Situational Factors Associated with AIDS Risk Behavior Lapses and Coping Strategies Used by Gay Men Who Successfully Avoid Lapses

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ABSTRACT

While most gay men have reduced behavior practices at high risk for HIV infection, there is growing evidence that many also lapse to unsafe sex. This study examined situational factors related to risk behavior lapses as well as coping strategies used by men who successfully resist lapse urges.

A convenience sample of 470 men patronizing gay bars or attending social organization meetings in four cities was surveyed. Forty-five percent of men were classified as "lapsers" (those who had had unprotected anal intercourse in the previous 6 months) and 24% were classified as "resisters" (those who successfully resisted urges to engage in this behavior). All provided information concerning the importance of factors related to the most recent occurrence of either unsafe sex or resisting unsafe urges.

Most episodes of unsafe sex occurred outside monogamous relationships and with partners of unknown HIV serostatus, although simply inquiring about partner serostatus was relatively common. Lapsers rated affectionate feelings and wishing to please a partner as well as spontaneity of unsafe sex as the most important situational factors surrounding high-risk behavior. Resisters of unsafe sex urges reported active cognitive self-guidance, experience in safe sex, and recall of both AIDS fears and safety benefits as their most important coping strategies.

Gay men who continue high-risk behavior may be overrelying on partner reports of negative serostatus. Lapse prevention approaches tailored to situations that create increased risk vulnerability must be developed. Teaching skills already used by men who successfully resist unsafe sex urges might be one approach. (*Am J Public Health.* 1991;81:1335–1338)

Introduction

Gay men in AIDS epicenters have made substantial risk reduction behavior changes.[1–5] However, these changes are difficult for many individuals to sustain. One third of homosexual men in Chicago who successfully initiate risk reduction later resume high-risk practices[6,7] Cross-sectional studies indicate that 30% to 40% of gay men in other cities still report engaging in unprotected anal intercourse in a given 3-month period.[8–10] Relapse is a concern even among gay men enrolled in San Francisco AIDS behavioral research cohorts, presumably one of the most AIDS-sensitized samples in the United States.[11]

Homosexual men who continue to engage in high-risk sex even occasionally are in great danger of contracting HIV infection. Gay men in large cities who have unprotected receptive anal intercourse with a single partner over 1 year are three times more likely to seroconvert than men who refrain from this activity and, with five partners, are 18 times more likely to develop HIV infection.[12] While lapses are the rule rather than the exception following initiation of change in all health behavior areas,[13–15] we were aware of no other population or health area where there is such a small margin for error and where even infrequent lapses carry such potentially grave health consequences.

Risk behavior relapse among gay men is predicted by younger age, lower education level, excessive intoxicant use, frequency of past risk behavior with multiple partners, and high reported past enjoyment associated with risky practices.[8,11,16,17] The present study more closely evaluated specific situational and social context factors surrounding risk behavior lapses as well as the coping strategies used by gay men who report successfully resisting high-risk behavior urges.

Method

Subjects

Subjects were 406 men who patronized gay bars and 64 men who attended social meetings of gay organizations in the spring of 1990 in four cities: Memphis, Tenn, Tampa, Fla, Mobile, Ala, and Binghamton, NY. Approximately 75% of men who were approached agreed to answer questions anonymously. The mean age of respondents was 31.0 years (SD=8.6) and the mean education level was 14.9 years (SD=2.2); 91% of the sample was White and 9% was Black, Hispanic, or of other racial or ethnic backgrounds. The city samples did not differ significantly in demographic characteristics.

Measures

Respondents described their sexual behavior over the preceding 6 months including frequency and number of partners for unprotected anal intercourse, both receptive and insertive. Forty-two percent of men who engaged in unprotected anal intercourse were the insertive partner, 35% the receptive partner, and 23% were both insertive and receptive during their most recent behavior. Multivariate analysis of variance revealed no significant difference between those who were the in-

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This paper was submitted to the journal August 13, 1990, and accepted with revisions March 7, 1991.

TABLE 1—Situations Associated with the Most Recent Occurrence of High-Risk Behavior among Gay Men Who Report Unsafe Sex during the Previous 6 Months

