addition, intervention messages should highlight the adverse impact of alcohol consumption and drug use on sexual decision-making, and the risks involved with condomless anal sex among non-exclusive regular partners.

References

- Bien, C. H., Best, J. M., Muessig, K. E., Wei, C., Han, L., & Tucker, J. D. (2015). Gay apps for seeking sex partners in China: Implications for MSM sexual health. *AIDS and Behavior*, 19(6), 941–946. doi:10.1007/s10461-014-0994-6
- Department of Health. (2014). HARiS–HIV and AIDS response indicator survey 2013 for men who have sex with men. Special Preventive Programme, Centre for Health Protection, Department of Health. Retrieved from http://www.info.gov.hk/aids/english/surveillance/sur_report/oth_rep2014_msm_e.pdf
- Grosskopf, N. A., LeVasseur, M. T., & Glaser, D. B. (2014). Use of the internet and mobile-based “Apps” for sex-seeking among men who have sex with men in New York City. *American Journal of Men’s Health*, 8(6), 510–520. doi:10.1177/1557988314527311
- Holloway, I. W., Rice, E., Gibbs, J., Winetrobe, H., Dunlap, S., & Rhoades, H. (2013).

Acceptability of smartphone application-based HIV prevention among young men who have sex with men. *AIDS and Behavior*, 18(2), 285–296.

doi:10.1007/s10461-013-0671-1

Landovitz, R. J., Tseng, C.-H., Weissman, M., Haymer, M., Mendenhall, B., Rogers, K., ...

Shoptaw, S. (2012). Epidemiology, sexual risk behavior, and HIV prevention practices of men who have sex with men using GRINDR in Los Angeles, California.

Journal of Urban Health: Bulletin of the New York Academy of Medicine, 90(4),

729–739. doi:10.1007/s11524-012-9766-7

Lau, J. T. F., Lau, M., Cheung, A., & Tsui, H. Y. (2008). A randomized controlled study to

evaluate the efficacy of an Internet-based intervention in reducing HIV risk behaviors

among men who have sex with men in Hong Kong. *AIDS Care*, 20(7), 820–828.

doi:10.1080/09540120701694048

Lehmiller, J. J., & Ioerger, M. (2014). Social networking smart- phone applications and

sexual health outcomes among men who have sex with men. *PLoS ONE*, 9(1),

e86603. doi:10.1371/journal.pone.0086603

Phillips, G., Magnus, M., Kuo, I., Rawls, A., Peterson, J., Jia, Y.,... Greenberg, A. E.

(2014). Use of geosocial networking (GSN) mobile phone applications to find men for sex by men who have sex with men (MSM) in Washington, DC. *AIDS and*

Behavior, 18(9), 1630–1637. doi:10.1007/s10461-014-0760-9

Rudy, E., Beymer, M., Aynalem, G., Rodriguez, J., Plant, A., Bolan, R., & Kerndt, P. R.

(2012). Grindr and other geosocial networking applications: Advent of a novel, high-risk sexual market place. Presented at the 2012 National STD Prevention

Conference, Minneapolis, MN: CDC. Retrieved from

<https://cdc.confex.com/cdc/std2012/webprogram/Paper29712.html>

Winetrobe, H., Rice, E., Bauermeister, J., Petering, R., & Holloway, I. W. (2014).

Associations of unprotected anal intercourse with Grindr-met partners among

Grindr-using young men who have sex with men in Los Angeles. *AIDS Care*, 26(10),

1303–1308. doi:10.1080/09540121.2014.911811

Yeo, T. E. D. & Fung, T. H. (in press). Between '0' and '1': Safer sex and condom use among young gay men in Hong Kong. *Culture, Health & Sexuality*.
doi:10.1080/13691058.2015. 1080298

Table 1. Participants' demographics and STI/HIV testing history ($N=213$)

	<i>n</i>	%
Age	$M=21.52$	$SD=2.29$
Race/ ethnicity		
Chinese	206	96.7
Others	7	3.3
Education level		
High school or below	47	22.2
Some college	54	25.5
Bachelor's or above	111	52.4
Sexual orientation		
Homosexual	159	74.6
Bisexual	39	18.3
Heterosexual/others	15	7.0
Relationship status		
Single	134	63.2
Exclusive relationship	58	27.4
Non-exclusive relationship	20	9.4
Ever tested positive for STI (including HIV)		
Yes	15	7.1
No	145	68.4
Never been tested	49	23.1
Prefer not to say	3	1.4

Table 2. Apps use in the past six months and overall history ($N=213$).

