



# Epi Data Brief

New York City Department of Health and Mental Hygiene

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## Unprotected Anal Intercourse among Young Men who Have Sex with Men (MSM) in New York City

### HIV infection among MSM in NYC<sup>1</sup>

- MSM comprise a relatively small proportion of New York City's population (approximately 5% of all sexually active men aged 18-64)\*, yet accounted for approximately 43% of all new HIV diagnoses in 2009.
- Among MSM diagnosed with HIV in 2009, 68% identified as black or Hispanic and 47% were under the age of 30.
- HIV transmission among MSM is largely driven by unprotected anal intercourse (UAI), which spreads HIV more efficiently than other forms of sexual activity.\*\*
- Correct and consistent condom use during anal intercourse is a highly effective method of preventing the spread of HIV among MSM.\*\*

### UAI among MSM in NYC<sup>2</sup>

- From 2009-2011, almost half (43%) of all men surveyed online reported UAI at last anal intercourse.
- Hispanic respondents were more likely than black or white respondents to report UAI at last anal intercourse (47% vs. 40% and 43%, respectively).
- UAI was most common among older respondents. Men aged 31-40 were more likely than respondents aged 18-20 and 21-30 to report UAI at last intercourse (47% vs. 38% and 42%, respectively).
- Respondents born in the United States were more likely than foreign-born respondents to report UAI at last anal intercourse (44% vs. 38%).

### Data Collection and Analyses

Since 2009, the Bureau of HIV/AIDS Prevention and Control at the New York City Department of Health and Mental Hygiene has conducted High Risk Behavioral Surveillance of sexually active MSM aged 18-40 who report anal intercourse in the past six months and who reside in New York City. Data collection occurs biannually online and in-person, and reported indicators include condom use at last anal sex, number of sexual partners in the past six months, as well as HIV status and HIV testing information. Online surveys are administered by self-selection via click-through banner ads placed on popular social networking and dating websites with MSM-geared content. In-person surveys are administered by trained interviewers at MSM venues in NYC, including bars, clubs and public outdoor locations. Given the differences in sampling methodology, only online data are presented for the remainder of this brief. For additional information regarding survey methodology, as well as online sample characteristics, please see the [data tables](#).

Unprotected Anal Intercourse (UAI) at Last Sex†	
	Online (N=1,622) %
<b>Overall % of respondents reporting UAI</b>	<b>43</b>
<b>Race/Ethnicity</b>	
Hispanic	47
Black	40
White	43
<b>Age Group</b>	
18-20	38
21-30	42
31-40	47
<b>Country of Birth</b>	
US born	44
Foreign-born	38

Source: High Risk Behavioral Surveillance, 2009-2011

† Respondents were asked if they had used a condom at last anal intercourse. Respondents who answered "no" were classified as having reported UAI.

## UAI by partner type<sup>2</sup>

- Over half (59%) of online respondents classified their last sexual partner as a casual partner.\*
- UAI was more common among respondents who classified their last partner as steady, irrespective of age or race, than among respondents who classified their last partner as casual (60% vs. 31%).
- Hispanic respondents were more likely than black or white respondents to report UAI with a casual sex partner (40% vs. 35% and 27%, respectively). UAI did not significantly differ by race among respondents who classified their last partner as steady.
- Prevalence of UAI with a casual partner was generally similar across all age groups. Among respondents who classified their last partner as steady, older white men aged 31-40 were more likely to report UAI at last anal intercourse than younger white men aged 18-20 and 21-30 (68% vs. 46% and 60%, respectively).

## UAI by HIV status<sup>2</sup>

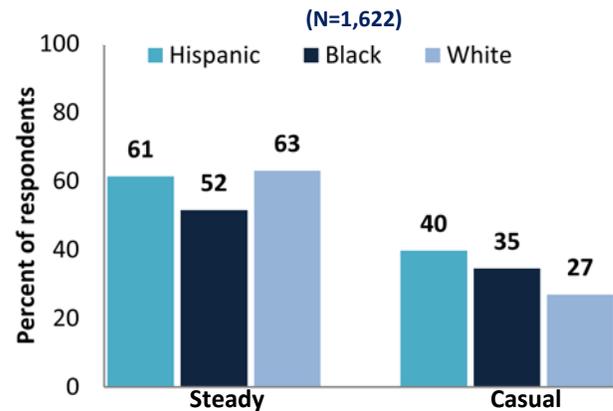
- Overall, UAI was more common among men self-identifying as HIV-positive (roughly 9% of the total sample), with 65% of HIV-positive respondents reporting UAI at last anal intercourse compared with 41% of HIV-negative respondents.
- Among those who classified their last partner as casual, HIV-positive respondents were more likely than HIV-negative respondents to report UAI at last anal intercourse (63% vs. 26%).

## UAI by HIV testing<sup>2</sup>

- Among respondents self-reporting as HIV-negative, 77% reported having had an HIV test in the past year. HIV testing in the past year did not differ significantly by race or age.
- HIV-negative respondents who reported having had an HIV test in the past year were less likely to report UAI at their last sexual encounter when compared to respondents who had not been tested in the past year (48% vs. 39%).

\*Casual partners include "one-time hook-ups" or "occasional partners".

## Unprotected anal intercourse (UAI) at last sex by partner type<sup>‡</sup>, race and ethnicity



Source: High Risk Behavioral Surveillance, 2009-2011

‡Casual partners include "one-time hook-ups" or "occasional partners".

### Data Sources

<sup>1</sup>New York City HIV/AIDS Annual Surveillance Statistics 2009: The HIV Epidemiology and Field Services Program conducts annual surveillance of reported new diagnoses of HIV (non-AIDS), concurrent HIV/AIDS and AIDS, as well as the number of persons living with HIV and AIDS and the number of deaths among persons with HIV and AIDS. For more survey details, visit <http://home2.nyc.gov/html/doh/html/ah/hivtables.shtml>.

<sup>2</sup>High Risk Behavioral Surveillance 2009-2011: The HRBS is a survey administered by the HIV Prevention Research, Evaluation and Monitoring Unit every six months. For survey details, please see [data tables](#).

### References:

\*Pathela P, et al. J Acquir Immune Defic Syndr 2011;58:408-416

\*\*CDC. HIV and AIDS among gay and bisexual men; 2010; <http://www.cdc.gov/hiv/topics/msm/pdf/msm.pdf>

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### Limitations:

Online respondents from the High Risk Behavioral Surveillance are self-selected, and may not be representative of a larger population of MSM. Additionally, data are self-reported and respondents may have completed the survey more than once in the two year period.

### Note:

Constraints from the first two rounds of data collection prevented accurate analyses of sero-discordant or concordant partnering. As a result, serosorting data are not available. Improved survey measures in future survey rounds should allow for further analyses of these behaviors.

## MORE New York City Health Data and Publications

- For complete tables of data presented in this Brief, visit [www.nyc.gov/html/doh/downloads/pdf/epi/datatable13.pdf](http://www.nyc.gov/html/doh/downloads/pdf/epi/datatable13.pdf)
- Visit EpiQuery – the Health Department’s online, interactive health data system at [www.nyc.gov/health/EpiQuery](http://www.nyc.gov/health/EpiQuery)

My Community’s Health: Data and Statistics at [www.nyc.gov/health/nycommunityhealth](http://www.nyc.gov/health/nycommunityhealth).