Situational Descriptor	Mean (SD) Importance Rating
This partner was someone special to me	2.7 (1.3)
I wanted to please this partner	2.2 (1.3)
Once sex began, we got caught up in the passion of the moment	2.2 (1.2)
No condoms were nearby at the time of sex	2.0 (1.3)
Using a condom seemed impersonal	1.9 (1.1)
Using a condom would have reduced sensation/pleasure	1.9 (1.2)
Stopping to use a condom would have interrupted sex	1.8 (1.1)
I had a strong urge to have anal intercourse without a condom	1.8 (1.1)
It was hard for me to refuse having anal intercourse	1.8 (1.1)
It was a long time since I had anal intercourse without a condom	1.8 (1.1)
I had a lot to drink or used drugs and wasn't clearheaded	1.7 (1.1)
Condom use implies a lack of trust	1.5 (0.9)
It was embarrassing for me to suggest using a condom	1.5 (0.9)
I felt no control over what we did	1.5 (1.0)
I am not able to change my sex practices	1.5 (0.9)
I was feeling depressed, lonely, or upset at the time	1.4 (0.9)
This partner pressured me not to use a condom	1.4 (0.9)
It was too hard to get the condom package open	1.3 (0.7)
I didn't have the energy to use a condom	1.3 (0.6)
I pressured this partner not to use a condom	1.2 (0.6)
I was too embarrassed to buy condoms	1.2 (0.7)

Note. Importance ratings made on scale from 1=not a factor to 4=a big factor.

TABLE 2—Coping Strategies Reported to Be Used by Gay Men Who Successfully Resisted Urges to Engage in Unsafe Sex during the Previous 6 Months

Coping Strategy	Mean (SD) Importance Rating
I remembered information about AIDS and safer sex	3.6 (0.9)
I thought about how important it is to be in good health	3.5 (0.9)
I was afraid of getting (or giving) the AIDS virus	3.5 (1.0)
I reminded myself to stay safe before or during sex	3.4 (1.0)
I knew how good I'd feel about myself later if I stayed safe	3.3 (1.1)
I didn't want to worry about AIDS after sex	3.3 (1.1)
I am experienced in safer sex	3.3 (1.0)
I decided ahead of time what I would or would not be willing to do	3.2 (1.0)
I actively guided our actions to stay safe	3.1 (1.0)
The scare of knowing people with AIDS motivated me to be safe	3.1 (1.2)
I told this partner we needed to practice safer sex	2.9 (1.1)
I wanted this partner to know I was health conscious	2.9 (1.2)
I kept condoms nearby	2.9 (1.2)
I told this partner I didn't want to have unprotected intercourse	2.9 (1.2)
We switched from something that was getting risky to something safer	2.5 (1.2)
Safer sex was as good as intercourse without a condom	2.5 (1.2)
Safer sex was expected by this partner	2.4 (1.3)
I didn't drink or use drugs much before sex so I could be clearheaded	2.3 (1.1)
This partner told me he didn't want to have unprotected intercourse	2.3 (1.2)
This partner told me that we needed to practice safer sex	2.2 (1.3)
I didn't want other people to find out that I might have unsafe sex	2.0 (1.2)

Note. Importance ratings made on scale from 1=not a factor to 4=a big factor.

sertive vs receptive partner in importance ratings for lapse situation items, so the insertive and receptive groups were combined for all data analyses. They were also questioned about number of partners and frequency for anal intercourse using condoms and about safer sex practices without penetration such as mutual masturbation and frottage (body rubbing). In addition, all men reported whether they presently had condoms in their pocket, car, and home.

Respondents who reported engaging in unprotected anal intercourse in the previous 6 months ("lapsers," n=209, 45% of the sample) described, for the most recent occurrence of high-risk behavior, exclusivity of relationship with the partner, knowledge of own and partner's HIV serostatus, difficulty in maintaining safer sex practices, and percentage of anal intercourse occasions when condoms were used in the previous year. These men then rated the importance of 21 situational factors associated with the most recent occasion of high-risk behavior. As Table 1 shows, these items assessed environmental and setting factors, feelings toward the partner, coercion, physiological and emotional state, management of sudden urges, and self-control.

A second set of men were those who reported successfully resisting temptation to engage in unprotected anal intercourse in the previous 6 months ("resisters," n=116, 24% of the sample). (Men who reported no occurrence of unprotected anal intercourse *and* no temptation to engage in the practice were not studied here.) This group of men rated the importance of 21 coping strategies that may have been used on the most recent occasion when high-risk urges were resisted. Table 2 lists these items, which include risk reduction self-prompts; environmental modifications; active use of alternative behaviors; cognitive statements emphasizing benefits, fears, or beliefs of personal efficacy; and social expectations to avoid risk.

Results

As Table 3 shows, men reporting high-risk behavior were younger than those who reported resisting unsafe sex urges, had less education, and had had more male sexual partners in the previous 6 months. Groups were comparable in reporting having condoms in their pocket, car, or home and reported similar difficulty levels for remaining safe during sex.