	<i>n</i>	%
Frequency of using Jack'd		
Never	12	5.6
Less than once a day	98	46
1–4 times a day	67	31.5
5 or more times a day	36	16.9
Frequency of using Grindr		
Never	88	41.7
Less than once a day	65	30.8
1 to 4 times a day	38	18
5 or more times a day	20	9.5
History of using gay apps		
Less than 6 months	27	12.8
6 months to less than 1 year	29	13.7
1 year to 2 years	52	24.6
More than 2 years	103	48.8
Sexual partnering via apps		
0	86	40.4
1-3	91	42.7
>3	36	16.9

Table 3. Sexual history with male partners in the past six months ($N=213$).

	<i>N</i>	%
Number of recent sex partners		
0	27	13.2
1-3	118	57.8
>3	59	28.9
Inconsistent condom use during anal sex with regular partners		
Yes	74	34.7
No	49	23.0
No anal sex with regular partners	90	42.3
Inconsistent condom use during anal sex with non-regular partners		
Yes	54	25.4
No	64	30.0
No anal sex with non-regular partners	95	44.6
Condomless insertive anal sex with internal ejaculation		
No	171	80.7
Yes	41	19.3
Condomless receptive anal sex with internal ejaculation		
No	170	80.2
Yes	42	19.8
Group sex (with 2 or more partners at the same time)		
No	184	86.8
Yes	28	13.2
Drug use (including poppers) before or during anal sex		
No	195	92.0
Yes	17	8.0
Alcohol consumption before or during anal sex		
No	181	85.4
Yes	31	14.6

Table 4. Multivariate logistic regression models predicting inconsistent condom use and condomless internal ejaculation during anal sex.

	Inconsistent condom use				Condomless internal ejaculation			
	Regular partners		Non-regular partners		Insertive		Receptive	
	AOR	95% CI	AOR	95% CI	AOR	95% CI	AOR	95% CI
Age	1.03	0.89, 1.20	1.05	0.88, 1.25	0.88	0.72, 1.07	0.84***	0.70, 1.01
Race/ethnicity	3.21	0.57, 18.15	2.84	0.48, 16.74	2.30	0.32, 16.28	1.38	0.24, 7.91
Sexual orientation								
Homosexual	Referent		Referent		Referent		Referent	
Bisexual	0.79	0.32, 1.93	0.70	0.24, 2.04	2.89**	1.01, 8.25	0.90	0.30, 2.74
Heterosexual/others	0.69	0.16, 2.90	1.25	0.26, 6.03	1.43	0.23, 9.06	0.53	0.10, 2.83
Education level	1.12	0.74, 1.69	1.08	0.66, 1.74	0.96	0.57, 1.64	0.97	0.60, 1.59
Relationship status								
Single	Referent		Referent		Referent		Referent	
Exclusive relationship	2.86*	1.35, 6.04	0.64	0.25, 1.64	3.97*	1.47, 10.74	1.51	0.60, 3.80
Non-exclusive relationship	3.23**	1.12, 9.36	1.55	0.46, 5.15	2.07	0.57, 7.48	4.10**	1.28, 13.17
Ever tested positive for STI (including HIV)								
Yes	Referent		Referent		Referent		Referent	
No	0.42	0.12, 1.49	1.25	0.31, 5.00	1.48	0.34, 6.45	0.65	0.17, 2.52
Never been tested	0.27***	0.07, 1.10	2.67	0.60, 11.85	0.66	0.12, 3.72	0.59	0.13, 2.74
Prefer not to say	0.44	0.02, 8.58	0.00	--	0.00	--	0.00	--
Frequency of using Jack'd	1.13	0.72, 1.77	0.62***	0.35, 1.10	1.35	0.77, 2.36	0.68	0.37, 1.23
Frequency of using Grindr	0.72***	0.49, 1.06	1.42	0.91, 2.21	1.04	0.66, 1.64	1.23	0.76, 1.99
History of using gay apps	1.15	0.82, 1.60	0.98	0.68, 1.43	1.81**	1.10, 2.99	0.98	0.66, 1.47
Number of recent sex partners	1.00	0.47, 2.15	3.25*	1.38, 7.70	4.40*	1.63, 11.89	2.47**	1.00, 6.12
Sexual partnering via apps	1.99**	1.01, 3.86	2.17**	1.03, 4.57	0.67	0.31, 1.44	1.30	0.62, 2.73
Group sex (with 2 or more partners at the same time)	1.11	0.36, 3.40	0.15*	0.04, 0.57	1.31	0.35, 4.88	0.15**	0.03, 0.70
Drug use (including poppers) before or during anal sex	1.87	0.50, 6.99	3.79***	0.94, 15.28	1.82	0.43, 7.59	2.25	0.52, 9.68
Alcohol consumption before or during anal sex	1.26	0.51, 3.14	1.48	0.53, 4.12	2.58	0.88, 7.59	4.04*	1.47, 11.13

Notes: AOR = adjusted odds ratio; CI = confidence interval.

*p < .01.

**p < .05.

***p < .10.