Bahamian Men's Masculine Ideology and Safer Sex Practices: Papa was no Rolling Stone

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ABSTRACT

Objective: Heterosexual adult men continue to be a neglected population that is at risk for HIV infection. Worldwide, cultural, and behavioral concepts continue to play a role in the spread of the infection. Likewise, across the Caribbean region, many heterosexual men acknowledge feeling social pressure in relationships to engage in behaviors that are perceived to be masculine (i.e. no condom use). However, the relationship between safer sex practices and masculine ideology has been more often presumed than examined and the relationship remains relatively obscure.

Methods: A descriptive correlational design was used to (a) examine the relationships among select demographics, masculine ideology, and safer sex behaviors; and (b) identify select predictors of safer sex practices among Bahamian men. Data were collected from a convenience sample of 185 men, 18 years and older, using the Male Role Norms Scale and Safe Sex Behavior Questionnaire.

Results: Using multivariate analysis, masculine ideology was negatively associated with safer sex behaviors ($r = -.252$, $p < .01$), important in explaining 28% variance and a significant contributor ($p = .001$, 95% CI: -.547-.153) in safer sex behaviors. Income ($\beta = -.15$, $p < .01$) and masculine ideology ($\beta = -.24$, $p < .01$) were significantly associated with safer sex behaviors.

Conclusion: Bahamian masculine ideology plays a key role in safer sex practices. This new knowledge directs HIV prevention programs to focus on cultural dynamics that may challenge men. Implications for future research and socially sensitive HIV prevention efforts targeting heterosexual men are discussed.

Keywords: Condom use, HIV/AIDS, masculine ideology, risky behavior, safer sex practices

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INTRODUCTION

The Caribbean region is home to 0.7% of the global total of people living with HIV and reports in the region estimate the overall HIV prevalence is 1.1% [0.9–1.2%], with the highest prevalence of 3.2% [3.1–3.5%] in The Bahamas . Currently 8,440 individuals are living with HIV infection in The Bahamas, with males making up a slight majority (51%) of this population (1, 2). Worldwide, heterosexual adult men remain labeled as active transmitters of HIV rather than active agents in prevention (3). For Caribbean heterosexual men's sexual behaviors are based in their socialization and understanding of masculinity (4, 5) and provides the underpinning of what it is to be a man in Caribbean culture (6). For some, being called a "rolling stone" or a "player," that is, having multiple sexual partners, is relatively common. For others, to be a man is to be in control of condom application in sexual relationships (7, 8).

Despite the marked efforts to increase knowledge about the spread and control of HIV infection barriers to safe sex practices remain among Bahamians. Like most men in the region, Bahamian men have strong ideologies against condom use, and this may create serious risks for HIV infection in heterosexual sexual relations (9). To date, there is no study reported on safer sex behaviors among Bahamian men. As such, there remains a need for empirical studies that will create an understanding of heterosexual Bahamian men's safer sexual practices and factors that influence their practices.

METHODS

The Bahamas (approximate population, 325,000; 85% Black African ancestry) is an archipelago in the Caribbean region that lies 50 miles off the eastern coast of Florida (10). According to the

Bahamas Ministry of Health (2013), New Providence Island, where 65% of the population resides, has reported 87% of the newly diagnosed HIV infections. A total of 185 men (M age = 31.95, SD = 11.35) in New Providence Island, who self-identified as heterosexual and resided in The Bahamas for at least 10 years (average = 27 years, SD = 11.7) and were sexually active within the last 3 months volunteered to take part in the study.

This study employed a descriptive correlational survey to (a) examine the relationships among select demographics, masculine ideology, and safer sex behaviors, and (b) identify predictors of safer sex behaviors among Bahamian men. Data collection began after ethical approval was obtained from the Institutional Review Board of a university in south Florida, with support from the nursing research coordinator and Research and Ethics Advisory Board in The Bahamas.

Recruitment fliers were posted in various community-based organizations, public and private sector businesses, and institutions of higher education. Over the course of 3 weeks, participants were recruited using convenience sampling in areas that most likely had eligible male participants present, such as barbershops, basketball courts, work benches, or bleachers at a sports arena. Six trained study assistants provided a brief overview of the study, obtained informed consent, assisted those who had difficulty filling out the survey, assured data confidentiality, and offered information on local counseling and health services. Participants completed the surveys in 15-20 minutes and were given a coupon (US$5.00) redeemable at a local barber and beauty supply store as an incentive for participation in the study.

Masculine ideology was measured with the widely used and accepted multi-dimensional MRNS, which measures the degree of endorsement and assesses the perceived importance for men to think, feel, and behave in accordance with culturally defined standards for male behavior

(11). The 24 item SSBQ questionnaire is designed to measure frequency of use of recommended practices that reduce one's risk of exposure to and transmission of HIV (12). A 15-item researcher-developed sociodemographic questionnaire was used to obtain demographic characteristics for each participant. Questions 10 to12 asked about sexual history.

