

**“I consider being gay a very high risk factor”: How a partner’s gay identity and level of outness impact perceptions of sexual risk among men who have sex with men**

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**Background:**

Men who have sex with men (MSM) are the only risk-group in the United States in which HIV incidence is increasing. While much research has examined biological and behavioral causes for HIV risk among MSM, we do not understand the complexities of how an MSM’s male partner’s sexual identity impacts sexual risk-taking. The goal of this study was to understand how a partner’s sexual identity and level of outness impact perceptions of sexual risk and sexual risk-taking.

**Methods:**

We conducted a three-phase, 10-week longitudinal qualitative study with MSM identifying as gay and bisexual aged  $\geq 18$  who lived in the Atlanta metro area and reported recent unprotected anal intercourse (UAI). Participants completed a baseline in-depth interview (IDI), during which they built a timeline, using stickers with predetermined labels to retrospectively examine dating and sexual histories. Participants then completed three web-based quantitative personal relationship diaries, tracking sexual experiences over the study period; these data were extracted and unpacked in a debrief IDI. Verbatim transcripts were analyzed as life-stories and thematically coded, examining variation in themes and risk definitions for partners who were out and partners who were not.

**Results:**

All participants identified as gay and bisexual; however, they discussed a range of partners including partners who had been out for a long time, partners who were recently out or still in the process of coming out, partners who were not out, and partners who identified as “straight.” Overall, participants described partners who were only recently out, who were not out, or who identified as “straight” as having a lower risk for HIV and STIs. However, participants described taking fewer precautions to reduce their sexual risk with these partners, thus increasing their actual level of HIV/STI risk.

*Risk Perceptions*

Men who were primarily involved in sexual relationships with “closeted” men were especially likely to describe gay or bisexual men as having a higher risk for HIV and STIs. One explanation for the difference in HIV/STI risk resulted from a difference in sexual activity:

*This is my first time with the gay relationship thing and I am petrified...I am petrified of identifying myself in a gay relationship. It probably should have been a 5 [was actually ranked a 4 on a 1-5 scale for HIV/STI risk]. I don't know why I didn't give a 5...Out of all that good stuff, that's the highest risk because everyone I know that has had,*

*something like that has happened, I am just petrified because my risk factor increases because I'm doing more sexually. I'm fucking now...now I'm in a relationship where now I'm into a person that enjoys doing, now I'm able to be more comfortable with myself so there are other sexual jack in the boxes that are coming out that I don't know the risk factor of not, or not educated on the risk factor where it's not as open and shut as me giving a blow job. So I am petrified of that....Because it opens up a lot of doors...On paperwork here [these other partners] are gay. But to them they're only just getting a dick sucked. But now there's a whole different category. Now, I'm worrying about anal sex, oral sex, kissing...I'm not really experienced in a gay relationship as far as the sexual things and I probably would be a little more uncomfortable sexually (P101).*

Among most participants, the lower HIV/STI risk associated with “straight” men, men who were not out, or men who were recently out was most commonly attributed to the perception that these men had less experience and less exposure to HIV/STIs through gay sex: “*in my mind, it kind of seemed like he wasn't exposed*” (P121); “*He would be [lower risk] because he was pretty newly out and not very sexually experienced*” (P115). These men were perceived as less promiscuous, less likely to use online hookup sites (e.g. Grindr, Jackd), and easier to trust regarding sexual risk:

*I would say the trusting element there, I guess going along with the gay lifestyle. Somebody's who's not out, obviously...there's less of a trust issue there. You're not worrying about, you know, seeing them on social dating websites that are primarily defined to the gay lifestyle. You're not worried about them hooking up with other gay people because they're not really necessarily looking for that or they might have feelings of shame or whatnot that may cause them to not look for that. So it's easier to trust in that regard (P103).*

Despite the perception that these men not “*looking for*” other male sexual partners, when participants were asked if discussions took place about other partners (male or female) they indicated that other partners were frequently not discussed, resulting in assumptions about actual HIV/STI risk. However, in some cases, participants identified that a partner who was not out could still be having sex with other women and men, also increasing his HIV/STI risk: “*He's still with these girls. I don't think I'm the only one he does this with. Any time you try to act like, he's a red flag*” (P101).