Table 1 presents the mean importance rating for each situational descriptor associated with high-risk behavior by men who reported lapses, ranked from most to least important. Factors most critical to lapses were positive emotional feelings for the partner, wishing to please the partner, not having condoms nearby at the time of sex, becoming "caught up in passion of the moment," and negative connotations about condom use. As Table 2 shows, men who resisted high-risk urges reported the following as their most important coping strategies: cognitive reminders to re-

TABLE 3—Characteristics of Men Who Lapsed to Unsafe Sex and Men Who Successfully Resisted Relapse Urges during the Previous 6 Months

Characteristic	Lapsers (n=209)	Resisters (n=116)	95% CI[a]
Mean age in years (SD)	29.4 (7.6)	31.9 (8.4)	29.5–31.3
Mean educational level in years (SD)	14.6 (2.1)	15.6 (2.0)	14.7–15.2
Mean number of different male sexual partners in previous 6 months (SD)	4.5 (7.6)	3.4 (4.2)	3.4–4.8
Percentage of men reporting having condoms in their			
Pocket or wallet	29	27	—
Car	42	37	—
Home	84	93	—
Mean personal difficulty rating for remaining safe during sex (SD)[b]	2.6 (1.2)	2.5 (1.1)	2.3–2.8
Mean percentage of intercourse occasions when condoms were used during previous year	44	—	—

[a]CI = confidence interval.
[b]Difficulty ratings made on a 5-point Likert scale from 1=very easy to stay safe to 5=very difficult to stay safe during sex.

TABLE 4—Relationship between Knowledge of Own HIV Serostatus and Knowledge of Sexual Partner's Serostatus among Men Reporting Occurrence of Unprotected Anal Intercourse

	Knowledge of Partner's HIV Serostatus			
Knowledge of Own HIV Serostatus	Didn't Know Partner Serostatus (n=97)	Partner Knew Was HIV Positive (n=5)	Partner Said He Was HIV Negative (n=61)	Saw Evidence Partner Was HIV Negative (n=35)
Not tested (n=55)	44 (22%)	1 (0.5%)	9 (4.5%)	1 (0.5%)
HIV positive (n=10)	7 (4%)	1 (0.5%)	2 (1%)	0 (0%)
HIV negative (n=133)	46 (23%)	3 (1.5%)	50 (25%)	34 (17%)

Note. Chi-square=40.1, df=6, $P < .0001$ for the association of knowledge of own serostatus and knowledge of partner's serostatus.

main safe during sex, self-statements regarding fear and avoiding worry, identifying the benefits of safety and good health, and experience and competence in actively guiding safer sex.

To examine the context of high-risk episodes, relationship status and serostatus knowledge between partners were also explored. Most high-risk activity (57%) took place between nonexclusive and casual partners; 43% occurred with partners described as exclusive, although the mean duration of the relationships was only 12.5 months. Table 4 shows the distribution for high-risk behavior in relation to knowledge of one's own and one's partner's HIV serostatus. Nearly half of the respondents who engaged in high-risk behavior had no knowledge of their partner's HIV serostatus; an additional 31% reported that the partner simply said he was HIV negative. In less than 18% of instances did respondents report first-hand knowledge of partner's HIV-negative status and, even when high-risk behavior occurred with a partner described as exclusive, two thirds of these men said they did not know both their own and their partner's serostatus. In general, knowledge of one's own negative status was related to a greater likelihood of inquiring about a partner's HIV status.

Discussion

Nearly one half of respondents in this sample had engaged in unprotected anal intercourse in the previous 6 months, usually with nonexclusive partners of unknown HIV serostatus. Even men who engaged in high-risk behavior appeared cognizant of risk: well over 80% said they had condoms at home and lapsers used condoms almost half the time. In addition to the association of risk behavior with affectionate feelings toward the partner and spontaneity of risky sexual practices, a large proportion of lapsers accepted partner claims of negative HIV status or their own past negative result. Among persons who continue to engage in high-risk behavior, past negative HIV results of self or partner, even if accurate, carry little current protective value. Approaches are needed that better prepare gay men to anticipate and handle lapse temptations, counter misconceptions that may perpetuate vulnerability to lapses, and stress the importance of maintaining consistent behavior change. These results indicate that resistance to lapses is related to active use of cognitive self-guidance, recall of both AIDS fears and safety benefits, and experience in safer sex. Although the current study is limited by its use of a convenience sample of unknown generalizability, respondent self-reports of behavior, and analysis only of "within-group" patterns, it highlights the need for further study of ways to prevent risk lapses in populations vulnerable to HIV infection. □

Acknowledgments

This research was supported by National Institute of Mental Health grant R01-MH42908. The authors thank the following persons for data collection assistance: Rick Bray, Chris Miller, AID to End AIDS Committee—Memphis, Rev. Lew Broyles, Bob Fancher, Tommy Moore, and Risky Business—Binghamton, NY.

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