Data were analyzed by SPSS version 21.0 statistical software (IBM, Inc., Armonk, NY, USA). Demographic characteristics were examined by using descriptive statistics; the relationships among masculine ideology and safer sex behaviors were examined using Pearson product moment correlations (r). Multiple regression analysis was used to identify the best predictors of safer sex behaviors. Age, income, and education were retained for the multivariable regression analysis while adjusting for confounding factors. For all tests, significance was set at .05.

RESULTS

From the 210 questionnaires distributed, 198 were returned; of these, 185 were usable and included in the final analysis. Table 1 presents the characteristics of the participants. The participants ranged in age from 18 to 63 (M = 31.95, SD = 11.35). Most participants (81%; n =150) reported being in a current relationship; 32% (n = 59) reported the duration ranged from 1 to 5 years. Only 19% (n = 35) reported not being married but still having sexual relationships with more than one person. Only 14% (n = 26) completed some high school or less while the majority (52%; n = 96) completed some higher education. Almost half of the participants would be classified as low-to-middle income (US$20,000- $50,000). A large majority (76%; n =140) were employed.

Regarding age of first sexual experience, 168 of the 185 participants responded. The majority (52%; n = 87) indicated that they had their first sexual experience between the ages of 14 and 18 years old. Almost half (48%; n = 88) lived in a single-parent household headed by their mother while growing up. Among the men who had an absent father, 10% (n = 18) indicated that their fathers and mothers were never married, and 13% (n = 23) reported that they did not know why their father was absent. With regard to HIV status, a large number (67%; n = 123) reported being tested for HIV in the past and 19% (n = 34) claimed a history of some type of sexually transmitted disease (see Table 2).

The distribution of scores of the MRNS indicated that, on average, participants had very high self-reported endorsement of masculine ideology. Participants were most likely to agree was the statement "A man should always try to project an air of confidence even if he really does not feel confident inside." M = 4.37, SD: .987. On the SSBQ, distribution of scores (M = 38, SD: 14.25) indicated that, on average, the participants had a low frequency of safer sex practices. The SSBQ items to which participants were most likely to agree included "I ask potential sexual partners about their histories" (M = 3.51, SD: .879). The scores for the Risky Behavior subscale (M = 12.63, SD: 3.15), Assertiveness subscale (M = 18.38, SD: 7.7), and Condom Use subscale (M = 9.28, SD: 3.08) suggested that participants more than likely did not use condoms during sexual intercourse. There was a small negative correlation between masculine ideology and safer sex behaviors ($r = -.252$, $p < .01$); that is, participants with a lower endorsement of masculine ideology were more likely to practice safer sex behaviors more frequently during sexual intercourse.

When age and income were added to the model (model 2), the variance did not change (7.6%; $R^2 = .076$) and a significant contribution was not shown (p = .943, 95% CI: 0.983 –

1.024). When income was added to the model (model 3), the variance was higher (30%; R2 = .304) and provided a significant contribution (p = .023, 95% CI: -2.176 – -.128). Statistical test of the regression coefficient, masculine ideology (MRNS; β = -.15, p < .001), was significant. The negative coefficient indicates an inverse relationship so that high levels of masculine ideology are associated with lower frequency of safer sex behaviors. However, income (β = -.15, p < .05) was the only significant predictor of safer sex behaviors. For this study, neither age nor education coefficients were significant.

DISCUSSION

While early sexual initiation continues to be a major factor that drives the HIV epidemic, the results from this study demonstrated that a relatively high percentage of Bahamian men initiated sexual intercourse as early as 6 years old. First sexual experience, for the majority of men (64%) was reported to be between the ages of 14 to 18. These distributions are similar to the Bahamas' Ministry of Health (2002) behavioral youth survey (13), conducted among Bahamian high school 9th and 11th grade students where results suggested that 41% of those sampled were sexually experienced.

Consistent in a culture where absentee fathers and acts of adultery are seen as the norm, almost half (48%) of the participants reported growing up in a single family home headed by their mother. Among this number, 10% reported that their father was the "lover" (or in Bahamian terms, the sweetheart) to their mother; 7% did not know their father's identity; and 20% reported their parents were never married to each other. These findings are consistent with Bahamian family households, where the majority of homes are female-headed (10) and it is normal for

fathers to be absent from the home for various reasons. Given the cultural nature of this family type structure, it is therefore vital that HIV research and prevention efforts in The Bahamas focus on strengthening HIV prevention programs to include mothers in discussions of raising boys to be men.