Some participants still identified a level of risk with male partners who did not identify as gay or bisexual. In one IDI, a participant described a story with a partner who he had believed was only having sex with one woman other than him; however, he later discovered from other people that he had multiple male partners. Sexual risk with “*closeted*” men was described as still risky because: “*I'm still a man and you are too*” (P101).

Risk was also associated with men who are not out due to less exposure to HIV/STI prevention efforts. Even though these men were described as having less sexual experience, it was also indicated that they had less sexual knowledge and knowledge about HIV/STIs:

*I think he's young and naïve. He's not out. He's only heard what health classes taught him about unsafe sex. He hasn't been to a gay club where they're passing out condoms and talking about safe sex, HIV, HIV, HIV testing. He probably doesn't know anybody with HIV. He's isn't as aware of how big of a deal it is (P104).*

### *Sexual Risk-Taking*

Since partners who were considered “straight” or recently “out” were perceived as having a lower risk for HIV and STIs, participants described a greater likelihood of having UAI with these partners. P120 described a partner with whom he had UAI because he was recently married to a woman: “*Then with [partner's name], you know, he just got out of the marriage and I didn't think he was positive because they weren't swingers or anything like that and I knew I wasn't positive because I just got tested so we didn't use condom.*” In this example, marriage to a woman implied monogamy and a negative HIV status, resulting in a decision to have UAI.

HIV testing was also generally lower among men who were considered “straight” because HIV was associated with being a “gay” thing:

*Interviewer. Have you ever had a conversation about him getting tested?*

*P115. Uh uh. No... he would be disgusted with it...how could that ever happen to him or whatever sort of thing. Like it would like disgust him, so he would never, he would probably feel like a lesser person if he ever went and got tested.*

*Interviewer. Why do you think that he would think that?*

*P115. It ties himself to homosexuality.*

In this example, since P115's partner did not identify as gay, he felt immune to HIV—*how could that ever happen to him?* The stigma that “ties” HIV and HIV to being gay was described as a barrier in knowing a partner's status, requiring partners to rely on assumptions when making sexual decisions.

The stigma associated with identifying as gay was also described as increasing one's sexual risk through being “environmentally gay” and requiring drugs and alcohol in order to feel comfortable with being gay. P106 explained how men who do not typically identify as gay or bisexual may use drugs or alcohol in certain environments in order to feel more comfortable having sex with other men:

*I feel as though most, not just African-American, but most gay people are environmentally gay. That means they're most comfortable being themselves when they're drunk, high, in situations that they can exude their gayness. Other times, they're dealing with family issues, they're dealing with work issues, where they have to hide who they truly. I think that there's a spectrum, a continuum that goes on. I mean you know where I'm out and loud and proud, gay and proud, where you don't have to wear it as a badge of courage. We see you. We hear you. Then there's sort of middle of the road, people like me who just, what I do at home is my business. I understand I have to go to work and do 8 hours here and, but what I do when I go home is my business. Not that*

*I'm hiding, I don't hide it. If somebody asks me are you gay? Yeah. And what of it? Why you asking? What does that have to do with? But most people are not that comfortable with themselves. They don't like themselves, and I think that because people put such a stigma on homosexuality that that causes to be environmentally gay, to only like ourselves when we're drunk or high (P106).*

## **Discussion**

Within a society where many homophobic and heteronormative practices and policies exist, stigma associated with identifying as gay or bisexual contributes to an increased risk for HIV and STIs. There is an association with HIV as a “gay” disease, by both MSM who identify as gay and bisexual and those who do not. MSM who do not identify as gay and bisexual may avoid certain HIV prevention measures such as HIV testing because that “ties them to homosexuality.” Furthermore, MSM who do identify as gay and bisexual perceive men who are not out as having a lower risk for HIV/STI because they are not gay and therefore have less exposure to HIV and STIs. These perceptions impact sexual decision-making when they engage in sexual activity with these MSM.

Among gay and bisexual men, many efforts are being made towards HIV/STI prevention; however, MSM who do not identify as gay or bisexual may not be able to benefit from these programs because they are for gay men. Programs and research to prevent HIV and STIs may improve through targeted recruitment aimed at MSM who do not identify as gay or bisexual.