There is evidence (OR = 1.39 (95% CI: 0.97 – 1.99, p = 0.076) that voluntary counseling and testing services influence behavior change (14). It is encouraging that this study found more than 67% of the participants reported being tested for HIV and 81% reported not having some type of sexually transmitted disease. Getting tested and knowing one's status is one way to decrease the epidemic; however, results indicated that regardless of the men's knowledge about HIV testing, some (19%) still engaged in unprotected sex and contracted a sexually transmitted infection.

Given the results of numerous empirical research studies (9, 15) with various cultures, it was not surprising that masculine ideology in Bahamian context would be associated with safer sex behaviors. Results from this study revealed that more than half (58%) of the participants had high endorsement ratings (90 - 115) toward masculine ideology. Closer examination of the subscales in the MRNS showed 55% described higher levels of masculine ideology-related anti-femininity. Masculine ideology was also negatively associated with safer sex behaviors ($r = -.252$, $p < .01$). Both bivariate and multivariate analyses indicated that Bahamian men's masculine ideology was predictive of safer sex behavior ($\beta = -.24$, $p < .01$), explained 28% variance, and provided a significant contribution ($p = .001$, 95% CI: -.547 – .153) in safer sex behaviors.

In spite of the limitations, the results contribute to understanding the complexities that surround safe sex behaviors of heterosexual Bahamian men. As this study was confined to

Bahamian men living in The Bahamas, the findings are not generalizable to the Caribbean region. The study participants were also from primarily urban communities in New Providence; therefore, the study findings may not be applicable to Bahamian men who live in more rural settings or less developed communities. Despite the significant relationships among the variables, causal relationships cannot be deduced since data were collected at one point in time. Although the sample size was moderate and led to the detection of significant correlations, a larger sample would have been more robust in terms of validity and reliability. A correlational study across different islands in the Caribbean would support differences in terms of cultures pertaining to ideology and sexual behaviors.

Although there is a substantial literature on heterosexual men in control of sexual choices and application of condoms in relationships (16, 19) the association between safer sex practices and masculine ideology has been more often presumed than examined and the relationship remains relatively obscure. This study found that endorsement of masculine ideology play an important role in examining the sexual practices of men during heterosexual relationships and provides an opportunity for HIV prevention programs to include messages to motivate men to endorse the positive attributes of what it is to be a man in sexual relationships.

Additionally, the majority of men in this study were raised in single-family homes headed by females. This finding contributes to understanding heterosexual men's vulnerability to HIV infection and supports the need to examine how females may influence men's ideologies on safer sex practices and the role mothers' play in raising boys to be men. Both mothers and fathers should be included in HIV prevention programs to strengthen the cultural dynamics that may challenge men. Changes in the ways in which they think and behave will probably lead to safer decision-making among heterosexual adult Bahamian males and, most importantly, ultimately

help to stabilize and or reduce the rates of HIV infection among Bahamian men and ultimately transmission to women.

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Table 1 Demographic and background characteristics of the sample ($N = 185$)

Characteristics	*M*	*SD*	Range
Length of time living in The Bahamas in years	27	11.70	10 - 63
Age in years	31.95	11.35	18 - 63
		n	%
Relationship Status			
Not currently in a relationship but sexually active within the last 3 months		49	26.5
Married in an exclusive/monogamous relationship		48	26
Not married having sexual relationships with more than one partner		34	19
Married and having sexual relationships with more than one partner		15	8.1
Did not respond		38	20
Highest Level of Education			
Less than high school		11	6.0
Some high school		14	7.6
Completed high school		57	31
Some college/technical school		61	33
Associates of Science degree		17	9.2
Bachelors of Science degree		17	9.2
Graduate degree		4	2.2
Did not respond		4	2.2
Employment Status			
Employed		140	76
Unemployed		43	23.2
Did not respond		2	1.1
Yearly Income (Bahamian Dollars)			
No Income		7	3.8
Less than $10,000		27	14.6
$10,000 – 20,000		24	13.0
$20,001 – 40, 000		52	28.1
$40,001 – 50,000		26	14.1
$50,001 – 60,000		10	5.4
More than $60, 000		2	1.1
Did not respond		37	20.0

Table 2 Sample characteristics pertaining to HIV/STIs (N = 185)

HIV, human immunodeficiency virus human; STI, sexually transmissible infection;

Characteristics	*n*	%
Number of Lifetime Partners		
2 – 10	113	61.0
11 – 20	35	19.0
71 – 100	11	6.0
Did not respond	27	14.6
Self-Identified Sexual Orientation		
Gay/down-low/bisexual	10	6.0
Heterosexual	175	94
Ever Been Tested for HIV		
Yes	123	67
No	62	33
History of Sexually Transmitted Infections		
Yes	34	18.4
No	147	79.5
Did not respond	4	2.2